

Tribal Injury Prevention Cooperative Agreement Program (TIPCAP)

Program Guide

2019-2020

Indian Health Service (IHS)
Injury Prevention Program (IPP)



Injury Prevention
Advocacy, Outreach and Results



**Centers for American Indian &
Alaska Native Health**
colorado school of public health

The purpose of this guide is to provide a general overview to assist TIPCAP sites in program operations and administration of the cooperative agreement funding. The guide will assist in the implementation of TIPCAP's goals and expectations, and it also documents resources available for tribal injury prevention programs.

COMPILED BY

IHS INJURY PREVENTION PROGRAM MANAGER

CAPT Holly Billie, MPH

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Welcome to the
TIPCAP Guide

Welcome to the 2019-2020 version of the TIPCAP Guide!

As we move into the final year of this funding cycle, continue thinking about ways to share and carry on your fantastic work. Sharing your work can be done in many different ways, including required reporting, presenting to your community or leadership, writing an article for the TIPCAP newsletter, or even publications. Below are some helpful pages in this guide to find assistance in sharing your work and preparing for the future.

- ➔ **Reporting Requirements** – Page 20
- ➔ **TIPCAP Newsletter Part I** – Page 35
- ➔ **TIPCAP Newsletter Part II** – Page 41
- ➔ **Publishing Your Work** – Page 48
- ➔ **Sustainability Resources** – Page 57
- ➔ **Grant and Funding Opportunities** – Page 58

I encourage all of you to utilize this guide to help you move your programs forward this year. Please feel free to reach out to me, too.

Thank you!

LCDR Molly Madson, REHS, MPH
Injury Prevention Specialist
Indian Health Service
Molly.Madson@ihs.gov

How to Navigate the Guide

The guide is hyper-linked so that navigating the document is easier. Clicking on any of the entries in the table of contents will take you to that section of the guide. The sidebar is also hyperlinked so that if you want to navigate between sections without returning to the table of contents, you can.

How to Identify Changes to the Guide

In order to make it clear what information has changed or been added to this edition of the TIPCAP Guide, we have identified changes in three ways:

- 1) The table of contents—Pages with changes/additions are identified in **green font**
- 2) The navigation tabs—Tabs are shaded **green** on pages where changes/additions were made
- 3) Within the text—Text that has been added or amended is highlighted in **green font** and/or marked with the word **“New!”**

2

IHS Injury Prevention Program and TIPCAP

Overview of the IHS Injury Prevention Program (IPP)

The mission of the IHS 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.”

IHS has developed a well-known IPP with staff who work in partnership with tribes and tribal, urban, and nonprofit Indian organizations and other key partners to reduce the impact that injuries have on Indian people. The impact of injuries is greater on AI/AN communities than it is on other racial and ethnic groups.

For more information, see the
IHS website

<http://www.ihs.gov/injuryprevention>

TIPCAP Summary

The purpose of the Tribal Injury Prevention Cooperative Agreement Program (TIPCAP) is to promote the capacity of tribes and tribal, urban, and nonprofit Indian organizations to build sustainable evidence-based IPPs. Capacity building supports initiatives to foster the sustainability of tribal ownership of IPPs. TIPCAP provides an opportunity for tribes to implement effective, evidence-based strategies and community-defined or local efforts to prevent injuries.

IHS staff help to “build capacity” (improve the ability) of tribes and communities by:

1. Increasing understanding about the injury problem;
2. Sharing effective strategies;
3. Working in partnership with tribes in injury prevention.

For a list of tribes and tribal organizations funded by the past and current TIPCAP funding cycles, see the IHS website

<http://www.ihs.gov/injuryprevention>

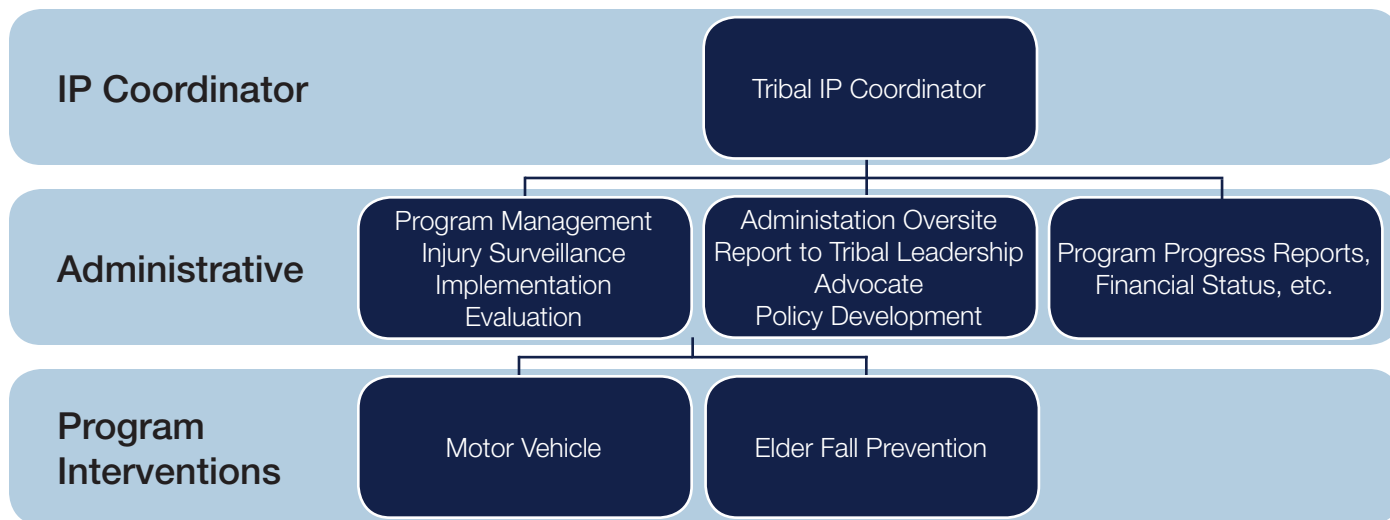
The tribal site’s responsibilities as the cooperative agreement recipient are listed in the Funding Announcement Number: HHS-2015-IHS-IPP-0001, pages 8–10.

The IHS agency-specific responsibilities are listed in the Funding Announcement Number: HHS-2015-IHS-IPP-0001, pages 5–7. 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.

Part I Programs and Part II Projects

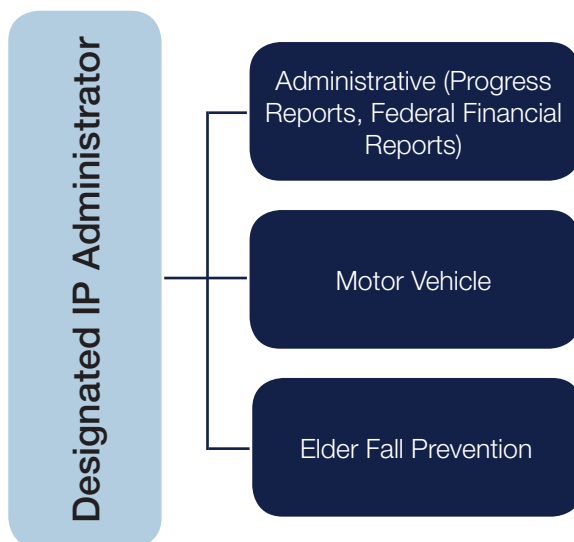
IPP Part I Programs

The FY 2015-2020 IPP cycle includes sites who have not previously received IHS TIPCAP Part I funding. This is a change from past funding years where IHS IPP Part I funding was open to all who meet the IHS minimum user population of 2,500. The Part I sites have a full-time Tribal Injury Prevention Coordinator who manages the IP program and are funded up to \$100,000. All current FY2015-2020 IPP Part I recipients have never received IHS IPP funding prior to FY2015.



IPP Part II Projects

The FY 2015-2020 and FY 2017-2020 IPP cycles (also known as “IPP Effective Strategy Projects” or “Part II Projects”) include sites who may or may not have been a previous recipient of IHS IPP funding. Part II Projects may have an IP Coordinator or assigned Project Administrator to manage the project. Part II Projects are funded up to \$25,000.



FY 2015-2020 Focus Areas

TIPCAP priority areas include:

1. Motor vehicle-related injuries
2. Unintentional fall prevention for people 65 years or older

1. Motor Vehicle-Related Injury Prevention

Effective strategies to prevent motor vehicle-related injuries and deaths are those that have been evaluated for effectiveness.

1. Education – Education-only approaches have been documented as insufficiently effective in motor vehicle injury prevention; as such, education is more effective when combined with enforcement and policy strategies. Education is key for teaching young children safety behaviors (e.g., seatbelt use) and training parents in the correct use of child safety seats. Education includes mass media campaigns, school-based programs, CPS training, and designated driver programs.
2. Enforcement – Enforcement strategies include working in collaboration with Tribal, Bureau of Indian Affairs (BIA), and State law enforcement activities to promote traffic safety.
3. Environment changes in traffic policy – Mandatory laws that include use of seatbelts and child safety seats are the most effective. Work in collaboration with tribal leadership to develop, enhance, or support tribal motor vehicle policies/laws.
4. Environment modifications to improve roadways, lighting of roadways, bike and pedestrian paths, etc. are shown to be effective. An example of an environmental modification strategy would be installing streetlights in areas where pedestrians have been injured, especially in rural communities.

The following are examples of effective strategies to prevent motor vehicle-related injuries:

- Tribal traffic laws or policy to mandate occupant restraint use
- Tribal traffic laws or policy to reduce alcohol-impaired driving
- Primary enforcement for tribal motor vehicle occupant restraint laws
- Enhance programs to support enforcement of tribal traffic safety laws
- Promote helmet use for cyclists, off-road vehicles, and snowmobiles
- Promote 0.08 percent blood alcohol concentration (BAC) laws
- Lower BAC laws for young or inexperienced drivers
- Sobriety checkpoints

See Section 7: Resources for a comprehensive list of Federal and non-Federal resources for motor vehicle injury prevention.

Other related areas of focus are pedestrian safety, flotation devices, helmets, etc.

For more information, see the fact sheet “Motor Vehicle-Related Injury Prevention” from the Guide to Community Prevention Service

www.thecommunityguide.org/resources/what-works-motor-vehicle-related-injury-prevention

¹ Christoffel, T., & Gallagher, S. S. (1999). Injury Prevention and Public Health: Practical Knowledge, Skills, and Strategies. Gaithersburg, MD: Aspen Publishers.

FY 2015-2020 Focus Areas

2. Unintentional Fall Prevention

The IHS IPP follows the recommendations from the American and British Geriatric Societies' Clinical Practice Guideline for fall-risk assessments and fall prevention. The IHS IPP promotes the most effective, evidence-based fall prevention approaches for community programs. These approaches must include documentation of collaboration with a multidisciplinary team that includes:

- An exercise program that targets balance and strengthening exercises, such as tai chi. Key collaborators include senior centers, health promotion/disease prevention organizations, public health nurses, and community health representatives.
- Elderly medical assessment/screening in coordination with clinical staff (e.g., doctors, pharmacists, physical therapists, dietitians, and optometrists).
- Home safety and hazard assessments and improvements (e.g., home health aides, environmental health inspectors, and injury prevention specialists).
- Fall prevention education, training, and outreach for elders, service providers, and the community.

See Section 7: Resources for a comprehensive list of Federal and non-Federal resources for unintentional fall prevention.

For more information, see the Centers for Disease Control and Prevention (CDC) website

<http://www.cdc.gov/steady/about.html>

TIPCAP Staff Overview

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

IHS and other TIPCAP staff will monitor the overall progress of the TIPCAP sites and their adherence to the terms and conditions of the cooperative agreement. TIPCAP staff will collaborate with the TIPCAP Coordinator to determine and implement the injury prevention methods and approaches that will be utilized. This includes providing guidance for required reports, development of tools and other products, interpretation of program findings, and assistance with evaluation.

IHS will plan and set an agenda for an annual meeting that provides ongoing training, fosters collaboration among sites, and increases visibility of programs. IHS will also provide guidance in injury prevention training and continuing education courses to increase competencies in injury prevention and will provide guidance in preparing articles for publication and/or presentations of program successes, lessons learned, and new findings.

Staff includes:

1. IHS Staff (headquarters program manager, grants management specialists, and Project Officers)
2. Monitoring contractor

IHS Staff

1. IHS Headquarters Program Managers

The IHS Program Managers, assigned with responsibility for scientific, technical, and programmatic questions for TIPCAP sites:

Holly Billie, MPH

Injury Prevention Program Manager
Division of Environmental Health Services
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-8620
Email: Holly.Billie@ihs.gov

Martin Smith

Deputy Director
Division of Environmental Health Services
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-9843
Email: Martin.Smith@ihs.gov

Molly Madson, REHS, MPH *New!*

Injury Prevention Specialist
Division of Environmental Health Services
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 945-3189
Email: Molly.Madson@ihs.gov

2. IHS Headquarters Grants Management Specialists

The IHS Grants Management Specialists, assigned by the Grants Management Office, are responsible for business, grants policy interpretation, and non-programmatic areas of grants administration questions from TIPCAP sites:

Andrew Diggs

Senior Grants Management Specialist
Division of Grants Management
5600 Fishers Lane, Mail Stop 09E70
Rockville, MD 20857
Phone: (301) 443-2241
Andrew.Diggs@ihs.gov
www.GrantSolutions.gov

Paul Gettys

Grants Systems Coordinator
Division of Grants Management
5600 Fishers Lane
Rockville, MD 20857
Phone: (301) 443-2114
Fax: (301) 443-9602
Paul.Gettys@ihs.gov

3. IHS Project Officers (Local)

A local Project Officer is assigned by IHS and serves as a liaison or extension of the IHS IPP to provide technical program oversight. The Project Officer will have substantial involvement in partnership with the TIPCAP site. The Project Officer is a TIPCAP IP coordinator's first point of contact for questions about TIPCAP. They ensure TIPCAP sites make sound decisions regarding project strategy; data collection, analysis, and reporting; spending of resources; planning and implementation of activities; training; reporting; budget planning; quality assurance; and evaluation. The Project Officer is often an IHS employee (e.g., the Area, District, or Service Unit IP Specialist or Environmental Health Officer), and they work closely with their designated TIPCAP site (e.g., in the same state or region).

TIPCAP Coordinators and Project Officers meet periodically (monthly, bi-monthly) for project updates and technical assistance in program management. Project Officers will:

- Assist in the selection of the coordinator
- Assist coordinator with injury data, public information, and quality assurance
- Monitor overall progress
- Review continuation applications
- Provide guidance on reports
- Participate in conference calls and site visits
- Provide guidance on publications and presentations
- Recommend training for coordinators

Sites that are considered experienced will only require periodic oversight. This applies unless a new TIPCAP Coordinator is recently hired. This is a situation where technical assistance and guidance should occur on a monthly basis until the site is in full operation. The Project Officer will ensure a new coordinator has an updated TIPCAP Guide.

Monitoring Contractor

The Centers for American Indian and Alaska Native Health (CAIANH) at the University of Colorado Denver, Colorado School of Public Health serve as the external monitoring contractor whose main goal is to assist TIPCAP sites with their technical assistance (TA) needs. Examples of assistance provided include, but are not limited to, helping with progress reports; identifying methods for recording and reporting IP program activities; aiding in the creation or fine-tuning of evaluation tools; disseminating best practice guidance; and providing other resources.

CAIANH's mission is to promote the health and well-being of American Indians and Alaska Natives, of all ages, by pursuing research, training, continuing education, technical assistance, and information dissemination within a biopsychosocial framework that recognizes the unique cultural contexts of this special population. *Please refer to Appendix F for contact information for the monitoring contractor.*

CAIANH will provide the following technical assistance and monitoring activities:

- Provide TA to TIPCAP sites on an ongoing basis.
- Conduct conference calls with TIPCAP sites and Project Officers.
- Conduct site visits to Part I sites.
- Plan, conduct, and evaluate the annual TIPCAP workshop.
- Publish TIPCAP newsletters.
- Review TIPCAP reports and continuation applications to assess progress that individual sites are making toward objectives/activities.
- Summarize progress of all TIPCAP sites toward meeting project goals, objectives, and activities.
- Provide guidance to TIPCAP sites for publishing or presenting program successes, lessons learned, and new findings.
- Respond to questions and requests for TA from TIPCAP sites, Project Officers, and the IP Program Manager.
- Create and/or provide tools necessary for data collection, data analysis, and program evaluation.
- Individualized one-on-one assistance with logic models, data analysis, evaluation, engaging the community, starting and changing a program, and specific injury topic requests, as well as respond to various other requests TIPCAP sites may have.

Technical Assistance Definition:

Tailored guidance to meet the specific needs of a site or sites through collaborative communication between a specialist and the site(s). Assistance takes into account site-specific circumstances and culture and can be provided through phone, mail, email, Internet, or in-person meetings.

Technical Assistance to Promote Success

Site visits: Project Officer, Contractor

Conference calls: Project Officer, Contractor, Program Manager

Newsletter: E-published to share program updates, project successes, and TA resources

Annual workshop: Provide TA, share successes, and provide program updates

Training (injury prevention): IHS IP Core courses, IP Fellowship, CPS, webinars

Resources/tools: For program planning, implementation, evaluation, and injury surveillance

3

TIPCAP Funding

Cooperative Agreement vs. Grant

Grants and cooperative agreements are very similar. The distinguishing feature between a grant and a 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.

Notice of Award

The Notice of Award (NOA) is a document executed by the IHS Grants Management Office (GMO). The NOA contains annual negotiated terms and conditions for providing financial assistance to the grantee. The cooperative agreement is the financial assistance instrument used to support or accomplish a public purpose authorized by Federal statute, in which substantial involvement or collaboration is expected. The NOA can be found at www.GrantSolutions.gov.

You should:

- Read and review all terms and conditions of the NOA found at www.GrantSolutions.gov.
- Respond to all special terms of award within 30 days and send a copy to IHS officials.
- Review NOA Substantial Programmatic Involvement & Specific Responsibilities.
- Review Standard Grant Conditions, including a description of:
 - IHS Program Manager
 - IHS Grants Management Specialist
 - Reporting requirements, due dates, and format
- Be familiar with your TIPCAP scope of work and modifications due to responses from program and financial officials.

**For questions regarding the Notice of Award, contact
Andrew Diggs, Senior Grants Management Specialist**

Division of Grants Management
5600 Fishers Lane, Mail Stop 09E70
Rockville, MD 20857
Phone: (301) 443-2241
Andrew.Diggs@ihs.gov

Carryover Funding Requests

IHS Grantees are required by the Terms and Conditions of their grant awards to submit a Financial Status Report (FSR) SF-425. This report should be submitted at www.grantsolutions.gov. The Grants Management Specialist (GMS) will review the FSR for completeness with 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.

For further information on instructions, forms or reporting of the Federal Financial Report (FFR or SF-425) see the Indian Health Service website Division of Grants Management (DGM) Policy Topics.

CARRYOVER POLICY: https://www.ihs.gov/dgm/includes/themes/responsive2017/display_objects/documents/CarryoverTraining.pdf

1. Carryover Policy and Procedures for Balances of 25% or Less

Grantees retain the authority (NO PRIOR APPROVAL required) to carry over a portion of all unobligated grant funds remaining at the end of a budget period for balances that are 25% or less than the annual amount awarded. However, as a formality grantee should notify the IHS PO on how they plan to spend the carryover funding. The carry over funding should be associated with the goals and objectives of the program services or activities.

Report carryover for 25% or less on the Federal Financial Report under the “Remarks” section.

Note: Grantees may not carry over funds that are identified as restricted in the Notice of Award's Terms and Conditions.

A major reason for carry over is a vacancy. The greater percentage of the total budget is salaries. Please be aware the carry over funding amount is cumulative with each year of funding carried forward.

Please contact Andrew Diggs for questions of the carryover policy:

Andrew Diggs, *Senior Grants Management Specialist*
Indian Health Service, Division of Grants Management
5600 Fishers Lane, Mail Stop 09E70, Rockville, MD 20857
Phone: (301) 443-2241
Andrew.Diggs@ihs.gov

EXAMPLE OF HOW TO CALCULATE THE 25% THRESHOLD AMOUNT

\$25,000 x .25 = \$6,250

If you have a balance of \$6,250 or less in carryover no official prior approval from IHS DGM is required. You can re-budget this amount within the current budget aligned with the current scope of work. New projects not aligned with the original scope of work can be started.

If you have a balance over \$6,250 in carryover, you need to request for an official approval from IHS DGM.

\$100,000 x .25 = \$25,000

If you have a balance of \$25,000 or less in carryover no official prior approval from IHS DGM is required. You can re-budget this amount within the current budget aligned with the current scope of work.

If you have a balance over \$25,000 in carryover, you need an official approval from IHS DGM.

Report carryover for 25% or less on the Federal Financial Report under the “Remarks” section.

Carryover Funding Requests

2. Carryover Policy and Procedures for Balances that Exceed 25%

Grantees must obtain prior approval from the DGM for use of all unobligated balances that exceed 25% of the annual amount award for the budget period.

Grantee is required to submit the following items:

1. An official request on letterhead to use carryover funds, stating the amount and what the funds will be used for.
2. A statement as to why the carryover funds were not spent during the budget period awarded.
3. A detailed line item budget and justification for the amount of carryover funds requested.
4. Your request should be signed by the Authorized Organizational Representative (AOR), and the Finance Office.
5. A Financial Status Report, certifying funds are available for use.

What information should the grantee include in their line item budget and justification?

- The carryover budget must be detailed and include costs that are allowable, allocable, and reasonable. (2CFR Part 225/Cost Principles, formerly OMB Circular A-87)
- The accompanying carryover budget must include a detailed description of each line item that is requested by the grantee. The justification must be clear and accurately describe the need for the budget line items.

Where to submit the official carryover request?

- Official Carryover request must be submitted at www.grantsolutions.gov at “Manage Amendments.”

What happens after the grantee submits their carryover request to the Division of Grants Management (DGM)?

- The package is received in DGM and the GMS will review the request for allowable and reasonable cost and ensure all documents required have been submitted.
- The Grants Management Specialist (GMS) will conduct a cost analysis on the carryover budget and justification.
- The grantee's financial status reports are reviewed; (both the Financial Status Report- Expenditures Report and the Federal Financial Report FFR-425 Cash Transaction Report to the Division of Payment Management).

Grants Management Official's Role in the Carryover Process:

1. The FSRs are reconciled to determine whether the funds that are requested are actually available for carryover.
2. DGM will provide comments or concerns they have with the line item budget and justification to the Program Official.
3. Approval is obtained from the program based on their technical review of the carryover request as it relates to the program goals and objectives.
4. If no other documentation is needed from the grantee, DGM has 30 days to process the request and issue a NOA reflecting approval of the carryover funds.

Carryover Funding Requests

2. Carryover Policy and Procedures for Balances that Exceed 25% (cont)

Program Official's Role in the Carryover Process:

1. Identify whether the grantee has performance issues that may have caused a large unobligated balance to occur over time.
2. Provide feedback to the grants management specialist regarding any issues.
3. Approve or recommend disapproval for the grantee to carryover the unobligated balance. The program official will provide a detailed explanation to DGM and ultimately the grantee – if disapproval based on performance concerns.

Roadblocks That Slow Down DGM's Ability to Process Carryover Request:

- Delinquent FSRs – DGM must have a current FSR report on file in order to review actual balances that are available for carryover.
- Incomplete carryover request packages.
- Budget justifications inadequate – not enough details to support line items.
- Submitting packages directly to Program without sending it directly to GS at www.grantsolutions.gov at “Manage Amendments.”

Unallowable Costs:

- 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, dinners, etc.

Send Your Request to DGM:

Andrew Diggs, *Senior Grants Management Specialist*
Indian Health Service, Division of Grants Management
5600 Fishers Lane, Mail Stop 09E70
Rockville, MD 20857
Phone: (301) 443-2241
Andrew.Diggs@ihs.gov

Reporting Requirements

All Part I Programs and Part II Projects are required to submit progress reports and financial status reports to IHS. All sites should reference their Notice of Award for information on frequency, timelines, and deadlines for site-specific reporting requirements.

Types of reports:

- Progress reports (with data reporting spreadsheet attached as appendix)
- Federal Financial Reports
- Non-competing continuation applications
- Administrative supplemental funding requests

Part I Coordinators and Part II Administrators are encouraged to obtain assistance from their supervisor, Project Officer, and the monitoring contractor in completing reports. In addition, sites could reach out to tribal grant writing staff and the finance or accounting office for help in completing the necessary reporting requirements

Submitting Reports

Reports must be submitted through [GrantSolutions.gov](https://www.GrantSolutions.gov), a comprehensive grants management system serviced by the Grants Center of Excellence. [GrantSolutions.gov](https://www.GrantSolutions.gov) is for all documents.

Steps for using [GrantSolutions.gov](https://www.GrantSolutions.gov):

- Attend training offered by IHS Grants Management
- Complete registration and submit information to IHS Grants Management (Paul Gettys).
- Submit all progress and financial reports as well as non-competitive continuation applications to www.GrantSolutions.gov

Federal Financial Reports must also be submitted to the Payment Management System (PMS; see Federal Financial Reporting section for details).

See your Notice of Award for specific details about your reporting requirements.

Progress Reports

All Part I Programs and Part II Projects are required to submit reports discussing activities related to each goal and objective. When writing progress reports, ensure the following are addressed:

- Using required forms, compare actual accomplishments to the goals established for the period. Provide a description of internal and external collaboration, new resources secured, intervention successes, barriers identified, and future plans.
- Indicate reasons for slippage where established goals were NOT met and include a plan of action to overcome slippages.
- Indicate the number of Indians hired or trained and use of Indian business concerns. If none, state reasons.
- Specify other pertinent information including analysis and explanation of cost overruns or high cost.

Progress Report Template

Each site will receive a template for progress reports. The template follows the goals, objectives, tasks, and evaluation regarding the program/project. The progress report shall include a brief description of the following for each program/project function or activity involved. Please be clear and concise.

See template examples
in Appendix B, pages
77-78

- Objective of program/project: Summary of progress for each objective and its accomplishments.
- Progress during reporting period: Summary of work done during the reporting period, addressing objectives and process of outcome/output measures.
- Problems or delays: Summarize any significant problems that may have been encountered and subsequent delays that might have occurred. Describe action steps taken to address delays or problems.
- Changes to program/project: Detail any significant changes that have been made to the program/project (e.g., personnel, work plan, etc.).
- Training/technical assistance (TA): List any training or TA that you have/are receiving via this program/project. List any barriers you have encountered in receiving information or TA.

Data Reporting Spreadsheet

In addition to the completed progress report template, submit the data reporting spreadsheet as an appendix. The spreadsheet should contain data from the reporting period as well as any data from previous reporting periods (beginning March 2018 for FY15 Part I and Part IIA sites and April 2018 for FY17 Part IIB sites). Also attach as appendices any questionnaires, surveys, etc. you may have referenced in the data reporting spreadsheet.

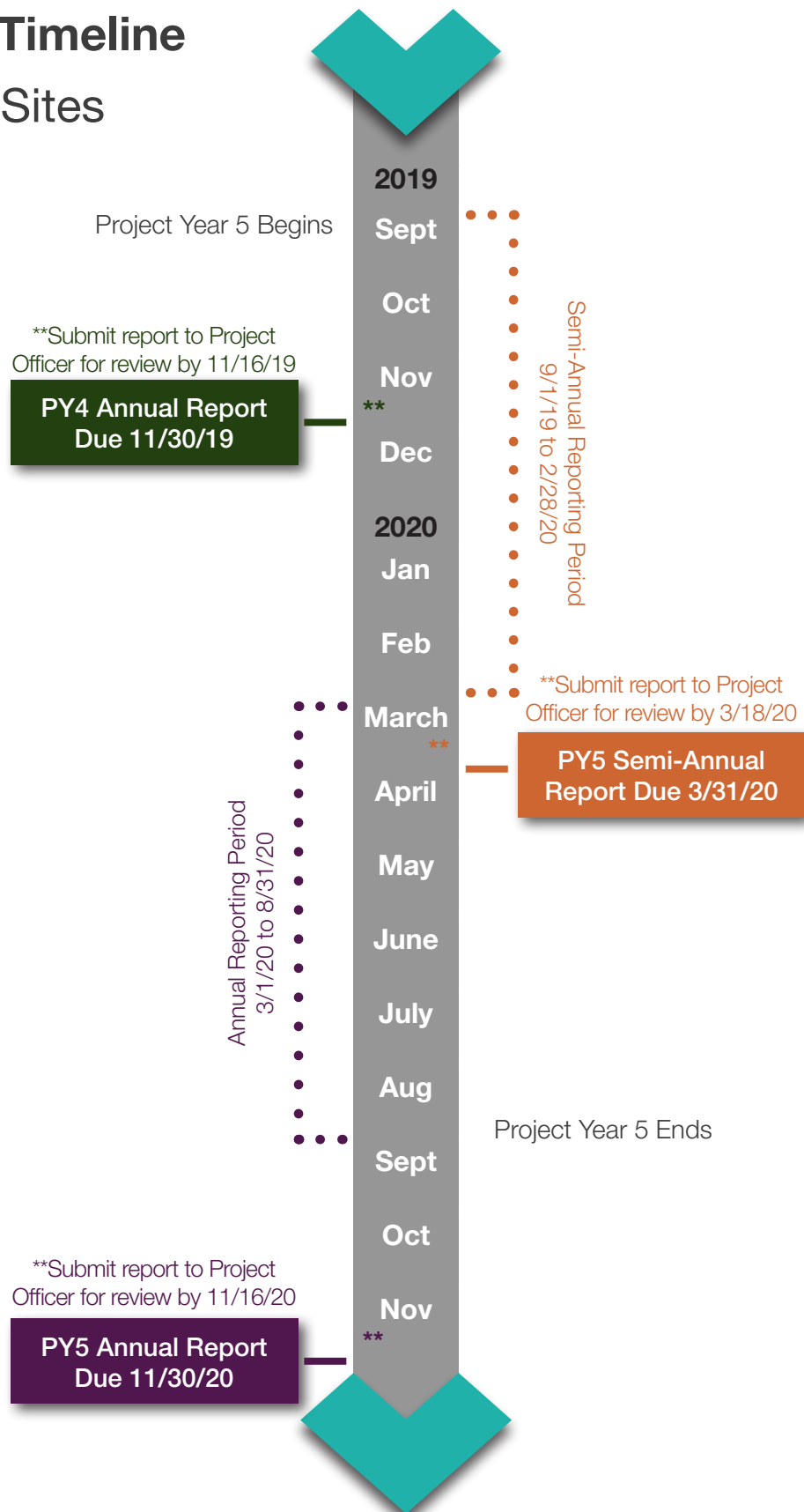
See spreadsheet
example in Appendix
B, page 79

For questions regarding reporting requirements, contact Grants Management.

Progress Reporting Timeline

New! Reporting Timeline

Part I & Part IIA Sites (FY15-20)



Progress Reporting Timeline

New! Reporting Timeline

Part IIB Sites (FY17-20)

Project Year 3 Begins

Annual Reporting Period
1/1/20 to 6/30/20

Semi-Annual Reporting Period
7/1/19 to 12/31/19

**Submit report to Project
Officer for review by 1/17/20

**PY3 Semi-Annual
Report Due 1/31/20**

Project Year 3 Ends

**Submit report to Project
Officer for review by 9/16/20

**PY3 Annual Report
Due 9/30/20**

2019

July

Aug

Sept

Oct

Nov

Dec

2020

Jan

Feb

March

April

May

June

July

Aug

Sept

Federal Financial Reports

All IHS grantees are required by the terms and conditions of their grant awards to submit a Federal Financial Report SF-425. Part I Programs and Part II Projects should have general knowledge of their expenditures. Each tribe or tribal organization operates within their own rules and policies regarding financial reporting. Some areas will provide a financial report to the grantee.

Part I Programs and Part II Projects should do the following regarding financial reporting:

- Be familiar with the tribal accounting/financial reporting staff.
- Maintain regular contact with this person to learn if there are staff changes in the finance/accounting departments.
- Maintain internal budget files (e.g., in Excel or using QuickBooks) to ensure that monthly reports received from the accounting/finance departments are accurate and up to date, or as required by tribal policies.

Submitting Federal Financial Reports

This report should be submitted to the Payment Management System (PMS), with a courtesy copy sent to Grants Management through www.GrantSolutions.gov. PMS will review the Federal Financial Report for completeness in all required information and signatures. If corrections are needed, the PMS point of contact will contact the grantee for a revised FFR. If no corrections are needed, the PMS point of contact will reconcile the Federal Financial Report as required.

Failure to Submit Reports

Failure to submit required reports within the required time frame may result in restrictions, 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 funding restrictions.

This applies whether the delinquency is attributable to the failure of the organization or the individual responsible for preparation of the reports. Failure to meet financial reporting requirements as stated in the terms and conditions of the Notice of Award could result in the suspension of the grant.

For further information on instructions, forms, or reporting of the Federal Financial Report (FFR or SF-425), see the IHS website:

http://www.ihs.gov/dgm/index.cfm?module=dsp_dgm_policy_topics

Non-Competing Continuation Application

A non-competing continuation application is the process a tribe or tribal organization uses to request an additional year of funding from the IHS TIPCAP. The process allows for a tribe or tribal organization to revise the TIPCAP budget (to better match actual expenses from the prior year) and to refine the work plan. Modifications to update the work plan (e.g., changes in project goals) are allowed, but no changes may be made to the scope of work. The activities listed to address program objectives may change from year to year.

Work Plan

When completing the continuation application, you will need to submit a revised work plan using the templates provided. The work plan should be completed using SMART objectives and in coordination with the TIPCAP site's Project Officer.

See work plan examples in Appendix B, pages 72-76

Application Review

The IHS IP Program Manager, Grants Management, and Project Officer will review the non-competing continuation application work plan and budget. Each TIPCAP site's Project Officer is required to "concur" (agree/approve) with the non-competing continuation application work plan and budget before final approval will be given by IHS. For non-performance, Grants Management will place "special conditions" found in the Notice of Award (e.g., increased number of progress reports and/or revisions to the application narrative or budget).

Administrative Supplemental Funding

Contingent on available funding, administrative supplemental funds may be available in subsequent years of the TIPCAP funding cycle. Administrative supplemental funding is a request for an increase in support during a current budget period for expansion of the scope of the approved program/project or to meet an unforeseen increase in costs. Requests for administrative supplements may be awarded without objective review or competition; however, supplemental applications requesting a programmatic expansion (i.e., change in scope) must undergo objective review and generally are required to compete for support.

4

Part I — Injury Prevention Programs

Part I Programs

Part I Programs are federally recognized tribes or tribal organizations new to the IHS Injury Prevention Program (IPP). TIPCAP provides funding to hire a Tribal Injury Prevention Coordinator and to develop programs based on effective strategies or best practices in injury prevention (IP).

Part I Programs:

- Albuquerque Area Indian Health Board
- Blackfeet Tribe
- Ponca Tribe of Oklahoma
- Rocky Mountain Tribal Epi Center
- Salt River Pima-Maricopa Indian Community
- Washoe Tribe of Nevada and California
- Winnebago Tribe of Nebraska

Part I Program Roles and Responsibilities

- Develop effective strategies that coincide with the IPP priorities (motor vehicle injury and/or unintentional fall prevention) and/or local tribal injury priorities based on sound injury mortality and morbidity data.
- Responsible for the collection, analysis, and interpretation of injury data (e.g., primary, secondary sources) for priority setting and program planning, implementation, and evaluation.
- Develop a 5-year plan (e.g., logic model, strategic planning) based on sound injury data and effective strategies. The 5-year plan will include process, impact, and outcome evaluation; timeline; action steps; and benchmarks.
- Develop and implement the IPP with culturally competent information to educate and empower communities to take action in IP.
- Develop or participate in an IP coalition (e.g., 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, IP specialists (IHS), law enforcement, business, clergy, and State and other Federal advocates or key stakeholders.
- Participate in the annual workshop, site visits, conference calls, or special meetings established by IHS.

Please refer to Appendix F for contact information for Part I Programs.

Part I Program Staff

1. Tribal Injury Prevention Coordinator

The tribe or tribal organization is required to hire a Tribal Injury Prevention Coordinator to manage the day-to-day operations of the tribe's IPP, funded by IHS. The Coordinator's position will be located within an urban Indian health organization, tribal health program (or Tribal Highway Safety), or community-based tribal program. The Coordinator must be a full-time employee and solely dedicated to the management, control, or performance of the IPP. Positions cannot be part-time or split duties among multiple projects. Each tribe follows its own personnel policies to hire, supervise, and compensate the Coordinator.

Tribal Injury Prevention Coordinator recommended requirements:

- One year of education or work experience in IP, public health, law enforcement, or traffic safety.
- Prior work experience managing a program, including progress reporting, program planning and evaluation, and budget management skills.

What are the general roles and responsibilities of the Tribal Injury Prevention Coordinator?

- Attend IHS IP core courses (i.e., Injury Prevention Introductory Level I, Intermediate Level II, and IP Fellowship).
- Plan, implement, and evaluate effective IP strategies that match their tribe's or tribal organization's original funding application and/or annual continuation application work plan.
- Develop or participate in an IP coalition (i.e., support team, advisory group) to share resources and expertise.
- Develop and maintain a data collection, analysis, and summary system to set program priorities, plan and implement activities, and evaluate progress.
- Submit required reports to IHS Headquarters, the Project Officer, and the monitoring contractor.
- Be familiar with the process that their tribe uses to submit semiannual financial status reports and provide assistance to ensure reports are submitted on time.
- Participate in conference calls scheduled by the monitoring contractor.
- Help to plan and participate in site visits conducted by the monitoring contractor and/or the Project Officer.
- Contribute at least once per year to the TIPCAP newsletter.
- Attend (mandatory) annual TIPCAP workshop and required technical assistance and administrative webinars
- Regularly communicate with the Project Officer through phone calls, emails, or site visits.
- Request assistance from the monitoring contractor.

Part I Program Staff

What if a Tribal Injury Prevention Coordinator position is vacant?

When a vacancy for the Tribal Injury Prevention Coordinator position occurs, the tribe or tribal organization must initiate the process to hire a new Coordinator to ensure compliance with the grant. A designated person can be temporarily assigned to manage the day-to-day activities of the IPP until the vacant position is filled. Notification of vacancies and hiring of a Coordinator must be sent to IHS.

The Project Officer, IHS Headquarters staff, and the monitoring contractor will monitor progress reporting to ensure that activities continue. TIPCAP sites who do not comply with the terms and conditions of the grant could be required to complete “special conditions” and be monitored. It is therefore important for the tribe or tribal organization to fill any Coordinator vacancies.

2. Supervisor of the Tribal Injury Prevention Coordinator

Who is this?

Each tribe or tribal organization has a different personnel system. The person who supervises the Tribal Injury Prevention Coordinator holds a different position at each tribe or tribal organization. The level of the supervisor’s involvement with the day-to-day operations of the IPP will also vary. Some supervisors are not very involved, and thus the Coordinators work very independently. Other supervisors demonstrate a greater interest in the program and will provide more assistance and oversight. The level of involvement varies based on the organizational structure and culture of management at each tribe.

What general roles and responsibilities do they have?

- Supervise the Coordinator’s day-to-day operation (following tribal personnel policies).
- Provide guidance and support for tribal IP activities.
- Participate in conference calls and site visits made by the IHS Project Officer and the monitoring contractor.
- Review TIPCAP semiannual and annual reports prior to submission to IHS.
- Review annual TIPCAP continuation applications.
- Ensure project activities are completed.
- Ensure the Coordinator attends injury prevention or related trainings.
- Participate in site visits.

3. Tribal Accounting/Grants Staff

Who is this?

Each tribe or tribal organization has the name and contact information of the tribal accounting or grants staff member who will support your TIPCAP site. Each Tribal Injury Prevention Coordinator should be familiar with the process.

What general roles and responsibilities do they have?

- Manage the financial status reports reporting of the project’s budget.
- Submit semiannual financial status reports to IHS Headquarters.
- Complete financial report to the Division of Payment Management (PMS).

Part I Administrative Responsibilities

Completion of the items listed is the responsibility of the Tribal Injury Prevention Coordinator unless otherwise specified and must be completed each program year.

	Frequency	Notes
Project Officer Visits/ Calls	Monthly or Bi-monthly	On site or by phone; monthly visits are recommended for new coordinators
Conference Calls with Monitoring Contractor	Semi- annually	Will be scheduled by monitoring contractor; Project Officer required
Site Visit with Monitoring Contractor	Annually	Project Officer required
Monitoring Contractor Satisfaction Survey	Annually	Will be administered electronically by monitoring contractor
Annual Workshop	Annually	Coordinator completes/returns planning survey; attends, participates in, and evaluates workshop; Project Officer required; other attendees optional
Webinars	3+ /year	Hosted by IHS and monitoring contractor; includes both administrative and educational webinars
TIPCAP Newsletter	Once/year	Distributed quarterly by monitoring contractor/IHS; each TIPCAP site is required to contribute at least once per year
Training	As needed	Coordinator required to attend IHS IP core courses (i.e., Injury Prevention Introductory Level I, Intermediate Level II, IP Fellowship)
Conferences	As needed	For recommendations, reference <i>Conferences</i> in Section 6: Injury Prevention Program Skill Building
Publications	As needed	Reference <i>Publications</i> in Section 6: Injury Prevention Program Skill Building

Conference Calls

The main purpose of the conference calls is to increase communication and collaboration between the Tribal Injury Prevention Coordinator, IHS Project Officer, and the monitoring 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 TA in selected topics, such as program planning, implementation, training, and evaluation.

The Tribal Injury Prevention Coordinator and IHS Project Officer are required to participate in calls scheduled by the monitoring contractor. Other tribal staff associated with TIPCAP sites (e.g., supervisors, assistants, etc.) are encouraged to participate in the calls.

The monitoring contractor conducts conference calls semiannually. Calls include the monitoring contractor, the Tribal Injury Prevention Coordinator, and the IHS Project Officer. Individual-format conference calls usually last between 45 and 60 minutes.

Activities conducted during conference calls can vary and may include:

- Review of project goals and objectives (for each year)
- Discussion of TA needs
- Scheduling of site visits
- Follow-up from previous correspondence (e.g., site visits, conference calls)
- Program sustainability

How are the conference calls conducted?

All individual conference calls with the monitoring contractor are held using an online video conferencing software called Zoom. It allows unified cloud conferencing, simple online meetings, group messaging, and a software-defined conference room solution into one easy-to-use platform. Although Zoom is a video conferencing software, attendees do not have to join the video portion of the call. There is a dial in phone number that allows participants to join the meeting. For help with Zoom there are tutorials and video introductions available on the help center website: <https://support.zoom.us/hc/en-us>

What happens after a site conference call?

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

Site Visits

The main purpose of site visits is to provide technical assistance (TA) in the operation of the program. Site visits are conducted by IHS Project Officers and/or the monitoring contractor. Site visits involve the core group involved in TIPCAP: the Tribal Injury Prevention Coordinator and other key tribal staff or stakeholders who work with the Coordinator (e.g., the Coordinator's supervisor, local IHS sanitarian, other tribal representatives or stakeholders who are important for external visitors to meet, and non-tribal partners).

When are site visits conducted?

- **IHS Program Official/Project Officer:** Each month, the IHS Project Officer maintains contact with the TIPCAP site by phone call or on-site visit. If this is not possible due to distance, travel funds, etc., site visits can be arranged by both parties (e.g., every other month, quarterly, twice a year). TIPCAP site visits will vary depending on whether the TIPCAP site is very experienced as opposed to having new coordinators with limited experience. This impacts how much time is spent on collaboration and technical assistance from the IHS Project Officer. A new Coordinator will require more visits, collaboration, and technical assistance. In general, communication should be an ongoing process for both the TIPCAP site and IHS Project Officer.
- **Monitoring Contractor:** Each Part I Program will receive one site visit annually by the monitoring contractor. Group site visits may occur when arrangements are made in advance with the monitoring contractor team and the TIPCAP sites. This would occur when the sites are located in the same state or region. The IHS Project Officer should be present at all site visits.

What happens during a visit?

Visits will focus on TA to modify, adjust, or improve upon IP program performance. All activities must remain within the scope of work approved by IHS Division of Grants Management. Activities cannot be added or removed without approval by IHS.

What happens after a site visit?

- **IHS Project Official/Project Officers:** After a Project Officer visits a site alone, follow-up will vary. This may include email and telephone communication to discuss ideas generated or actions completed following the visit.
- **Monitoring Contractor:** The monitoring contractor will prepare a report after each site visit. This report will summarize the findings, results, action steps, and recommendations of the visit. The report summary will be shared with the Coordinator and Project Officer, depending on what was conducted during a visit.

TIPCAP Annual Workshop

All Part I Programs are required to attend the annual workshop.

Each project year, an annual TIPCAP workshop provides an opportunity to increase Tribal Injury Prevention Coordinators' 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.

Attendance and participation by each Coordinator is mandatory. If a Coordinator is unable to attend, prior notification describing the reasons must be submitted to the IHS IP Program Manager in writing. Each TIPCAP site allocates travel funds for the Coordinator to attend the workshop every year. If the Coordinator position is vacant at the time of the annual meeting, the tribe or tribal organization is required to send an alternate.

A tribe may send more than one person in addition to the Coordinator to the annual workshop at its own expense.

What is the purpose of the annual workshop?

The annual workshop will focus on new information, skill building, communication, and networking to assist TIPCAP sites with capacity building.

Who participates in the annual workshop?

Part I Programs are required to attend the annual workshop. The IHS Project Officers, IHS Program Manager, and monitoring contractor are responsible for the development, facilitation, and evaluation of the workshop. Keynote speakers and subject matter experts are invited to present at the workshop.

How is the annual workshop agenda developed?

A survey of all TIPCAP programs is conducted to gather feedback on recommendations for the agenda format, speakers, and other logistics. The IHS Project Officers, IHS Program Manager, and monitoring contractor assist in the development of the workshop agenda.

The workshop is designed to be interactive, culturally appropriate, and tailored to the priorities of tribal IP participants (e.g., panel presentations, oral presentations, and/or roundtable discussions).

Where is the annual workshop held?

Programs are surveyed and the location is determined annually based upon responses. Hotel logistics are coordinated by the IHS IP Program Manager.

Webinars

Webinars are a tool to provide TIPCAP administrative updates and provide a way for TIPCAP sites to receive injury prevention education specific to tribal communities. Group-format webinars enable information sharing and serve as an educational forum for TIPCAP sites. Webinars usually last up to 60 minutes, are held using the Adobe Connect web-based system (<https://ihs.adobeconnect.com>) or the Zoom web-based system, and include a PowerPoint presentation. A recording of each webinar will be sent by email to all TIPCAP sites, Project Officers, and the monitoring contractor.

Administrative Webinars

Administrative webinars involve all Part I Programs and Part II Projects, designated IHS Project Officers, Grants Management, the IP Program Manager, and the monitoring contractor. Administrative webinars cover a variety of topics, including:

- Program or grants management updates or announcements
- General grantee requirements or changes
- Injury data

Educational Webinars

There will be three or four educational webinars conducted each year. All Part I Programs and Part II Projects are invited to attend. Other attendees include IHS Project Officers, the IP Program Manager, IHS injury prevention staff, and the monitoring contractor. Educational webinars feature experts in injury prevention programming and will cover a variety of topics, including program planning, implementation, and evaluation.

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 Part I Tribal Injury Prevention Coordinators, Part II Project Administrators, and other TIPCAP staff
- Updates from the monitoring contractor (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

When and how are newsletters published?

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

How are TIPCAP sites/Project Officers expected to contribute to newsletters?

TIPCAP sites are assigned a newsletter issue to contribute to each project year. The newsletter is issued quarterly in March, June, September, and December. Submissions can include articles, photos, and/or program announcements. Please visit the IHS IP Program website for copies of past newsletters: <http://www.ihs.gov/InjuryPrevention/>

New! Newsletter Schedule for Project Year 2020 for Part I Sites:

September 2019	December 2019	March 2020	June 2020
AASTEC	Blackfeet Tribe	Ponca Tribe of Oklahoma	ALL SITES TO BE FEATURED IN FINAL EDITION
Winnebago Tribe of Nebraska	Rocky Mountain Tribal Epi Center	Salt River Pima-Maricopa Indian	
	Washoe Tribe of Nevada & California		
Submission Due Dates			
Aug. 2, 2019	Nov. 1, 2019	Jan. 31, 2020	May 1, 2020

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Part II — Injury Prevention Effective Strategy Projects

Part II Projects

Part II Projects are federally recognized tribes or tribal organizations who develop, implement, and evaluate injury prevention programs.

Part IIA Projects:

- Ak-Chin Indian Community
- Bristol Bay Area Health Corporation
- California Rural Indian Health Board
- Choctaw Nation of Oklahoma
- Fond du Lac Band of Lake Superior Chippewa
- Gila River Indian Community
- Great Plains Tribal Chairmen Health Board
- Ho-Chunk Nation
- Indian Health Council, Inc.
- Northwest Portland Area Indian Health Board
- Pascua Yaqui Tribe
- Pueblo of Jemez
- Pyramid Lake Paiute Tribe
- Reno-Sparks Indian Colony
- White Earth Band of Chippewa Indians
- Wichita and Affiliated Tribes

Part IIB Projects:

- Apache Tribe of Oklahoma
- Comanche Tribe of Oklahoma
- Inter-Tribal Council of Arizona, Inc.
- Lake County Tribal Health Consortium
- Navajo Nation, Department of Navajo Highway Safety
- Northern Cheyenne Tribe
- Saint Regis Mohawk Tribe
- Shoshone-Paiute Tribes of Duck Valley

Part II Project Roles and Responsibilities

- Provide a logic model plan for the Part II effective strategies project. The logic model will address the stages of the project development implementation and evaluation with proposed timeline.
- Develop culturally competent, project-related information to educate and empower communities to take action in injury prevention.
- Develop a project evaluation plan with baseline data, timeline, and outcome measures.
- Participate in IHS/monitoring contractor conference calls and webinars.

Please refer to Appendix F for contact information for all Part II Projects.

Part II Project Staff

Part II Projects will have an administrative oversight designee by the tribe or tribal organization who will manage the responsibilities of the Part II Project and will support injury prevention projects that are culturally-competent to empower communities to take action in injury prevention. For the purposes of this guide, we will refer to this position as the Project Administrator.

Part II Administrative Responsibilities

Items listed must be completed each program year.

	Frequency	Notes
Project Officer Visits	Monthly	On site or by phone
Conference Calls with monitoring contractor	Semi-annually	Will be scheduled by monitoring contractor; Project Officer required
Monitoring Contractor Satisfaction Survey	Annually	Will be administered electronically by monitoring contractor
Webinars	3+ /year	Hosted by IHS and monitoring contractor; includes both administrative and educational webinars
TIPCAP Newsletter	Once/year	Distributed quarterly by monitoring contractor/IHS; each TIPCAP site is required to contribute at least once per year
Training	As needed	Reference <i>Training</i> in Section 6: Injury Prevention Program Skill Building
Conferences	As needed	For recommendations, reference <i>Conferences</i> in Section 6: Injury Prevention Program Skill Building
Publications	As needed	Reference <i>Publications</i> in Section 6: Injury Prevention Program Skill Building

Conference Calls

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

The Project Administrator and IHS Project Officer are required to participate in calls scheduled by the monitoring contractor. Other tribal staff associated with TIPCAP sites (e.g., supervisors, assistants, etc.) are encouraged to participate in the calls.

The monitoring contractor conducts conference calls semiannually. Calls include the monitoring contractor, the Project Administrator, and the IHS Project Officer. Individual-format conference calls usually last between 45 and 60 minutes.

Activities conducted during conference calls can vary and may include:

- Review of project goals and objectives (for each year)
- Discussion of TA needs
- Follow-up from previous correspondence
- Program sustainability

How are the conference calls conducted?

All individual conference calls with the monitoring contractor are held using an online video conferencing software called Zoom. It allows unified cloud conferencing, simple online meetings, group messaging, and a software-defined conference room solution into one easy-to-use platform. Although Zoom is a video conferencing software, attendees do not have to join the video portion of the call. There is a dial in phone number that allows participants to join the meeting. For help with Zoom there are tutorials and video introductions available on the help center website: <https://support.zoom.us/hc/en-us>

What happens after a site conference call?

A brief summary of each conference call will be provided to the Project Administrator, IHS Project Officer, and IHS IP Program Manager, usually by email.

Webinars

Webinars are a tool to provide TIPCAP administrative updates and provide a way for TIPCAP sites to receive injury prevention education specific to tribal communities. Group-format webinars enable information sharing and serve as an educational forum for TIPCAP sites. Webinars usually last up to 60 minutes, are held using the Adobe Connect web-based system (<https://ihs.adobeconnect.com>) or the Zoom web-based system, and include a PowerPoint presentation. A recording of each webinar will be sent by email to all TIPCAP sites, Project Officers, and the monitoring contractor.

Administrative Webinars

Administrative webinars involve all Part I Programs and Part II Projects, designated IHS Project Officers, Grants Management, the IP Program Manager, and the monitoring contractor. Administrative webinars cover a variety of topics, including:

- Program or grants management updates or announcements
- General grantee requirements or changes
- Injury data

Educational Webinars

There will be three or four educational webinars conducted each year. All Part I Programs and Part II Projects are invited to attend. Other attendees include IHS Project Officers, the IP Program Manager, IHS injury prevention staff, and the monitoring contractor. Educational webinars feature experts in injury prevention programming and will cover a variety of topics, including program planning, implementation, and evaluation.

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- Updates from the monitoring contractor (e.g., site visits, conference calls)
- Highlights of innovative approaches to community injury prevention programs
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- Photographs of injury prevention coordinators in action
- Training and conference opportunities
- IP calendar events
- IP resources

When and how are newsletters published?

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

How are TIPCAP sites/Project Officers expected to contribute to newsletters?

TIPCAP sites are assigned a newsletter issue to contribute to each project year. The newsletter is issued quarterly in March, June, September, and December. Submissions can include articles, photos, and/or program announcements. Please visit the IHS IP Program website for copies of past newsletters: <http://www.ihs.gov/InjuryPrevention/>

New! Newsletter Schedule for Project Year 2020 for Part IIA and IIB Sites:

September 2019	December 2019	March 2020	June 2020
California Rural Indian Health Board	Ak-Chin Indian Community	Apache Tribe of Oklahoma	ALL SITES TO BE FEATURED IN FINAL EDITION
Choctaw Nation of Oklahoma	Bristol Bay Area Health Corp.	Ho-Chunk Nation	
Fond du Lac Band of Lake Superior Chippewa	Comanche Tribe of Oklahoma	Northern Cheyenne Tribe	
	Gila River Indian Community	Northwest Portland Area Indian Health Board	
Great Plains Tribal Chairmen's Health Board	Indian Health Council, Inc.		
	Inter Tribal Council of Arizona	Pueblo of Jemez	
Lake County Tribal Health Consortium	Navajo Nation	Saint Regis Mohawk Tribe	
	Pascua Yaqui Tribe	White Earth Band of Chippewa Indians	
Pyramid Lake Paiute Tribe	Reno-Sparks Indian Colony		
	Shoshone-Paiute Tribes of Duck Valley	Wichita and Affiliated Tribes	
Submission Due Dates			
Aug. 2, 2019	Nov. 1, 2019	Jan. 31, 2020	May 1, 2020

6

Injury Prevention Program Skill Building

Training

There are several opportunities for staff development and training outside of the annual TIPCAP workshop and the oversight that TIPCAP sites receive from Project Officers, the monitoring contractor, and IHS IP Program Manager. Part I Tribal Injury Prevention Coordinators and Part II Project Administrators (and other tribal staff members) are encouraged to pursue these staff development opportunities, which will enhance their skills and knowledge and help to further improve the site's IPP.

Indian Health Service IP Training Program Courses

As part of the training for TIPCAP sites, the IHS IPP offers a comprehensive IP Training Program. These trainings include practitioner and advanced IP training: (a) Injury Prevention Level I introductory and intermediate Level II core courses, (b) long-term training in the IHS IP Fellowship program, and (c) Safer Native American Passengers (SNAP).

Injury Prevention Level I – Introduction and Level II – Intermediate

The following IP short core courses are available: Level I—Basic and Level II—Intermediate. Each course is usually held for 4 days. There are no course fees unless otherwise noted. General training expenses include travel (e.g., airfare, rental car, taxi fare) and per diem (e.g., hotel, food) costs. The Injury Surveillance Course will be offered soon.

The short courses are available to all IHS and tribal personnel through the Environmental Health Support Center in Albuquerque, NM. In addition, courses are held in other IHS Areas when the IHS Area IP Specialist or a tribe hosts a course.

For a list of upcoming courses, visit:

<http://www.ihs.gov/EHSCT/>

Injury Prevention Fellowship Program

Since 1987, the IHS IPP has offered a 12-month fellowship program for advanced learning about IP. Those who participate in this program often want to learn more about how to plan, implement, and evaluate an IPP 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 fieldwork. 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 planning, conducting, or evaluating an IPP. The two IP fellowship program tracts—the Program Development Fellowship and the Epidemiology Fellowship—have different application requirements.

Each Injury Prevention Fellowship training includes four sessions and the final presentation of injury prevention projects. It also requires completion of a project that will help reduce injuries in the fellow's tribal community.

Safe Native American Passengers (SNAP)

Designed after the NHTSA National Standardized CPST, this 12-hour course is specific to AI/ANs and introduces people to the basic concepts of CPS. First released in 2003, the SNAP course is taught in more than 60 tribal communities and reaches 500 safety advocates each year. Many people who have completed SNAP training 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 CPS seats. SNAP does not replace the National Standardized CPST 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 the fellowship programs, visit:

<https://www.ihs.gov/injuryprevention/training/fellowshipprogram/>

For more information about SNAP or to download the SNAP course materials, visit:

<https://www.ihs.gov/injuryprevention/training/snap/>

National Highway Traffic Safety Administration Courses

CPS Technician Course

The National Standardized CPST certification course is usually 4-5 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 Candidacy

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 recertify existing technicians within the tribe's community. The application fee for instructor candidacy is \$75.

For more information and to register for either course, visit:

<http://cert.safekids.org>

Matter of Balance Master Trainer Session

The Matter of Balance fall prevention program is an 8-week structured group intervention that emphasizes practical strategies to reduce fear of falling and increase activity levels. The two-day training session provides materials and information to learn how to coach a Matter of Balance class. At the end of the session the Master Trainer will be prepared to recruit and train volunteers to lead a class, coordinate the program within their community, market the program to older adults, and evaluate outcomes.

About Matter of Balance:

<https://www.ncoa.org/resources/program-summary-a-matter-of-balance/>

Tai Chi

Tai Chi: Moving for Better Balance

Developed by a team of researchers at the Oregon Research Institute, this program has been tested and demonstrated to be effective in decreasing the number of falls, reducing the risk of falling and fear of falling, and improving functional balance and physical performance among persons aged 70 and older.

For information on how to implement Tai Chi into your fall prevention program, visit:

<http://www.taichimovingforbetterbalance.org/>

Tai Chi for Health Institute

Muscle strengthening, balance, and gait training exercises for older adults are within the guidelines for fall prevention community-based programs. One training recommendation for Tai Chi training includes Dr. Paul Lam's Tai Chi certification sessions.

For information on how to attend certification sessions, visit:

<https://taichiforhealthinstitute.org/>

Other Injury Prevention Courses

Group Facilitation Methods Course

This is an intensive two-day course based on the Institute of Cultural Affairs Technology of Participation [ToP®] facilitation method. Specifically, three collaborative methods will be examined: 1) focused conversation, 2) the workshop/consensus method, and 3) action planning. Each participant will receive a workbook which becomes a practical tool for future use.

For more information, visit:

<https://www.ihs.gov/EHSCT/index.cfm?module=course&courseID=101>

Epi Info™ Tutorials

Epi Info is a public domain software package designed for the community of public health practitioners and researchers. It enables easy form and database construction, data entry, and analysis with epidemiologic statistics, maps, and graphs.

For more information or to download Epi Info, visit:

<https://www.cdc.gov/epiinfo/support/tutorials.html>

Conferences

TIPCAP sites can also build their skills and learn about other public health and IP programs by attending and presenting at conferences. This section includes several recommended conferences and meetings for TIPCAP sites to attend or at which to give a presentation on their program(s).

American Public Health Association Annual Meeting and Exposition	www.apha.org/events-and-meetings
Kidz in Motion Conference	www.kidzinmotion.org
Lifesavers Conference	www.lifesaversconference.org
Mothers Against Drunk Driving National Conference	www.madd.org
National Council on Aging (NCOA) “Age+Action” Conference	www.eiseverywhere.com/ehome/ncoaaction
National Indian Health Board (NIHB) Public Health Summit, NIHB Conferences	www.nihb.org
National Rural Transit Assistance Program (RTAP) Conference	www.nationalrtap.org
National Transportation in Indian Country Conference	www.nticc.org
Society for Advancement of Violence and Injury Research	www.savirweb.org

Publishing an article/manuscript is a great way to share information about IP programs and the lessons learned with other people working to reduce injuries in public health. This section includes some brief information on how and where to publish manuscripts.

Submission Requirements

Every journal has specific requirements (e.g., length, format) for article submission. Once a journal is selected, review the requirements and guidelines before submitting the article.

Article/Manuscript Types

Although there are several different types of articles and titles differ depending on the journal, for the most part, articles and 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 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 projects.**
- Viewpoints and commentaries: These are short opinion pieces, often solicited, addressing contemporary public health issues.

7

Resources

Program Planning and Implementation Resources

Injury Prevention-Specific Resources

Preventing Falls: A Guide to Implementing Effective Community-Based Fall Prevention Programs

This guide provides information to assist in implementing effective community-based fall prevention programs.

<https://www.cdc.gov/homeandrecreationalsafety/pdf/falls/fallpreventionguide-2015-a.pdf>

Tribal Motor Vehicle Injury Prevention Best Practices Guide

This guide was updated in 2016 and includes evidence-based practices for the AI/AN community.

https://www.cdc.gov/motorvehiclesafety/native/best_practices_guide.html

STEADI: Stopping Elderly Accidents, Deaths and Injuries

This toolkit includes information about falls, case studies, conversation starters, and standardized gait and balance assessment tests with instructional videos as well as educational handouts about fall prevention.

<https://www.cdc.gov/steadi/about.html>

Intervention Planning Resources

The Community Guide

The community guide is a free online resource covering a variety of health topics, it uses evidence-based practices to address the following questions:

- Which program and policy interventions have been proven effective?
- Are there effective interventions that are right for my community?
- What might effective interventions cost; what is the likely return on investment?

www.thecommunityguide.org

Community Readiness for Community Change

The Community Readiness Model was developed at the Tri-Ethnic Center to assess how ready a community is to address an issue. It helps create community-specific and culturally-specific interventions.

<http://www.triethniccenter.colostate.edu/community-readiness-2/>

Program Planning and Implementation Resources

Program Planning Tools

Haddon's Matrix

Haddon's Matrix is a brainstorming tool that helps you to think about how injuries occur and how to prevent them. These resources discuss how to develop and use the matrix; however, for visual purposes, see page 53.

http://www.npaih.org/images/epicenter_docs/injuryprevention/HaddonMatrixBasics.pdf

<http://injuryprevention.bmj.com/content/4/4/302>

Logic Models

Logic Models are tools that link program inputs and activities to program products and outcomes. A well-constructed logic model will assist you in communicating the underlying theory (logic) that you have about why your activities are a good solution to the problem identified. The CDC's logic model guide provides guidance on constructing your logic model. Examples of logic models can also be found on page 54.

https://www.cdc.gov/oralhealth/state_programs/pdf/logic_models.pdf

SMART Objectives

Once the project has been planned, it is important to develop objectives to ensure program success. SMART is an acronym for objectives that are Specific, Measurable, Attainable, Relevant, and Timely. The CDC guide provides information on how to build a SMART objective. A sample of SMART objectives can also be found on pages 80-82.

https://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html

4 Steps to an Evaluation Plan

The National Network of Libraries of Medicine's 4 step evaluation guide provides resources for conducting a community assessment, making a logic model, developing measurable objectives, and creating an evaluation plan.

<https://nnlm.gov/neo/members/evaluationresources>

For examples of Haddon's Matrix and logic model, see pages 53-54. For sample SMART objectives, see Appendix C.

Program Planning and Implementation Resources

Comprehensive Program Planning Guides

Community Health Assessment and Group Evaluation (CHANGE) Action Guide

An action guide providing information for policy planning, implementation, evaluation, and program sustainability. Although the CHANGE tool is not intended to promote any specific policy, it serves as a critical tool to help communities discover the array of approaches being used in the field.

<https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/change/pdf/changeactionguide.pdf>

Community Tool Box

The Community Tool Box is a free online resource for those working to build healthier communities. The Community Tool Box offers checklists, worksheets, and general information in many different areas of program planning, program implementation, and evaluation.

Assessing Community Needs and Resources

<http://ctb.ku.edu/en/assessing-community-needs-and-resources>

Developing an Intervention

<http://ctb.ku.edu/en/developing-intervention>

Developing Strategic and Action Plans

<http://ctb.ku.edu/en/developing-strategic-and-action-plans>

MAP-IT: A Guide to Using Healthy People 2020 in Your Community

This toolbox, created by the Office of Disease Prevention and Health Promotion, provides a framework for implementation known as MAP-IT: Mobilize, Assess, Plan, Implement, Track. This tool helps communities plan and evaluate public health interventions.

<https://www.healthypeople.gov/2020/tools-and-resources/Program-Planning>

Program Planning Tools

Sample Haddon's Matrix

	Host (Person Affected)	Agent or Vehicle	Physical Environment	Social Environment
Pre-event (» primary prevention)	<ul style="list-style-type: none"> • Driving skill; • Time pressures (e.g., in a rush to get home) • Inebriated 	<ul style="list-style-type: none"> • Driving skill • Time pressures (e.g., in a rush to get home) • Inebriated 	<ul style="list-style-type: none"> • Road design • Speed limits 	<ul style="list-style-type: none"> • Reliance on private, rather than public transportation raises traffic load • Compliance with seatbelt laws
During the event (» secondary prevention)	<ul style="list-style-type: none"> • Wearing seat-belt 	<ul style="list-style-type: none"> • Air bags work • Size of car and crash resistance 	<ul style="list-style-type: none"> • Weather conditions (e.g., ice on road) 	<ul style="list-style-type: none"> • Quality of emergency assistance • Assistance from bystanders
Post-event (» tertiary prevention)	<ul style="list-style-type: none"> • Ability to call for help (e.g., a phone is available) • Knows first aid 	<ul style="list-style-type: none"> • Tendency of car to catch on fire 	<ul style="list-style-type: none"> • Emergency vehicle access to collision site 	<ul style="list-style-type: none"> • Continued funding for emergency services

Program Planning Tools

Sample Logic Model

Inputs	Outputs		Outcomes		
	Activities	Participation	Short	Medium	Long
ACC staff: Community injury prevention resources	Providers are trained by ACC to deliver the intervention	Householders participate in the intervention (e.g., respond to baseline questions, participate in a discussion with provider about steps to take to improve home safety, respond to follow-up questions)	Householders w/ increased perception of risks of falls at home	Householders educate other adults about how to prevent falls at home	Fewer falls in homes
Volunteer/paid providers of safe homes interventions	Trained providers recruit householders to participate in the intervention		Householders make changes to the physical environment at home to reduce the risk of falls	Householders view home safety as more important	Fewer claims for falls in homes
ACC collateral (i.e., check-lists)	Householders agree/ consent to be part of the intervention		Householders act quickly to eliminate hazards as they happen	Other adults in the household are co-opted to act quickly to eliminate hazards as they happen	Lower socio and economic costs to families caused by falls of family members
			Householders act more carefully around home to prevent falls	Other adults in the household act more carefully around home to prevent falls	

Data Collection Resources

The following data collection resources are available for TIPCAP sites:

- University of North Carolina (UNC)/IHS Seatbelt Use Observational Survey Protocol
- Ride Safe Program Child Safety Seat Use Observational Survey Guidelines
- BIA seatbelt protocol (combined UNC and NHTSA observational seatbelt survey methods)
- Tribal Epidemiology Centers

These resources can be obtained by contacting the IHS Program Official, Project Officer, and/or the monitoring contractor.

Epi Info

Epi Info is a free software package developed by the CDC to help researchers and practitioners in the global public health community manage their data. It provides easy questionnaire and database construction, data entry, and analysis with epidemiological statistics, graphs, and maps. Online tutorials are available, and in person trainings are held at IHS facilities. Please contact your Project Officer or the monitoring contractor for more information.

<https://www.cdc.gov/epiinfo/support/tutorials.html>

Program Evaluation Resources

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. Below is a list of online resources that provide tools for program evaluation. Also, there is a summary of process, impact, and outcome evaluation in Appendix D.

Organization and Resource	Website
National Network of Libraries of Medicine <i>4 Step Evaluation Guide</i>	https://nnlm.gov/neo/members/evaluationresources
The Community Toolbox <i>Evaluating the Initiative</i>	http://ctb.ku.edu/en/dothework/tools_tk_12.htm
American Evaluation Association	http://eval.org
Centers for Disease Control and Prevention <i>Evaluation Resources</i>	www.cdc.gov/eval/resources/index.htm
Centers for Disease Control and Prevention <i>Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide</i>	https://www.cdc.gov/eval/guide/index.htm
W. K. Kellogg Foundation <i>Evaluation Handbook</i>	https://www.wkkf.org/resource-directory/resource/2010/w-k-kellogg-foundation-evaluation-handbook
RAND Corporation <i>Suicide Prevention Evaluation Toolkit</i>	http://www.rand.org/content/dam/rand/pubs/tools/TL100/TL111/RAND_TL111.pdf
The World Bank <i>Impact Evaluation Toolkit</i>	http://www.worldbank.org/en/topic/health
Preventing Chronic Disease <i>Tools for Developing, Implementing, and Evaluating State Policy</i>	http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2396984/

Program Sustainability Resources

Effective programs need to be sustained over time. How to achieve sustainability is a big question that many TIPCAP sites ask, especially as they prepare to move from Part I to Part II funding. It takes a lot more than money to sustain a program. Below are valuable links to aid in the process of building a sustainable injury prevention program.

Organization and Resource	Website
The Centers for Disease Control & Prevention <i>A Sustainability Planning Guide for Healthy Communities</i>	https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/pdf/sustainability_guide.pdf
The Center for Public Health Systems Science <i>Program Sustainability Assessment Tool</i>	https://sustaintool.org/
The Community Toolbox <i>Sustaining the Work or Initiative</i>	http://ctb.ku.edu/en/sustaining-work-or-initiative

Grant and Funding Opportunities Resources

Budgeting Tools

Organization and Resource	Website
The Community Toolbox <i>Planning and Writing an Annual Budget</i>	http://ctb.ku.edu/en/table-of-contents/finances/managing-finances/annual-budget/main
National Council of Non-Profits <i>Non-profit Budgeting</i>	https://www.councilofnonprofits.org/tools-resources/budgeting-nonprofits

Identifying Grant Opportunities

Organization	Website
Bureau of Indian Affairs, Indian Highway Safety Program	http://www.bia.gov/WhoWeAre/BIA/OJS/who/fieldops/ojs-dhs/index.htm
Federal Highway Administration, Tribal Transportation Safety	http://flh.fhwa.dot.gov/programs/ttp/safety/
U.S. Department of Health and Human Services	http://www.hhs.gov/grants/
Federal Register	https://www.federalregister.gov/
Foundation Center	http://foundationcenter.org/
Grants.gov	https://www.grants.gov/
School Grants (K-12)	http://www.k12grants.info/
National Institute of Health	http://grants.nih.gov/grants/oer.htm
Substance Abuse and Mental Health Services Administration	http://www.samhsa.gov
USA.gov for Nonprofits	http://www.usa.gov/Business/Nonprofit.shtml

Grant and Funding Opportunities Resources

Grant Writing

Training/Resource	Website
Illinois Department of Human Services Online Grant Writing (training)	http://www.dhs.state.il.us/page.aspx?item=4658
The Foundation Center—Proposal Writing Boot Camp (training)	https://grantspace.org/training/courses/proposal-writing-boot-camp/
Grantwriters Association (resource)	https://www.grantwriters.org/grantwriter-resources
Resource Associates' Free Grant Writing Services (resource)	https://grantwriters.net/free-grant-writing-services/

Program Strategies Resources

Coalition Building

Organization and Resource	Website
The Community Toolbox <i>Creating and Maintaining Coalitions and Partnerships</i>	http://ctb.ku.edu/en/dothework/tools_tk_1.htm
Prevention Institute <i>Developing Effective Coalitions: An Eight Step Guide</i>	https://www.preventioninstitute.org/publications/developing-effective-coalitions-an-eight-step-guide
Prevention Institute <i>Collaboration Multiplier</i>	https://www.preventioninstitute.org/publications/collaboration-multiplier
Prevention Institute <i>The Tension of Turf: Making It Work for the Coalition</i>	https://www.preventioninstitute.org/publications/the-tension-of-turf-making-it-work-for-the-coalition
Community Anti-Drug Coalitions of America	www.cadca.org

IHS Tools and Templates

Organization	Website
Ride Safe CPS Program Manual	www.ihs.gov/MedicalPrograms/InjuryPrevention/index.cfm?module=toolbox&option=ride
Safe Native American Passengers Course Materials	www.ihs.gov/MedicalPrograms/InjuryPrevention/index.cfm?module=toolbox&option=snap

Policy

Organization and Resource	Website
Centers for Disease Control and Prevention <i>National Action Plan for Child Injury Prevention</i>	https://www.cdc.gov/safechild/nap/index.html

Program Strategies Resources

Social Media

Organization/Resource	Website
Centers for Disease Control and Prevention <i>The Health Communicator's Social Media Toolkit</i>	http://www.cdc.gov/socialmedia/tools/guidelines/pdf/socialmediatoolkit_bm.pdf
The Greenlining Institute <i>The Art of Listening: Social Media Toolkit for Nonprofits</i>	http://greenlining.org/wp-content/uploads/2013/09/The-Art-of-Listening-Social-Media-Toolkit-for-Nonprofits.pdf
National 4-H Council <i>Social Media Guide</i>	http://www.4-h.org/Content/Resource-Library/Promotional-Toolkits/Toolkits/Social-Media-Toolkit/
Marketing Profs <i>A Step-by-Step Guide to A Successful Social Media Program</i>	http://www.d.umn.edu/~jvileta/MProfs_Social_Media_Program_Guide.pdf

TIPCAP Focus Area Resources

Motor Vehicle-Related Injury Prevention (Federal)

National Highway Traffic Safety Administration (NHTSA)

Risky Driving	www.nhtsa.gov/risky-driving
Sobriety Checkpoints	www.nhtsa.gov/sites/nhtsa.dot.gov/files/810881.pdf
Child Safety	www.nhtsa.gov/road-safety/child-safety
Seatbelt Use	www.nhtsa.gov/risky-driving/seat-belts
Primary Laws and Fine Levels are Associated with Increases in Seat Belt Use	www.nhtsa.gov/staticfiles/traffic_tech/TT400.pdf

Centers for Disease Control and Prevention, Injury Prevention and Control

Motor Vehicle Safety	www.cdc.gov/Motorvehiclesafety/index.html
Road Traffic Safety (for children)	www.cdc.gov/safechild/Road_Traffic_Injuries/index.html#materials
Impaired Driving	www.cdc.gov/Motorvehiclesafety/Impaired_Driving/index.html
Child Safety	www.cdc.gov/Motorvehiclesafety/Child_Passenger_Safety/index.html
Tribal Road Safety	www.cdc.gov/Motorvehiclesafety/native/index.html
Strategies for Increasing Use of Seat Belts	www.cdc.gov/mmwr/preview/mmwrhtml/rr5007a1.htm
Evidence-Based Effective Strategies for Preventing Injuries	www.npaihb.org/images/epicenter_docs/injuryp-revention/EffectiveStrategiesDavidWallace.pdf

Bureau of Indian Affairs

Indian Highway Safety Program	www.bia.gov/bia/ojs/dhs
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U.S. Department of Health and Human Services

Office of Minority Health	https://minorityhealth.hhs.gov/
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TIPCAP Focus Area Resources

Motor Vehicle-Related Injury Prevention Resources (Non-Federal)

Organization	Website
AAA Foundation	www.aaafoundation.org/resources/index.cfm?button=links
University of Minnesota Center for Excellence in Rural Safety	www.ruralsafety.umn.edu
Advocates for Highway and Auto Safety	www.saferoads.org
Governors Highway Safety Association	www.ghsa.org
National Safety Council	www.nsc.org/safety_road/Pages/safety_on_the_road.aspx
Network of Employers for Traffic Safety	http://trafficsafety.org
Transportation Research Board of the National Academies	http://www.trb.org/Main/Home.aspx
University of North Carolina Highway Safety Research Center	https://www.hsrb.unc.edu/
Kidz in Motion National Child Passenger Safety Conference	http://kidzinmotion.org
Children's Safety Network	http://www.childrenssafetynetwork.org
SafetyLit Foundation, Inc.	http://www.safetylit.org
Task Force on Community Preventive Services—Recommendations to Reduce Injuries	http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5007a1.htm
Task Force on Community Preventive Services—Effectiveness of Multicomponent Programs	https://www.thecommunityguide.org/findings/motor-vehicle-injury-alcohol-impaired-driving-multicomponent-interventions-community
The Community Guide—Motor Vehicle Injury, Task Force Findings	https://www.thecommunityguide.org/topic/motor-vehicle-injury

TIPCAP Focus Area Resources

Fall Prevention Resources (Federal)

Centers for Disease Control and Prevention, Injury Prevention and Control	
Older Adults Falls Index	www.cdc.gov/HomeandRecreationalSafety/Falls/index.html
Compendium of Effective Fall Interventions	www.cdc.gov/HomeandRecreationalSafety/Falls/compendium.html
Preventing Falls: A Guide to Implementing Effective Community-Based Fall Prevention Programs	www.cdc.gov/homeandrecreationsafety/Falls/community_preventfalls.html
Organization	Website
U.S. Fall Prevention Programs for Seniors	http://www.vidya.com/2archives/0367_4.htm
Office of Minority Health	http://minorityhealth.hhs.gov/
Elder Care Initiative	http://www.ihs.gov/ElderCare/
Sax Institute for the NSW Department of Health	https://www.saxinstitute.org.au/publications/evidence-check-review-physical-activity-recommendations-to-prevent-falls/

Fall Prevention Resources (Non-Federal)

National Council on Aging and Center for Healthy Aging	
Making a Difference: Progress Report on the Falls Free® National Action Plan	https://www.ncoa.org/resources/making-a-difference-progress-report-on-the-falls-free-national-action-plan/
Fall Prevention Awareness: Findings & Lessons Learned from State Coalitions	https://www.ncoa.org/wp-content/uploads/Falls_Prevention_Lessons_Learned1-27-10.pdf
Advancing and Sustaining a State-Based Falls Prevention Agenda: The Role of Legislation, Policy, and Regulation	https://www.ncoa.org/wp-content/uploads/State-Fall-Prevention-Legislative-and-Policy-Initiatives.pdf
Organization	Website
Fall Prevention Center of Excellence	http://stopfalls.org/
Home Health Quality Improvement	http://www.homehealthquality.org/Education/Best-Practices/BPIPs/Fall-Prevention-BPIP.aspx

TIPCAP Focus Area Resources

Helmet Safety Resources (Non-Federal)

Organization	Website
World Health Organization	http://www.who.int/roadsafety/projects/manuals/helmet_manual/en/
Children Safety Network	https://csn.org/safety_main/
Safe Kids USA	www.safekids.org

Pedestrian Safety Resources (Federal)

Organization	Website
National Highway Traffic Safety Administration	https://www.nhtsa.gov/road-safety/pedestrian-safety
Federal Highway Administration	https://safety.fhwa.dot.gov/ped_bike/ped_focus/efapsp020509/efapsp020509.pdf

Suicide Prevention Resources (Federal)

Substance Abuse and Mental Health Services Administration	
Preventing Suicide: A Toolkit for High Schools	http://store.samhsa.gov/product/SMA12-4669

Suicide Prevention Resources (Non-Federal)

Organization	Website
RAND—Suicide Prevention Program Evaluation Corporation Toolkit	http://www.rand.org/content/dam/rand/pubs/tools/TL100/TL111/RAND_TL111.pdf
Suicide Prevention Action Network	http://www.sprc.org/sites/default/files/migrate/library/prevtoolkit.pdf
World Health Organization	http://www.wpro.who.int/publications/docs/TowardsEvidencebasedSPP.pdf
The Campus Suicide Prevention Center of Virginia	http://www.campusuicidepreventionva.org/
Suicide Prevention Resource Center	http://www.sprc.org

TIPCAP Focus Area Resources

School Safety Resources (Federal)

Centers for Disease Control and Prevention

Measuring Bullying, Victimization, Perpetration, and Bystander Experiences: A Compendium of Assessment Tools	http://www.cdc.gov/violenceprevention/pdf/bullycompendium-a.pdf
Measuring Violence-Related Attitudes, Behaviors, and Influences Among Youths: A Compendium	http://www.cdc.gov/violenceprevention/pdf/yv_compendium.pdf
Bully Surveillance Among Youths	http://www.cdc.gov/violenceprevention/pdf/bullying-definitions-final-a.pdf

School Safety Resources (Non-Federal)

Organization	Website
Highmark Foundation—Building Sustainable and Lasting Changes in Schools	http://www.highmarkfoundation.org/pdf/2015CreatingHealthySchoolEnvironmentRequestApp.pdf
Child Trends—What Works for Bullying Programs: Lessons From Experimental Evaluations of Programs and Interventions	http://www.childtrends.org/wp-content/uploads/2013/10/briefing_bullying5_anm1.pdf

8

Frequently Asked Questions

Frequently Asked Questions

Roles and Responsibilities

What are the different roles of IHS Headquarters staff?

At IHS, there is a division of labor for TIPCAP: technical and administrative.

- Technical: Holly Billie, IHS IP Program Manager, and LCDR Molly Madson, IHS Injury Prevention Specialist, are responsible for responding to scientific, technical, and programmatic questions.
- Grant Administration: Andrew Diggs, Senior Grants Management Specialist, and Paul Gettys, Grant Systems Coordinator at IHS Division of Grants Management (DGM) is responsible for responding to questions from the grantees related to business and grants administrative matters (non-programmatic areas).

Who is in charge of the grant at the tribal level, the identified TIPCAP Coordinator or their supervisor or department head?

The person at the tribe or tribal organization responsible for the grant is the individual identified in the tribe's approved "Application for Federal Assistance" (Standard Form 424, section 5, "Applicant Information").

Is it a requirement that an identified TIPCAP site participate in all conference calls with the IHS Project Officer and monitoring contractor?

Yes. The conference calls provide technical oversight, assistance, and guidance for the TIPCAP Coordinator.

Do we have to follow all recommendations provided by the monitoring contractor (e.g., recommendations made in conference calls and site visit summaries)?

The TIPCAP site and IHS Project Officer need to determine how to use and implement the TA that the monitoring contractor provides. The monitoring contractor's TA is designed to enhance and promote the sustainability of tribal IPPs. Recommendations provided by the monitoring contractor for progress reporting, data collection, and program evaluation may help the site's ability to share, document, and market success to the tribe, IHS, and other potential funding agencies and programs. The TIPCAP site and Project Officer are encouraged to collaborate on what recommendations should be implemented and how. Every effort will be made by IHS and the Project Officer to distinguish between what are recommendations and what are requirements.

As an IHS Project Officer, who should I contact if I have a question about the grant, the identified TIPCAP Coordinator/Administrator, or their supervisor or department head?

It depends on how the tribe or tribal organization has delegated the responsibility for the cooperative agreement grant. IHS 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 tribe or tribal organization would like the TIPCAP Coordinator/Administrator to interact with them. If this is not an acceptable relationship, the IHS Project Officer can propose and document a more manageable relationship that will contribute to the success of the program/project.

Frequently Asked Questions

Roles and Responsibilities (cont.)

Should the IHS Project Officer for a cooperative agreement be an integral part of decisions made regarding the project?

Yes. It is understood that the TIPCAP site is responsible for making day-to-day operational decisions, with technical and administrative guidance from their IHS Project Officer. It is also understood under the terms of a cooperative agreement that the TIPCAP Coordinator/Administrator, Project Officer, IHS IP Manager, and monitoring contractor are partners in the decisions made that determine the directions and success of the program/project.

Is the tribe or tribal organization responsible for performing the direct duties and responsibilities of an absent or not yet appointed TIPCAP Coordinator?

Yes. The cooperative agreement is a contract between IHS and the tribe or tribal organization. Each of the agreements is different, but all identify someone at the tribe or tribal organization as the responsible party. That person is contractually responsible for performing the duties of the program. In most cases, a TIPCAP Coordinator is hired, and the day-to-day responsibilities are delegated to the TIPCAP Coordinator. If the tribally-hired TIPCAP Coordinator position is vacant, the responsible person at the TIPCAP site must notify IHS of the change in status and make arrangements to replace the TIPCAP Coordinator and/or modify the scope of work.

More Frequently Asked Questions

What can we purchase with the grant money (such as incentives or prizes)? Can we buy incentives for people who participate in an IPP event?

The general rule is that items of \$30 or less are acceptable for incentives. The TIPCAP Coordinator/Administrator and Project Officer should work within this guidance to determine appropriate expenditures for incentives. Cash incentives are not acceptable.

If incentives were part of the approved budget for the year, no further approvals are required. If incentives are added to the IPP activities during the project period, concurrence and approvals must be sought by Grants Management and IHS Headquarters.

Can profit be made from projects like the sale of car seats, t-shirts, jackets, etc., produced with money from the Federal funding of a cooperative agreement?

No. A project cannot use Federal grant funding for profit of any product purchased with Federal funding.

What is the protocol for using tribal data?

Tribes have review, clearance, and approval processes for collecting and reporting tribal data, (i.e., quantitative and qualitative). Follow tribal procedures for approval for any injury surveillance or community surveys prior to starting program activities.

Languages and Logos for Publications

Are there guidelines to follow when using language and logos for publications that refer to or describe TIPCAP?

Yes. Please contact the IHS IP Program Manager for additional information.

9

Appendices

Appendix A: Acronyms

The following project-specific and general technical abbreviations are:

AI/AN	American Indian and Alaska Native
ATV	All-Terrain Vehicle
BIA	Bureau of Indian Affairs
CDC	Centers for Disease Control and Prevention
CHR	Community Health Representative
CPL	Conforming Products List
CPS	Child Passenger Safety
CPST	Child Passenger Safety Technician
EFP	Elder Fall Prevention
Epi Info	Epidemiology Information System (from CDC)
GMS	Grants Management System
GS	Grant Solutions
GSA	General Services Administration
IHS	Indian Health Service
IHSPO	Indian Health Service Program Officer
IIHS	Insurance Institute for Highway Safety
IP	Injury Prevention
IPC	Injury Prevention Coalition
IPC	Injury Prevention Coordinator
IPP	Injury Prevention Program
LAN	Local Area Network
MD	Medical Doctor
MVCs	Motor Vehicle Crashes
NCP SB	National Child Passenger Safety Board
NHTSA	National Highway Traffic Safety Administration
NIHB	National Indian Health Board
NNAEMSA	National Native American EMS Association
NOA	Notice of Award
PFD	Personal Flotation Device
PSA	Public Service Announcement
RAI	Rural America Initiatives
SKID	Stop Kids Intoxicated Driving
SNAP	Safe Native American Passengers
TA	Technical Assistance
TIPCAP	Tribal Injury Prevention Cooperative Agreement Program

Appendix B: Templates

XYZ Injury Prevention Program – TIPCAP Part X
 Project Period: Year X, 201X-20XX
 TIPCAP Coordinator/Administrator:
 Goal: Reduce injuries and death due to older adult falls

Fall Prevention Work Plan

WORK PLAN (example)

Objective 1: By the end of year 5, decrease by 15 percentage points (X number to X number) the number of hospitalizations due to falls in adults age 55+ years from the XYZ reservation.							
Activities	Action Steps	Person Responsible	Evaluation Elements to collect	Timeframe by Qtr.			
a. Provide balance and strength exercise classes at all senior centers	1. Train instructors - Schedule Tai Chi training for staff	Coordinator & Senior center staff	# of instructors trained				
	2. Recruit participants - Develop flyers and distribute to senior centers, clinic/hospital, etc. - Give lunch presentations at senior centers - Set up referral system	Coordinator & Senior Center Staff	# of participants recruited # of people reached # referrals completed				
	3. Conduct functional assessments before exercise classes and every 10-12 weeks thereafter - Use STEADI tests for gait and balance o 30-second chair stand o 4-stage balance test o Timed Up and Go (TUG) -	Physical Therapist or someone trained on proper testing	Functional assessment results at baseline and every 10 – 12 weeks for duration of participation				
	4. Schedule 2 exercise classes per week at 2 senior centers	Coordinator & Senior center staff	# of training sessions # participants				
b. Install fall prevention devices in homes	1. Conduct home assessments - Develop and test assessment tool - Schedule appointments with residents - Provide education on risk factors for falls - Refer residents to optometrists for vision checks - Refer residents to pharmacists for medication reviews	Coordinator	# of assessments Assessment results (including number of risk factors present, number of falls in the last year, condition of home, modifications needed, etc.) # of vision appointments scheduled and completed				

Appendix B: Templates

Fall Prevention Work Plan (cont.)

			# of pharmacist medication reviews completed				
	2. Attain fall prevention devices	Coordinator & housing department	Cost of equipment # of pieces of equipment purchased (inventory)				
	3. Make modifications in homes - Schedule appointments - Coordinate with housing staff	Coordinator Tribal Housing staff	# and type of modifications made				
	4. Follow-up on homes with modifications - Develop and test follow-up assessment tool (version of original assessment)	Coordinator	# of functioning equipment Decreased risk factors for falls Decreased fear of falling # falls since home modifications				

TIPCAP SUPPORT ACTIVITIES (examples)

Activity	When	Result
Attend scheduled calls with IHS, CAIAIH, and Project Officer		
Attend annual TIPCAP meeting (Type 1)	4/18-19/17	
Complete required reports <ul style="list-style-type: none"> Share draft with project officer Upload to Grant Solutions 	11/30/17 3/31/18 11/30/18	
Local Administrative duties <ul style="list-style-type: none"> Attend staff meetings 		
Conduct/attend coalition meetings <ul style="list-style-type: none"> Plan quarterly meetings 		
Sustainability Activities <ul style="list-style-type: none"> Report quarterly to tribal council Develop one-page flyer on program objectives, activities, successes, and cost Report results and benefits to leaders Develop partnerships that will continue activities after TIPCAP ends 		

Appendix B: Templates

MVC Prevention Work Plan

XYZ Injury Prevention Program – TIPCAP Part X

Project Period: Year X, 201X-201X

TIPCAP Coordinator/Administrator:

Goal: Reduce childhood injuries and death due to motor vehicle crashes

WORK PLAN (example)

1. By the end of the project (year 5), there will be a 20 percent increase in the proportion of children under 5 years of age riding in car seats (from 30% to 50%) at the XYZ community.							
Activities	Action Steps	Person Responsible	Evaluation Elements to collect	Timeframe by Qtr.			
a. Conduct quarterly child safety seat check events in the community each year	1. Recruit new CPS technicians <ul style="list-style-type: none"> Schedule trainings 	Coordinator	# of CPS techs # trainings and attendees				
	2. Maintain current CPS technicians <ul style="list-style-type: none"> Provide CEU's 						
	3. Recruit families for car seat checks <ul style="list-style-type: none"> Create marketing materials (flyers) and distribute throughout the community Post ads through social media, local newspaper and radio Set up referrals from WIC, ECEC's and Head Start, prenatal clinics at local hospital 	Coordinator & CPS techs	# of people reached through marketing # of referrals received # of seat check appointments				
	4. Provide infant, convertible, and booster seats at community check events <ul style="list-style-type: none"> Evaluate cars for correct seat use and provide new seats as necessary Provide education on correct use and installation 	Coordinator & CPS techs	# and type of seats distributed # of seats checked # corrections made Identify most common errors				
	5. Observe and track seat use	Coordinator & CPS techs	Percent of child safety seat use and non-use before and after check event Track correct vs incorrect seat use before and after check event				

Appendix B: Templates

MVC Prevention Work Plan (cont.)

b. Provide education in the community on proper car seat use	1. Increase awareness <ul style="list-style-type: none"> Create and distribute flyers with baseline data and local CPS laws Create PSA's for social media, local media, billboards, etc. 	Coordinator	# of people reached				
	2. Provide Buckle Bear Curriculum <ul style="list-style-type: none"> Collaborate with local Head Start and ECEC's to implement curriculum 	Coordinator	# of sessions taught # of students taught				
	3. Educate parents <ul style="list-style-type: none"> Individual car seat requests 	CPS techs	# of sessions taught # of seat requests # of parents reached				
	4. Conduct community survey to evaluate knowledge, beliefs, attitudes towards car seat use <ul style="list-style-type: none"> Develop and test survey Acquire responses during various events each year 	Coordinator and CPS techs	# of surveys distributed # of responses received Change in knowledge, beliefs and attitudes				
c. Encourage enhanced enforcement of current car seat laws	1. Collaborate with local law enforcement <ul style="list-style-type: none"> Obtain car seat citation data from law enforcement Share injury data and observed usage rates data with law enforcement Join IP coalition and invite law enforcement to attend Discuss scope of problem with local law enforcement (presentation at staff meeting, etc.) Discuss creation of ticket forgiveness program Discuss possible positive enforcement campaign 	Coordinator and Law Enforcement personnel	# of citations issued # of referrals # of coalition meetings with Law enforcement personnel				
	2. Support funding <ul style="list-style-type: none"> Provide assistance in applying for BIA grants & other grants for staffing and enforcement activities 	Coordinator and IHS Project Officer	# of grants identified # of grant applications submitted # of grants awarded				

Appendix B: Templates

MVC Prevention Work Plan (cont.)

TIPCAP SUPPORT ACTIVITIES (examples)

Activity	When	Result(s)
Attend scheduled calls with IHS, CAIANH, and Project Officer		
Attend annual TIPCAP meeting (Part 1)	4/18-19/17	
Complete required reports <ul style="list-style-type: none">Share draft with project officerUpload to Grant Solutions	11/30/17 3/31/18 11/30/18	
Complete local administrative duties <ul style="list-style-type: none">Attend local staff meetingsComplete required reports for supervisor		
Conduct/attend coalition meetings <ul style="list-style-type: none">Plan quarterly meetings	October, January, April, July	
Engage in activities for sustainability <ul style="list-style-type: none">Report quarterly to tribal councilDevelop one-page flyer on program objectives, activities, successes, and costReport results and benefits to leadersDevelop partnerships that will continue activities after TIPCAP ends		

Appendix B: Templates

Semi-Annual/Annual Reporting Template

IP PROGRAM: [input program name]	TYPE OF PROGRAM: ___ Part I ___ Part II FY15-20 ___ Part II FY17-20		CURRENT REPORTING PERIOD: [input start and end date covered]
REPORT COMPLETED BY: [input name]	DATE SUBMITTED TO GRANTSOLUTIONS.GOV: [input date]	REPORT REVIEWED BY PROJECT OFFICER: [input PO name] ___ Yes ___ No	
HIGHLIGHTS FROM REPORTING PERIOD			
Semi-Annual: <ul style="list-style-type: none"> [include major accomplishments from the <u>semi-annual</u> reporting period in BLACK] 			
Annual: <ul style="list-style-type: none"> [include major accomplishments from the <u>annual</u> reporting period in BLUE] 			
OBJECTIVE 1: [copy text exactly from your work plan]			
FOR ANNUAL REPORT ONLY	Objective is (mark one): ___ Met ___ Unmet ___ Partially met		
	Supporting Statement		
Activities <i>Copy text exactly from your work plan</i>	Action Steps <i>Copy text exactly from your work plan</i>	Progress/Challenges <i>What progress was achieved or challenges encountered in working towards/completing the activity?</i>	Evaluation Elements <i>Please list any evaluation elements that are NOT reported in the data summary table</i>
1.1	[Insert all action steps for activity 1.1 in this cell]	Semi-Annual:	Semi-Annual:
		Annual:	Annual:
1.2	[Insert all action steps for activity 1.2 in this cell]	Semi-Annual:	Semi-Annual:
		Annual:	Annual:
1.3	[Insert all action steps for activity 1.3 in this cell]	Semi-Annual:	Semi-Annual:
		Annual:	Annual:
OBJECTIVE 2:			
FOR ANNUAL REPORT ONLY	Objective is (mark one): ___ Met ___ Unmet ___ Partially met		
	Supporting Statement		
Activities	Action Steps	Progress/Challenges	Evaluation Elements
2.1	[Insert all action steps for activity 2.1 in this cell]	Semi-Annual:	Semi-Annual:
		Annual:	Annual:
2.2		Semi-Annual:	Semi-Annual:
		Annual:	Annual:
2.3		Semi-Annual:	Semi-Annual:
		Annual:	Annual:

Appendix B: Templates

Semi-Annual/Annual Reporting Template (cont.)

OBJECTIVE 3:			
FOR ANNUAL REPORT ONLY	Objective is (mark one): <input type="checkbox"/> Met <input type="checkbox"/> Unmet <input type="checkbox"/> Partially met		
	Supporting Statement		
Activities	Action Steps	Progress/Challenges	Evaluation Elements
3.1	[Insert all action steps for activity 3.1 in this cell]	Semi-Annual:	Semi-Annual:
		Annual:	Annual:
3.2		Semi-Annual:	Semi-Annual:
		Annual:	Annual:
3.3		Semi-Annual:	Semi-Annual:
		Annual:	Annual:

SUSTAINABILITY ACTIVITIES	
<i>Use this area to provide information about sustainability activities that you have pursued for your IP program</i>	
Description of the Activity	Progress/Challenges
<i>Describe below the activity and how it relates to your program's goals</i>	<i>What progress was achieved or challenges encountered?</i>

OTHER ACTIVITIES	
<i>Use this area to provide information about other activities that do not necessarily fit under your SMART objectives but are still important to report</i>	
Description of the Activity	Progress/Challenges
<i>Describe below the activity and how it relates to your program's goals</i>	<i>What progress was achieved or challenges encountered?</i>

Appendix B: Templates

Semi-Annual Data Reporting Spreadsheet (Falls)

TIPCAP Fall Prevention Data Summary -- Semi-Annual Reporting

Program/Project Name:

Date Summary Submitted:

If an activity was not part of your work plan for the time period, leave blank.
If the activity was done in the time period but the data are not available, put 'n/a'.

		Y1		Y2		Y3		Y4		Y5	
		Sept. 2015- Feb. 2016	March 2016- Aug. 2016	Sept. 2016- Feb. 2017	March 2017- Aug. 2017	Sept. 2017- Feb. 2018	March 2018- Aug. 2018	Sept. 2018- Feb. 2019	March 2019- Aug. 2019	Sept. 2019- Feb. 2020	March 2020- Aug. 2020
Fall Risk Assessments and Services (by program staff)											
Fall Risk Assessments	# of participants assessed for fall risk:										
	# of participants with history of falling in previous year:										
	# of participants worried about falling or feeling unsteady when standing or walking:										
	# of participants receiving medication review:										
	# of participants receiving vision screening:										
	# of home assessments conducted:										
	# of homes with modifiable hazards:										
Services Provided (excluding classes)	# of modifiable hazards identified:										
	# of participants receiving referral for vision treatment:										
	# of participants receiving vision treatment:										
	# of homes provided with a ramp:										
	# of homes provided with hand rails for stairs:										
	# of homes provided with bathroom grab bars:										
	# of homes provided with floor safety improvements:										
(Specify other improvements in Notes)	# of homes provided with lighting safety improvements:										
	# of homes provided with other improvements:										
Matter of Balance Classes											
	# of participants enrolled:										
	# of class sessions offered:										
	# of participants attending each class: (mean)										
	# of incentives given for class attendance:										
	# of participants w/ pre and post MOB survey:										
	# of participants w/ improvement in falls management:										
	# of participants w/ improvement in concern about falling:										
Exercise Classes	# of participants w/ improvement in exercise frequency:										
	Type of class (Tai Chi, yoga, etc.):										
	# of participants enrolled:										
	# of class sessions offered:										
	# of participants attending each class: (mean)										
	# of incentives given for class attendance:										
	# of participants w/ pre and post balance testing:										
	# of participants with improvement in TUG test:										
	# of participants with improvement in Chair Stand test:										
	# of participants w/ improvement in 4-stage balance:										
	# of participants suffering a fall during the time period between the pre-class balance testing and the last class attended or post-class balance testing (whichever is later):										
	Notes on Fall Risk Assessments and Services:										

		Y1		Y2		Y3		Y4		Y5	
		Sept. 2015- Feb. 2016	March 2016- Aug. 2016	Sept. 2016- Feb. 2017	March 2017- Aug. 2017	Sept. 2017- Feb. 2018	March 2018- Aug. 2018	Sept. 2018- Feb. 2019	March 2019- Aug. 2019	Sept. 2019- Feb. 2020	March 2020- Aug. 2020
Events											
Outreach Activities -- Media Campaigns	Number of campaigns in reporting period:										
	TV, radio, billboards, posters, etc.										
Outreach Activities -- Education	Number of individuals reached (estimated):										
	Presentations at health fairs, senior centers, etc.										
Other Events (In Notes, describe events that do not overlap other activities on this spreadsheet)	Number of presentations in reporting period:										
	Number of individuals reached (estimated):										
Training	Number of events in reporting period:										
	Number of individuals reached (estimated):										
Injury Prevention Coalition	Number of training events hosted:										
	Type of training event (Tai Chi, Yoga, Matter of Balance, etc):										
	Number of individuals trained:										
	Number of coalition meetings held:										
	Number of coalition partners (including TIPCAP):										
	Number of partners at each meeting (average):										
Notes on Events:											

		Y1		Y2		Y3		Y4		Y5	
		Sept. 2015- Feb. 2016	March 2016- Aug. 2016	Sept. 2016- Feb. 2017	March 2017- Aug. 2017	Sept. 2017- Feb. 2018	March 2018- Aug. 2018	Sept. 2018- Feb. 2019	March 2019- Aug. 2019	Sept. 2019- Feb. 2020	March 2020- Aug. 2020
Questionnaires about fear of falling, fall history. (If no questionnaire, report as pre)											
Fall Risk Questionnaire	Number of pre questionnaires distributed:										
	Number of pre questionnaires completed:										
	# of pre respondents with fear of falling:										
	# of pre respondents w/ history of 2 or more falls:										
	# of pre respondents w/ one injury fall:										
	Number of post questionnaires distributed:										
	Number of post questionnaires completed:										
Fall Prevention Program Questionnaire	Number of post questionnaires distributed:										
	Number of post questionnaires completed:										
	Number of post questionnaires distributed:										
	Number of post questionnaires completed:										
Notes on Questionnaires:											

		Y1		Y2		Y3		Y4		Y5	
		Sept. 2015- Feb. 2016	March 2016- Aug. 2016	Sept. 2016- Feb. 2017	March 2017- Aug. 2017	Sept. 2017- Feb. 2018	March 2018- Aug. 2018	Sept. 2018- Feb. 2019	March 2019- Aug. 2019	Sept. 2019- Feb. 2020	March 2020- Aug. 2020
Secondary Data (if available)											
Report secondary data per year (i.e., if using 5 years of data, divide totals by 5)	User population of secondary data (#):										
	Calendar year(s) of secondary data:										
Morbidity and Mortality (per year)	# of injuries due to falls:										
	# of deaths due to falls:										
	# of hospitalizations/ER visits due to falls:										
Cost Data (per year)	Total \$ spent on injuries due to falls:										
Notes on Secondary Data:											

Appendix C: SMART Objective Examples

1

SMART Objective Examples for TIPCAP

Specific, **M**easurable, **A**chievable, **R**elevant, **T**ime-framed

Objective examples:

Level: Outcome and impact

Often the data to which you have access determines what you will measure in a SMART objective.

Access to the following types of data for your target population (i.e. children, older adults) allows for



SMART objectives to measure outcome and impact:

- Deaths
 - Potential secondary sources: traffic crash reports, hospitalization admissions, emergency room visits, ambulance run logs, state trauma reports
- Injuries
 - Potential secondary sources: IHS Injury surveillance systems (OEH), hospital admissions, emergency room visits, ambulance run logs, traffic crash reports, state trauma reports, averted potential adverse interactions of medications
 - Potential Primary Sources: surveys on self-reported falls
- Behavior
 - Potential secondary sources: State behavioral risk surveys
 - Potential primary sources: surveys on restraint use, knowledge and attitudes (community surveys, pre/post tests), self-reported drinking and driving, self-reported decreased fear of falling
- Other change
 - Pre and post exercise gait and balance scores

Appendix C: SMART Objective Examples

2

SMART Objective Examples for TIPCAP

Examples of outcome objectives:

1. By the end of year 5, decrease by 15 percentage points the number (X number to X number) of hospitalizations due to falls in adults age 55+ years from the XYZ reservation.
2. By the end of year 5, reduce the number of night time alcohol-related crashes occurring on all roads on the XYZ reservation by 20 percentage points.
3. By the end of year 5, decrease by 30% (x number to x number) the number of head injuries treated at the XYZ emergency department due to bicycle, skateboard, quad vehicle, and skating crashes.

Examples of impact objectives:

1. By the end of the first project year, there will be a 20 percent increase in the proportion of children under 5 years of age correctly riding in car seats (from 30% to 50%) at the XYZ community.
 2. By the end of year 3, increase the percentage of tribal homes on the XYZ Reservation that have operable smoke alarms by 20% (from 20% to 40%).
 3. By the end of year 5, increase driver seat belt use from 30% to 50% use in XYZ community.
 4. By the end of year 4, increase self-reported positive driving behavior (not texting and driving in last 30 days and seat belt use) of 15+ year olds at X, Y and Z high schools.
 5. By the end of year 4, complete a primary seat belt law proposal to tribal council.
 6. Increase from X to X at XYZ clinic, health care provider knowledge of evidence-based programs and services for fall prevention by the end of year 4.
- What's needed:
 - Time: achievable by the end of the 5-year grant period
 - Baseline data: Coordinator must have baseline data before grant activities (related to objective) begin
 - Final data: Coordinator must have final data to compare to baseline data
 - Evidence-based interventions, implemented with fidelity (the way it was intended).
 - For example, if the coordinator is working to reduce DUI by providing education only, it's expected there will be little gain in meeting the objective. Why? The evidence-based strategy is to increase enforcement of DUI laws **along with** education.
 - Ability to analyze the data or have access to someone who can analyze the data.

Level: Process

Access to the following types of data for TIPCAP activities allows for SMART objectives to measure process or the magnitude of your activities.

- Potential secondary sources: Media venues (radio, social media, television) which track number of news stories, audience reach, website hits, billboard views, etc., department reports which track past referrals, home improvements
- Potential primary sources: Coordinator can measure any aspect of activities. See examples.

Appendix C: SMART Objective Examples

3

SMART Objective Examples for TIPCAP

Examples of primary process data variables that can be collected:

Number of materials distributed	Number of elders participating in exercise program
Number of car seats distributed	Number of medication assessments conducted
Number of car seat corrections made	Number of CPS technicians trained
Number of meetings conducted	Number of home modifications made
Number of respondents to a survey	

Examples of process objectives:

1. By the end of year 3, conduct 3 child safety seat check-up events – one in each of 3 communities on the XYZ reservation.
 2. Within first 8 months of year 3, increase the number of child safety seats distributed by 10% (from X number to x number) over the number distributed in year 2.
 3. By the end of the current project year, increase the number (from 16 to 25) of older (age 55+) adults participating (attending 50% or more classes) in the Matter of Balance classes at the XYZ senior center.
 4. By the end of year 3, conduct needs analysis surveys in 4 of the 9 tribal communities on reservation XYZ.
 5. By the end of year 3, increase the number of older adults (age 55+) screened for fall risk by 10% (from X to X) as compared to year 2.
- What's needed:
 - A good tracking method (forms, spreadsheets, Epi Info) for what you are measuring
 - Baseline, intermittent, and final data

Appendix D: Program Evaluation

Formative Evaluation

Formative evaluation is the assessment phase conducted prior to program implementation. This stage of planning can involve research and assessments to determine the best approach in implementing the program. It involves the review of what (e.g., specific details, methods, materials), who (e.g., staff skills, key stakeholders), how (e.g., strategies, resources, needs), why (e.g., reduce injuries), and when (e.g., time frame) the program will be implemented. This stage focuses on identifying possible challenges and opportunities to increase the program's success.

Process Evaluation

Process evaluation looks at how program activities are delivered. This phase examines the program processes, components, and operation. It will determine if the strategy for implementation needs to be adjusted to be more effective. Process evaluation will provide important information to ensure the strategy is appropriate for the target audience.

Process evaluations start by counting various aspects of a program's delivery of services. For example, a process evaluation often counts the number and frequency of contacts made with the target population and counts all the events related to those contacts. Specifically, process evaluations can count the following types of activities conducted or supported by the TIPCAP Coordinator:

- Number of people attending an injury prevention health fair.
- Number of people attending a fall prevention training session.
- Number of people stopped during a DUI or seatbelt enforcement roadblock.
- Number of IP coalition meetings conducted in a community.
- Number of IP public service announcements (e.g., about seatbelt use, fire or fall prevention) aired or published in the community (e.g., on local radio stations, in tribal newspapers).
- Number of general IP trainings or workshops conducted in a community.
- Number of IP events supported by an injury prevention program.

TIPCAP Coordinators/Administrators should track process evaluation measures and information as programs and events occur. The information is useful to document program activities and outcome measures for reporting purposes.

Appendix D: Program Evaluation

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 immediately before or as a program begins.

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

- Changes in elders' attitudes toward exercise participation.
- Changes in community member knowledge and attitudes about occupant restraints (seatbelts for adults or car seats for children).
- Changes in community member behaviors regarding seatbelt and car seat use.

Much of the information collected for an impact evaluation should be reported in regular progress reports to program funders (e.g., IHS). It is important for TIPCAP Coordinators/Administrators and staff to identify existing knowledge, attitudes, beliefs, and behaviors prior to a program being implemented (baseline data) so that any changes in knowledge, attitudes, beliefs, and 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., 1 year, 3 years, and 5 years). It is usually conducted after a program has been completed.

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

- Changes in fall-related injury morbidity and mortality.
- Changes in motor vehicle-related injury morbidity and mortality.
- Changes in violence-related injury morbidity and mortality.
- Changes in the number of injury-related clinic and hospital visits.
- Seatbelt use (trend data).
- Child safety seat use (trend data).
- Citations issued (e.g., DWI, occupant restraints; trend data).

It is often only possible to show outcome evaluation data after several years of a TIPCAP site's operation. Data on injury-related morbidity and mortality can be collected from various sources, including national data sources such as CDC and IHS. TIPCAP Coordinators/Administrators should rely on TA from the monitoring contractor, IHS IP Program Manager, Tribal Epidemiology Centers, etc. in identifying appropriate data necessary for outcome evaluation.

Appendix E: TIPCAP Glossary of Terms

A

all-terrain vehicle

a motorized off-highway vehicle designed to travel on four low-pressure tires, having a seat designed to be straddled by the operator and handlebars for steering control

B

baseline

the status of services and outcome-related measures such as knowledge, attitudes, norms, behaviors, and conditions before an intervention, against which progress can be assessed or comparisons made

bike helmet

cyclists wear an approved bicycle helmet when riding a bike on a roadway or sidewalk

blood alcohol concentration (BAC)

- the amount of alcohol present in the bloodstream, usually denoted in grams per deciliter (g/dl)
- a legal BAC limit refers to the maximum amount of alcohol allowed in the bloodstream that is legally acceptable for a driver on the road
- in order to facilitate detection of drunk driving in some countries, the law stipulates an equivalent quantity of alcohol in the air breathed out

booster seat

a seat to help raise a child in a vehicle so that the vehicle's seatbelt fits properly

C

child safety seat

special seats for infants and toddlers that are secured in a vehicle with seatbelts or special anchors to increase the safety of the child in the event of a crash

coalition

an entity composed of several diverse organizations or constituencies that have agreed to work together to achieve a common goal

cooperative agreement

a close collaboration between a funding agent and one or more recipients, in which the recipient agrees to accomplish a set of goals and objectives

D

data analysis

- the process of evaluating data using analytical and logical reasoning to examine each component of the data provided
- this form of analysis is just one of the many steps that must be completed when conducting a research experiment
- data from various sources are gathered, reviewed, and then analyzed to form some sort of finding or conclusion
- there are a variety of specific data analysis methods, some of which include data mining, text analytics, business intelligence, and data visualizations

distracted driving

includes activities like using a cell phone, texting, eating; using in-vehicle technologies (e.g., navigation systems) can also be sources of distraction

- **visual distraction:** tasks that require the driver to look away from the roadway to visually obtain information
- **manual distraction:** tasks that require the driver to take a hand off the steering wheel and manipulate a device
- **cognitive distraction:** the mental workload associated with a task that involves thinking about something other than the driving task

Appendix E: TIPCAP Glossary of Terms

E

elder environmental assessment

vital for elder home safety; an assessment generally includes the following steps:

1. Check for exterior hazards, such as uneven walkways, crumbling porch steps, and loose stones
2. Interior safety hazards include loose railings, unstable surfaces, and improper lighting
3. Tape down cords and small rugs, which can be a tripping hazard for elderly people
4. Install grab bars in the bathroom to assist with getting in and out of the tub
5. Move heavy kitchen items to lower shelves for easy access
6. Stairs can be especially dangerous for seniors, so limit time on the stairs by moving furniture and everyday items to the lower floor

elder falls

a common source of injury, particularly in the elderly population that are more likely to occur if impairments in balance, strength, perception, joint range of motion, postural function, or coordination are present

Epi Info

a freeware suite of lightweight software tools, that delivers core ad-hoc epidemiologic functionality without the complexity or expense of large, enterprise applications

evaluation

- the rigorous, scientifically based collection of information about program or intervention activities, characteristics, and outcomes that determines the merit or worth of the program or intervention
- evaluation studies provide credible information for use in improving programs or interventions, identifying lessons learned, and informing decisions about future resource allocation

evidence-based practice (EBP)

- the use of systematic decision-making processes or provision of services which have been shown, through available scientific evidence, to consistently improve measurable client outcomes
- instead of tradition, gut reaction, or single observations as the basis for making decisions, EBP relies on data collected through experimental research and accounts for individual client characteristics and clinician expertise

F

fall

an event which results in a person coming to rest inadvertently on the ground, floor, or other lower level

fatal collision

a motor vehicle traffic collision resulting in the death of one or more persons within 30 days of the collision

G

goal

an observable and measurable end result having one or more objectives to be achieved within a fixed timeframe

H

Haddon's Matrix

devised by William Haddon, Jr. (1972), it consists of categories and phases of injury-contributing factors that impact incidence, severity, and timing of involvement of each factor (see page 52 for an example)

harmful event

an occurrence of injury or damage

Appendix E: TIPCAP Glossary of Terms

Head Start

a Federally funded preschool program that provides comprehensive services to both low-income children and their families with the aim to prepare children for success in school through an early learning program

health communication

the study and use of communication strategies to inform and influence individual and community decisions that enhance health

home safety assessment

comprehensive assessment of the home environment and individual in order to make recommendations for modifications to improve safety due to dementia, fall risk, and/or decubitus risk

hospitalization

- care in a hospital that requires admission as an inpatient and usually requires an overnight stay
- an overnight stay for observation could be outpatient care

impact statement

- briefly summarizes the differences made by programs, research, or teaching efforts
- it states accomplishments and creates strong support for programs
- it answers the questions “So what?” and “Who cares?” and conveys accomplishments in simple language that is free of technical jargon

incidence

the number of instances of illness or injury during a given period of time in a specified population

infant safety seat

smaller child safety seat that is rear-facing in vehicles, specially designed for infants up to age 1 and 20 lbs

injury

any unintentional or intentional damage to the body resulting from acute exposure to thermal, mechanical, electrical, or chemical energy or from the absence of such essentials as heat or oxygen

injury control

the scientific approach to injury that includes analysis, data acquisition, identification of problem injuries in high-risk groups, option analysis, and implementation and evaluation of countermeasures

injury crash

any crash involving an injury other than a fatal injury

injury prevention

efforts to forestall or prevent events that might result in injuries

intentional injury

an injury that is purposely inflicted, either by a person to him/herself or to another person (e.g., suicide or attempted suicide, homicide, rape, assault, domestic abuse, elder abuse, and child abuse)

intervention

a specific activity or set of activities intended to bring about change in some aspect(s) of the status of the target population

J

K

L

logic model

a planning tool to clarify and graphically display what a project intends to do and what it hopes to accomplish and impact (see page 53 for an example)

Appendix E: TIPCAP Glossary of Terms

M

monitoring

routine tracking and reporting of priority information about a program or project and its inputs, intended outputs, outcomes, and impacts

morbidity

number of persons nonfatally injured or disabled; usually expressed as a rate, meaning the number of nonfatal injuries in a certain population in a given time period divided by the size of the population

mortality

deaths caused by injury and disease; usually expressed as a rate, meaning the number of deaths in a certain population in a given time period divided by the size of the population

motor vehicle

a mechanically or electrically powered device, not operated on rails, upon which or by which any person or property may be transported or drawn upon a roadway, including such vehicles as motorized skateboards or motorized bicycles (mopeds)

motor vehicle traffic collision

an unintended event that causes death, injury, or property damage involving a motor vehicle in transport (in motion or in readiness for motion) on a roadway (a way or place) any part of which is open to the use of the public for purposes of vehicular travel

N

O

objective

a statement of a desired program or intervention result that meets the criteria of being specific, measurable, attainable, relevant, and timely (SMART; see pages 76-78 for examples)

occupant restraint

a system or device designed to restrain a motor vehicle occupant in a crash by keeping the occupant in the vehicle seat and minimizing contact with the vehicle interior, other occupants, or objects outside the vehicle

ordinance

a law or rule made by an authority, such as a Tribal Council

outcome

short-term and medium-term effect of an intervention's outputs, such as change in knowledge, attitudes, beliefs, or behaviors

P

partnership

- coalition members, external stakeholders, and/or decision makers who support the work of the coalition
- the goal is to foster cooperative or collaborative relationships between these people and/or groups

personal floatation device (PFD)

- the official terminology for a life jacket
- when properly used, a PFD will support a person in the water

Q

qualitative data

- data collected using qualitative methods such as interviews, focus groups, observation, and key informant interviews
- it can provide an understanding of social situations and interactions, as well as people's values, perceptions, motivations, and reactions
- generally expressed in narrative form, pictures, or objects (i.e., not numerically)

Appendix E: TIPCAP Glossary of Terms

quantitative data

- data collected using quantitative methods such as surveys
- quantitative data are measured on a numerical scale, can be analyzed using statistical methods, and can be displayed using tables, charts, histograms, and graphs

R

reflective tape

found on lifejackets to aid visibility for finding a person in the water in darkness

Ride Safe Program

- developed by the Indian Health Service (IHS) in cooperation with the tribal Head Start programs to help tribal communities address motor vehicle injuries among American Indian and Alaska Native children
- the program aims to reduce the rate of motor vehicle-related injuries to children aged 3 to 5 years and enrolled in participating tribal Head Start programs by promoting motor vehicle child restraint use

S

saturation patrol

involves law enforcement deploying additional police officers to targeted roadways during select time periods to detect and apprehend impaired drivers

seatbelt

vehicle occupant restraint worn to protect occupants from injury, ejection, or forward movement in the event of a crash or sudden deceleration; seatbelt laws are divided into two categories:

- **primary seatbelt laws** allow officers to ticket a driver or passenger for not wearing a seatbelt, without any other traffic offense taking place

seatbelt (cont)

- **secondary seatbelt laws** allow officers to issue a ticket for not wearing a seatbelt only when there is another citable traffic infraction

Sleep Safe Program

a collaborative project between the American Indian Head Start Programs Branch, IHS, and the U.S. Fire Administration with the goal to reduce the rate of fire and burn injuries among American Indian and Alaska Native children ages 0–5 enrolled in tribal Head Start Centers and high risk groups (i.e., elders)

SMART objectives

objectives that are specific, measurable, attainable, relevant, and timely (see pages 76–78 for examples)

smoke alarms

- devices that operate on batteries or electricity and can detect smoke from a fire within the home
- a smoke alarm will begin to beep to alert people within the home that there is smoke

safety checkpoints

(different from carseat check events) checkpoints at which drivers are stopped by the police and breath-tested if there is reasonable cause for suspicion that alcohol has been consumed

social marketing

a process that applies marketing principles and techniques to create, communicate, and deliver value in order to influence target audience injury prevention behaviors that benefit society as well as the target audience

social media

forms of electronic communication (e.g., websites for social networking and microblogging) through which users create online communities to share information, ideas, personal messages, and other content (e.g., videos)

Appendix E: TIPCAP Glossary of Terms

stakeholder

a person or organization with direct interest, involvement, or investment in a program and/or its effort

suicidal ideation

thinking about, considering, or planning for suicide

suicide

death caused by self-directed injurious behavior with any intent to die as a result of the behavior

suicide attempt

a nonfatal, self-directed, potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury

surveillance

the ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve health

sustainability

a community's ongoing capacity and resolve to work together to establish, advance, and maintain effective strategies that continuously improve health and quality of life for all

sustainability plan

- a written, community-based plan to achieve sustainability
- the plan demonstrates that stakeholders have reached a consensus on the definition and importance of sustainability

T

technical assistance

- tailored guidance to meet the specific needs of a site or sites through collaborative communication between a specialist and the site(s)
- assistance takes into account site-specific circumstances and culture and can be provided through phone, mail, email, Internet, or in-person meetings

U

unintentional injury

injury that occurs without intent to harm (e.g., motor vehicle traffic, most burns, drowning deaths, and falls)

V

W

X

Y

Z

Appendix F: Contact Information

TIPCAP Site	Part	Project Officer
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