Tribal Injury Prevention Cooperative Agreement Program (TIPCAP)

Program Guide

2022

Office of Environmental Health & Engineering
Division of Environmental Health Services
Injury Prevention Program

INDIAN HEALTH SERVICE · PHS · 1955

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

INJURY PREVENTION PROGRAM MANAGER
Tim Wildcat, REHS (Acting)

INJURY PREVENTION SPECIALIST
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Division of Environmental Health Services
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Cover photos courtesy of: Norton Sound Health Corporation (top left), Winnebago Comprehensive Healthcare System (top right), Ho-Chunk Nation (bottom left), and Salt River Pima-Maricopa Indian Community (bottom right).

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Welcome to the 2022 TIPCAP Guide

Hello TIPCAP Coordinators, Partners, and the Injury Prevention Community!

As we enter the second year of funding for the 2021-2025 TIPCAP cycle, please take the time to review this document. Data collection and program implementation are a big part of many of the TIPCAP sites in year 2, and this guide will assist you in moving forward. Continue exploring and developing ways to get the work done even in the virtual setting. And, please don't hesitate to reach out and ask questions. We are all here to prevent injuries within the communities we serve, and it's our hope to have another successful year.

Sincerely,

Molly

LCDR Molly Madson, REHS, MPH
Injury Prevention Specialist
Indian Health Service Headquarters
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 you can navigate between sections, or you can click "Content List" in the sidebar to return to the table of contents.

2022 Updates to the Guide

Not every page of the guide is updated every year; much of the information remains the same, but we do make minor corrections throughout. To help orient you, below is a list of sections that had more substantial updates in this version.*

- Progress Reports and Progress Reporting Timeline (pages 21-22)
- Indian Health Service IP Training Program Courses (page 43)
- TIPCAP.org (page 50)
- Resources (pages 50-70; note: titles/hyperlinks updated, inactive resources removed)
- Contact Information (pages 88-89)

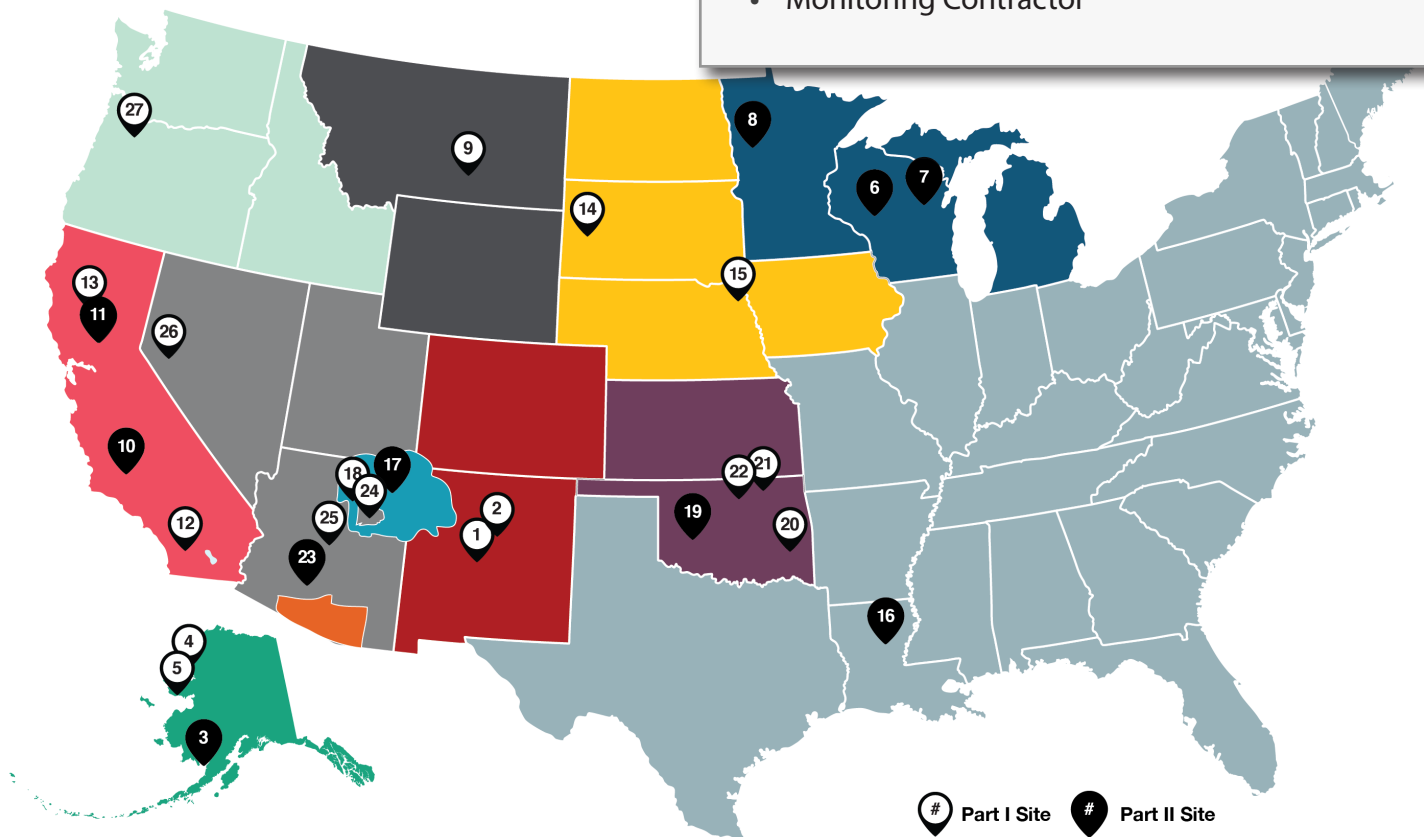*If this is your first time viewing the guide, we encourage you to review every page, not just those that were updated..

IHS Injury Prevention Program and TIPCAP

In this section:

- Overview of the IHS Injury Prevention Program
- TIPCAP Summary
- Part I Programs and Part II Projects
- FY 2021-2025 Focus Areas
- TIPCAP & IHS Staff
- Monitoring Contractor

TIPCAP 2021-2025 Sites

Part I Site   Part II Site

Overview of the IHS Injury Prevention Program

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

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.

TIPCAP Summary

The purpose of this IHS cooperative agreement is to address the disparity in injury rates by encouraging Tribes to implement focused, community-based injury prevention programs and projects using evidence-based strategies. Injury prevention evidence-based strategies are prevention methods that have been scientifically evaluated and proven to prevent injuries, including strategic changes to the environment (for example, roadways, elder homes for fall hazards, smoke alarms) and strategies to promote behavior change (such as car seat use, float coat use). Injury prevention programs and projects are most effective when based on these model practices. The use of well-planned, promising, and innovative injury prevention strategies is also recommended.

The tribal site's responsibilities as the cooperative agreement recipient are listed in the Funding Announcement Number: HHS-2020-IHS-IPP-0001.

The IHS agency-specific responsibilities are listed in the Funding Announcement Number: HHS-2020-IHS-IPP-0001. 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.
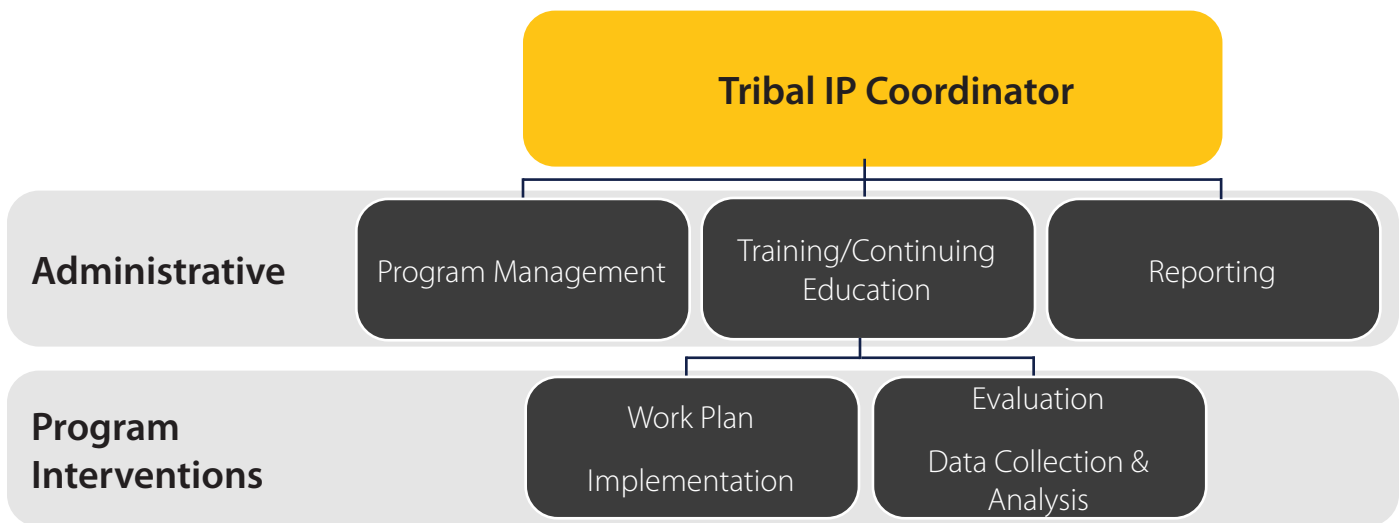

Visit the IHS website for more information on the IHS Injury Prevention Program and for a list of current and past tribes and tribal organizations funded by TIPCAP:

http://www.ihs.gov/injuryprevention

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Part I Programs and Part II Projects

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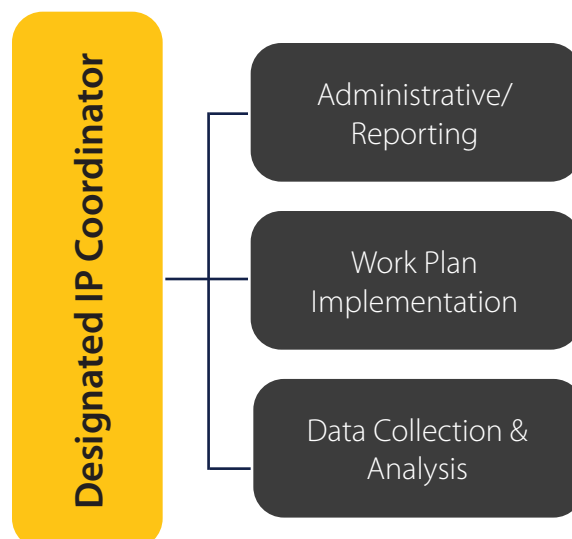Part II

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Part I Programs

Part I Programs have a minimum IHS user population of 2,500 and are required to employ a full-time Tribal Injury Prevention Coordinator who manages the IP program. Part I Programs are funded up to $125,000. The administrative components of this funding are essential to the program and will be a significant portion of the coordinator's workload.

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                    ┌─────────────────────────────┐
                    │    Tribal IP Coordinator    │
                    └─────────────────────────────┘
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Administrative	Program Management	Training/Continuing Education	Reporting
Program Interventions		Work Plan Implementation / Evaluation Data Collection & Analysis	

Part II Projects

Part II Projects (also known as "Evidence-Based or Innovative Strategy Projects") include sites who may or may not have been a previous recipient of IHS IPP funding. Part II Projects have a designated IP Coordinator to manage the IP project. Part II Projects are funded up to $32,000. The administrative components of this funding are essential to the program and will be a significant portion of the coordinator's workload.

Designated IP Coordinator
- Administrative/ Reporting
- Work Plan Implementation
- Data Collection & Analysis

FY 2021-2025 Focus Areas

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Common TIPCAP focus areas include:

- Motor vehicle-related injury prevention
- Unintentional fall prevention for older adults

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. **Environmental modification**s – Improvements to 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.

Effective strategies to prevent motor vehicle-related injuries include:

- 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 6: Resources* for an extensive list of resources for motor vehicle injury prevention

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

For more information, see the "Motor Vehicle-Related Injury Prevention" fact sheet:

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

For more evidence-based strategies for preventing injuries, see the IHS TIPCAP website:

https://www.ihs.gov/sites/injuryprevention/themes/responsive2017/display_objects/documents/IHS_IPP_Evidence-based_Strategies.pdf

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FY 2021-2025 Focus Areas

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 6: Resources* for an extensive list of resources for fall injury prevention**

> **For more information on unintentional fall prevention strategies, see the CDC website:**
>
> https://www.cdc.gov/steadi/index.html
>
> **For more evidence-based strategies for preventing injuries, see the IHS TIPCAP website:**
>
> https://www.ihs.gov/sites/injuryprevention/themes/responsive2017/display_objects/documents/IHS_IPP_Evidence-based_Strategies.pdf

Other Unintentional and Intentional Injury Prevention Focus Areas

Based upon community need, awarded TIPCAP sites may also focus on the following injury types:

Unintentional injuries

- Traumatic Brain Injury
- Fire/Burns
- Drowning
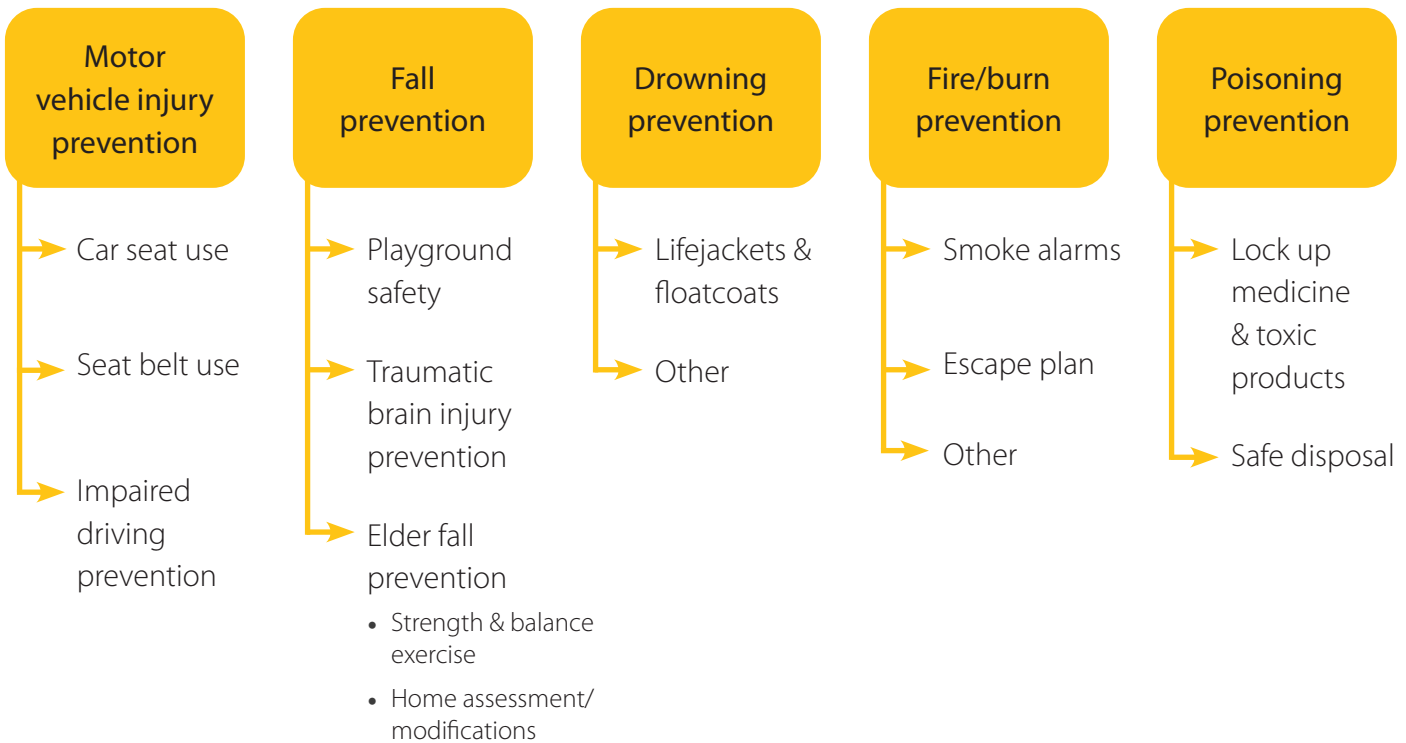- Poisoning/Overdose

Intentional injuries

- Suicide
- Violence-related

> **Guidance on prevention strategies can be found on page 11 and the IHS TIPCAP website:**
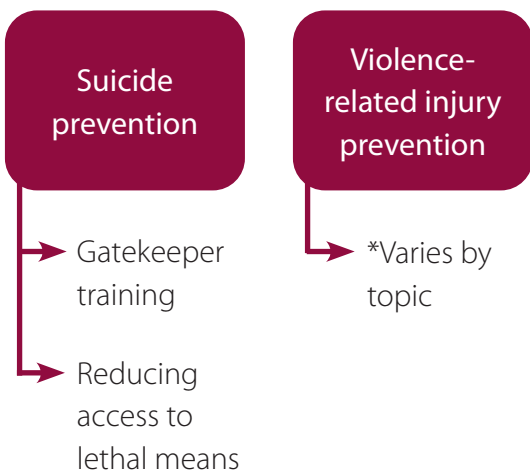>
> https://www.ihs.gov/sites/injuryprevention/themes/responsive2017/display_objects/documents/IHS_IPP_Evidence-based_Strategies.pdf

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Unintentional Injuries and Their Prevention Strategies

Motor vehicle injury prevention
- Car seat use
- Seat belt use
- Impaired driving prevention

Fall prevention
- Playground safety
- Traumatic brain injury prevention
- Elder fall prevention
  - Strength & balance exercise
  - Home assessment/ modifications

Drowning prevention
- Lifejackets & floatcoats
- Other

Fire/burn prevention
- Smoke alarms
- Escape plan
- Other

Poisoning prevention
- Lock up medicine & toxic products
- Safe disposal

Intentional Injuries and Their Prevention Strategies

Suicide prevention
- Gatekeeper training
- Reducing access to lethal means

Violence-related injury prevention
- *Varies by topic

For more evidence-based strategies for preventing injuries, see the IHS TIPCAP website:

https://www.ihs.gov/sites/injuryprevention/themes/responsive2017/display_objects/documents/IHS_IPP_Evidence-based_Strategies.pdf

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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 IP 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:

- IHS Staff
    — Program Managers
    — Grants Management Specialists
    — Project Officers
- Monitoring Contractor

IHS Staff

IHS Program Managers (Headquarters)

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

Tim Wildcat, REHS
Great Plains Area Injury Prevention Specialist
Acting Injury Prevention Program Manager (IHS Headquarters)
115 4th Ave SE Rm #309
Aberdeen, SD 57401
Telephone: (605) 226-7453
Email: Timothy.Wildcat@ihs.gov

CAPT Michael E. Reed Jr, REHS/RS, MPH
Senior Environmental Health Specialist
Division of Environmental Health Services
5600 Fishers Lane
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IHS Staff

IHS Grants Management Specialists (Headquarters)

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
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Telephone: (301) 443-2241
Email: Andrew.Diggs@ihs.gov
www.GrantSolutions.gov

Paul Gettys
Acting Director
Division of Grants Management
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Rockville, MD 20857
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Fax: (301) 443-9602
Email: Paul.Gettys@ihs.gov

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).

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

Project Officers will:

- Assist coordinators with decisions regarding implementation of program activities and strategies
- Provide guidance on evaluation (data collection, data quality, analysis, and reporting)
- Provide guidance on use of public information materials and quality assurance (adherence to evidence-based practice methods)
- Monitor overall progress
- Assist coordinators with required progress and financial reports
- Support oversight by participating in site visits (Part I Sites only), meetings, and conference calls
- Recommend training and continuing education for coordinators
- Attend the annual workshop
- Provide guidance in preparing publications and presentations

Sites that are considered experienced will only require periodic oversight. This applies unless a new IP 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.

Refer to *Appendix D* for contact information for Project Officers

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Monitoring Contractor

The Centers for American Indian and Alaska Native Health (CAIANH) at the University of Colorado Anschutz Medical Campus, Colorado School of Public Health serve as the external monitoring contractor for IHS TIPCAP. 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 biopsycho-social framework that recognizes the unique cultural contexts of this special population.

The monitoring contractor's main goal is to assist TIPCAP sites with their technical assistance 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.

Technical assistance can be requested at any time, not just for scheduled activities or those items listed here. The monitoring contractor encourages regular communication and the sharing of both challenges as well as achievements!

The monitoring contractor will provide the following technical assistance/monitoring activities:

- Provide individualized, one-on-one technical assistance to TIPCAP sites on an ongoing basis, including assistance with:
  - Annual work plans
  - Evaluation activities (data collection, data analysis, reporting, and program evaluation)
  - Writing progress reports
  - Publishing or presenting program successes, lessons learned, and new findings
  - Specific injury topic requests
  - Or other various requests TIPCAP sites may have
- Develop training tools and resources to assist TIPCAP sites, including worksheets, webinars, the TIPCAP Guide, evaluation tools, and data collection tools and other tracking methods
- Schedule and conduct semi-annual conference calls with TIPCAP sites and Project Officers
- Schedule and conduct annual site visits to Part I sites
- Plan, conduct, and evaluate the annual TIPCAP workshop
- Produce and distribute biannual TIPCAP newsletter
- Compile an annual profile for each TIPCAP site
- Review and summarize progress reports and continuation applications to assess progress that individual sites are making toward meeting project goals, objectives, and activities

Technical Assistance (definition)

Technical assistance (sometimes abbreviated as "TA") is 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, and in-person or virtual meetings.

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2 TIPCAP Funding

In this section:

- Cooperative Agreement vs. Grant
- Notice of Award
- Carryover Funding Requests
- Reporting Requirements
- Progress Reports
- Federal Financial Reports
- Non-Competing Continuation Application
- Administrative Supplemental Funding

Navajo Nation - Department of Highway Safety

Cooperative Agreement vs. Grant

Grants and cooperative agreements are very similar. The distinguishing feature between a grant and a co-operative agreement is that under a cooperative agreement substantial involvement is anticipated between the awarding office (IHS) 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 coopera-tive agreement is the public.

> **For instructions on completing all aspects of the pre- and post- grant award functions, monitoring, and reporting requirements, see IHS Grant Training Tools:**
>
> https://www.ihs.gov/dgm/training1/

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 recipient. 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 finan-cial officials.

> **For questions regarding the Notice of Award, contact:**
>
> **Andrew Diggs, Senior Grants Management Specialist**, Division of Grants Management
> Phone: (301) 443-2241 | Email: Andrew.Diggs@ihs.gov

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Carryover Funding Requests

TIPCAP Coordinators and support staff should be spending down the funds throughout the year. Spending the money is essential and should be the main focus before submitting a carryover request. With this in mind, carryover requests are available.

All unobligated funds that are available for carryover must be used to support the original approved goals and objectives of the grant program based on the Funding Opportunity Announcement.

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

The Carryover Policy distinguishes between:

1. Unobligated funds with a balance of 25% or less than the annual amount awarded
2. Unobligated funds with a balance of more than 25% of the annual amount awarded

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Review the Carryover Policy Training for more information:

www.ihs.gov/sites/dgm/themes/responsive2017/display_objects/documents/CarryoverTraining.pdf

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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, grantees should notify the IHS PO on how they plan to spend the carryover funding. The carryover 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.

EXAMPLE OF HOW TO CALCULATE THE 25% THRESHOLD AMOUNT

$32,000 x .25 = $8,000

If you have a balance of $8,000 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. New projects not aligned with the original scope of work can be started.

If you have a balance over $8,000 in carryover, you need to request for an official approval from IHS DGM.

$125,000 x .25 = $31,250

If you have a balance of $31,250 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.

If you have a balance over $31,250 in carryover, you need to request an official approval from IHS DGM.

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

Grantees must obtain prior approval from the Division of Grants Management (DGM) for use of all unobligated balances that exceed 25% of the annual amount awarded 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 DGM?

- The package is received in DGM and the Grants Management Specialist (GMS) will review the request for allowable and reasonable cost and ensure all documents required have been submitted.
- The 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.

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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 – A complete package must include the data of the carryover request and the grant number.

- 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:

- Contingency costs – events which cannot be foretold with certainty as to time, or with assurance that the events will happen.

- Contributions and donations – cash, property, and services regardless of the recipient.

- Entertainment costs – amusement (parks), tickets to shows/sports events, social activities, dinners, etc. 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.

For questions regarding the Carryover Policy, contact:

Andrew Diggs, Senior Grants Management Specialist, Division of Grants Management
Phone: (301) 443-2241 | Email: 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 tools and cover page/checklist)
- Federal Financial Reports
- Non-competing continuation applications
- Administrative supplemental funding requests

IP Coordinators 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.

> **See your Notice of Award for specific details about your reporting requirements. If you have additional questions, contact Grants Management.**

Submitting Reports

Reports must be submitted through GrantSolutions.gov, a comprehensive grants management system serviced by the Grants Center of Excellence. GrantSolutions.gov is for all documents.

Steps for using 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).

> **For more information on instructions, forms, or reporting, see "Policy Topics" at the IHS Division of Grants Management website:**
>
> https://www.ihs.gov/dgm/policytopics/CarryoverTraining.pdf

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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. 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.

- **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.
- Including photos and success stories is encouraged.

Data Reporting Tools

The monitoring contractor and IHS will work with each TIPCAP site to provide program-specific data reporting tool(s) to assist in data collection and evaluation. The data reporting tool(s) should be submitted as an appendix along with the completed progress report template for each semi-annual period. Also, attach as appendices any questionnaires, surveys, etc. you may have used to collect data for the data reporting tool(s).
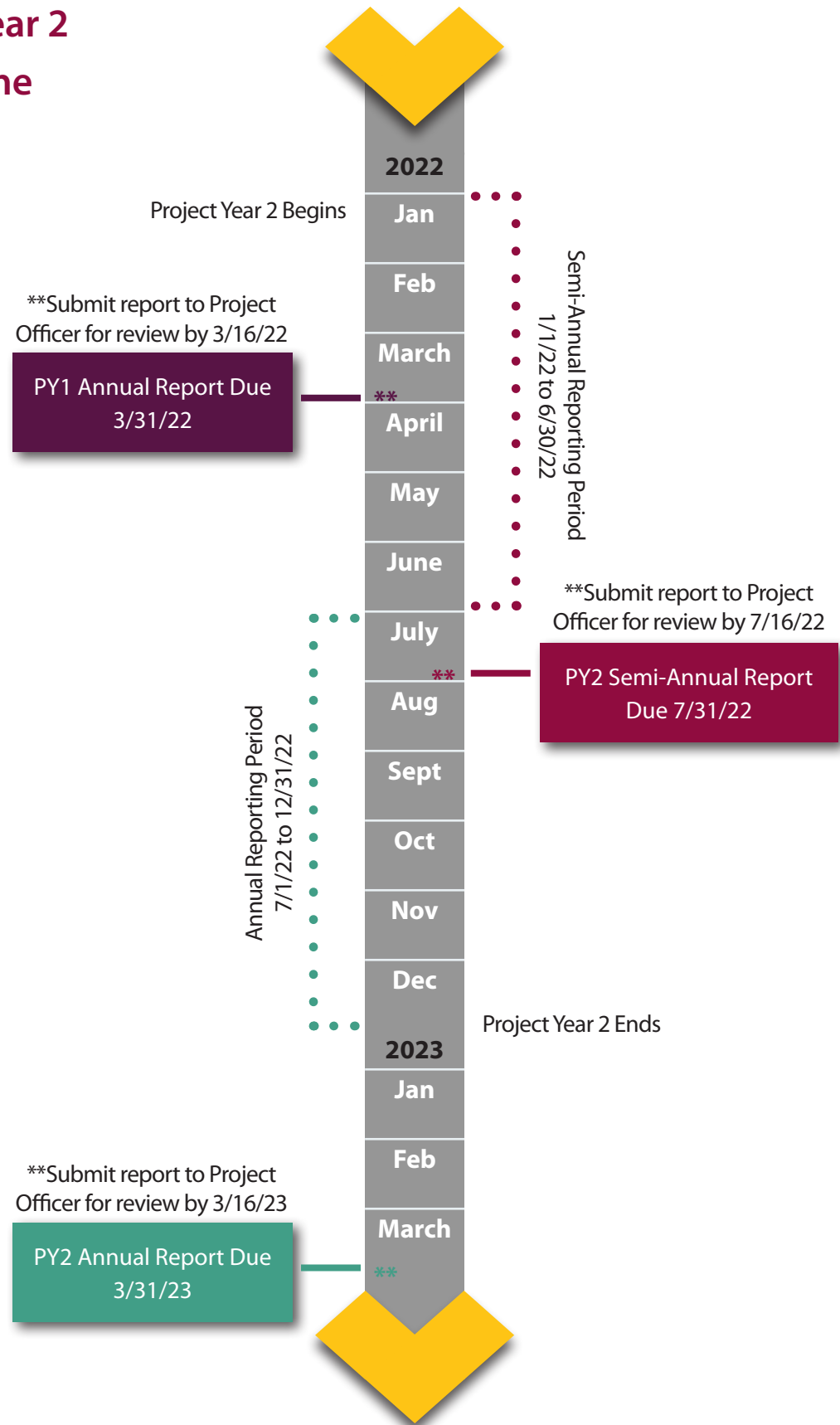
Cover Page with Reporting Checklist

Each site will also complete a cover page for each semi-annual and annual report. This cover page is site-specific and will include a checklist of the data reporting tools developed for each site, as well as other required documents. The checklist includes a checkbox and signature section for the Coordinator and Project Officer to indicate they reviewed the documents that will be submitted with the report.

> **The reporting template, data reporting tools, and cover page/checklist are available on the internal TIPCAP website:**
>
> www.tipcap.org

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Progress Reporting Timeline

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**TIPCAP Project Year 2
Reporting Timeline
(2022)**

Project Year 2 Begins

2022

Jan

Feb

March

**Submit report to Project
Officer for review by 3/16/22

**PY1 Annual Report Due
3/31/22**

April

May

June

Semi-Annual Reporting Period
1/1/22 to 6/30/22

**Submit report to Project
Officer for review by 7/16/22

July

**PY2 Semi-Annual Report
Due 7/31/22**

Aug

Sept

Oct

Nov

Annual Reporting Period
7/1/22 to 12/31/22

Dec

Project Year 2 Ends

2023

Jan

Feb

**Submit report to Project
Officer for review by 3/16/23

**PY2 Annual Report Due
3/31/23**

March

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

The Federal Financial Report (FFR) should be submitted semi-annually along with the progress report. The FFR should be submitted to the Payment Management System (PMS), with a courtesy copy sent to Grants Management through GrantSolutions.gov. PMS will review the FFR 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

This funding is conditional, and complete and on-time reports are a requirement. 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. 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 more information on the Federal Financial Report (FFR or SF-425), see:

https://www.ihs.gov/dgm/policytopics/

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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. Additionally, the TIPCAP Coordinator should review the requirements of the application carefully to ensure all items are complete and included in the package for submission into GrantSolutions.gov.

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 complete a technical review for each year a continuation application is submitted. This technical review will allow the Project Officer to privately assess the TIPCAP site's performance, the budget, and their ability to continue receiving the funding in the next year. 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.

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3 Part I Injury Prevention Programs

In this section:

- Part I Programs
- Program Staff
- Administrative Responsibilities
- Technical Assistance
- TIPCAP Annual Workshop
- Webinars
- TIPCAP Newsletter

Part I Programs

Part I Programs are federally recognized tribes or tribal organizations with a minimum user population of 2,500. Part I Program are required to hire a full-time Tribal Injury Prevention Coordinator to manage the injury prevention program (IPP) and to develop a program based on effective strategies or best practices in injury prevention (IP).

2021-2025 Programs

- Albuquerque Area Indian Health Board, Inc.
- Choctaw Nation of Oklahoma
- Great Plains Tribal Leaders Health Board
- Hopi Tribe
- Indian Health Council, Inc.
- Kaw Nation
- Maniilaq Association
- Northern Valley Indian Health, Inc.
- Northwest Portland Area Indian Health Board
- Norton Sound Health Corporation
- Ponca Tribe of Indians of Oklahoma
- Rocky Mountain Tribal Leaders Council
- Salt River Pima-Maricopa Indian Community
- Santo Domingo Pueblo
- Tuba City Regional Health Care Corporation
- Washoe Tribe of Nevada and California
- Winnebago Comprehensive Healthcare System

> **Refer to *Appendix D* for contact information for all Part I Programs**

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.

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Part I Program Staff

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, and 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.

What are the recommended requirements for the Tribal Injury Prevention Coordinator?

- 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 or tribal organization 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 plan and participate in site visits conducted by the monitoring contractor and Project Officer.
- Contribute at least once per year to the TIPCAP newsletter.
- Attend (mandatory) annual TIPCAP workshop and required TA and administrative webinars.
- Regularly communicate with the Project Officer through phone calls, emails, or site visits.
- Request assistance from the monitoring contractor.

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 cooperative agreement. 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.

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Part I Program Staff

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.

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).

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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 bi-annually 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 Courses 1 & 2)
Conferences	As needed	Reference Conferences in Section 5: Injury Prevention Program Skill Building
Publications	As needed	Reference Publications in Section 5: Injury Prevention Program Skill Building

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Technical Assistance

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 technical assistance (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, the IHS Project Officer, and the IHS IPP Injury Prevention Specialist. 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 confernce 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 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. A recording of the conference call will be uploaded to the internal, password-protected TIPCAP website (www.tipcap.org) and added to the TIPCAP site's program-specific page.

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Technical Assistance

Site Visits

The main purpose of site visits is to provide TA in the operation of the program. Site visits are conducted by IHS Project Officers and/or the monitoring contractor. Visits will focus on TA to modify, adjust, or improve 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.

Site visits include the core group involved in TIPCAP: the Tribal IP 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). 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 TA from the IHS Project Officer. A new Coordinator will require more visits, collaboration, and TA. 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 con-tractor. The IHS Project Officer will also be present at all site visits. The IHS IP Program Manager and/or IHS IPP Injury Prevention Specialist may also attend. IHS Staff, the monitoring contractor, and the site will collaborate to plan the visit.

Where are annual site visits with the monitoring contractor conducted?

Site visits are usually conducted in-person at the TIPCAP site, but depending on circumstances, could be conducted virtually, in reverse (where the site travels to a central location, such as University of Colorado Anschutz Medical Campus or IHS Headquarters), regionally (where multiple sites in a close proximity come together for a group site visit), or in a cluster based on geography (such as 3 sites in one Area conducted in the same week).

How long are annual site visits with the monitoring contractor?

The duration for each site visit is expected to be at least one day, but the length may be flexible based on the type of site visit that will be conducted.

What happens after a site visit?

- **IHS Program 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.** After an annual site visit, the monitoring contractor will prepare a summary of the findings, results, action steps, and recommendations of the visit. The summary will be shared with the Coordinator, IHS Project Officer, IHS IP Program Manager, and IHS IPP Injury Prevention Specialist, depending on what was conducted during the visit. If held virtually, a recording will be posted to the TIPCAP site's program-specific page on the internal, password-protected TIPCAP website (www.tipcap. org) and applicable follow-up will be done, usually via email, in the days following the visit.

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TIPCAP Annual Workshop

Each project year, an annual TIPCAP workshop provides an opportunity to increase a 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 TIPCAP site 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 IP 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 sites is conducted to gather feedback on recommendations for the agenda format, speakers, and other logistics. The IHS Project Officers, IHS IP 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?

IHS, the monitoring contractor, and TIPCAP sites will consult and determine a location annually. Hotel logistics are coordinated by the IHS IP Program Manager.

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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 and are held using the Zoom web-based system. A recording of each webinar will be sent by email to all TIPCAP sites, Project Officers, and IHS. All webinars will be archived and available at TIPCAP.org.

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.

The monitoring contractor will also inform coordinators about other webinars or online educational opportunities that are available from established injury prevention organizations or networks.

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TIPCAP Newsletter

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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 and Part II IP Coordinators 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 twice per year and distributed electronically by email (in PDF format) as well as hosted on the IHS Injury Prevention website. 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 expected to contribute to the newsletter once each project year, but are encouraged to contribute to both issues, if possible. Submissions can include articles, photos, and/or program announcements.

Visit the IHS TIPCAP website for copies of past newsletters

https://www.ihs.gov/InjuryPrevention/tipcap/tipcapnewsletters/

4

Part II Evidence-Based or Innovative Strategy Projects

In this section:

- Part II Projects
- Project Staff
- Administrative Responsibilities
- Technical Assistance
- Webinars
- TIPCAP Newsletter

Part II Projects

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

2021-2025 Projects

- Ak-Chin Indian Community
- Apache Tribe of Oklahoma
- Bakersfield American Indian Health Project
- Bristol Bay Area Health Corporation
- Californian Rural Indian Health Board, Inc.
- Ho-Chunk Nation
- Jena Band of Choctaw Indians
- Navajo Nation - Department of Highway Safety
- Stockbridge-Munsee Community
- White Earth Band of Chippewa Indians

Roles and Responsibilities

- Provide a logic model plan for the Part II 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.

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 cultural-ly-competent to empower communities to take action in injury prevention. For the purposes of this guide, we will refer to this position as the Coordinator.

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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
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 bi-annually by monitoring contractor/IHS; each TIPCAP site is required to contribute at least once per year
Training	As needed	Reference Training in Section 5: Injury Prevention Program Skill Building
Conferences	As needed	Reference Conferences in Section 5: Injury Prevention Program Skill Building
Publications	As needed	Reference Publications in Section 5: Injury Prevention Program Skill Building

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Conference Calls

The main purpose of the conference calls is to increase communication and collaboration between the 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 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 Coordinator, 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 Coordinator, IHS Project Officer, and IHS IP Program Manager, usually by email. A recording of the conference call will be uploaded to the internal, password-protected TIPCAP website (www.tipcap.org) and added to the TIPCAP site's program-specific page.

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TIPCAP Annual Workshop

Each project year, an annual TIPCAP workshop provides an opportunity to increase a 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 TIPCAP site 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 II Projects are required to attend the annual workshop. The IHS Project Officers, IHS IP 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 sites is conducted to gather feedback on recommendations for the agenda format, speakers, and other logistics. The IHS Project Officers, IHS IP 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?

IHS, the monitoring contractor, and TIPCAP sites will consult and determine a location annually. Hotel logistics are coordinated by the IHS IP Program Manager.

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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 and are held using the Zoom web-based system. A recording of each webinar will be sent by email to all TIPCAP sites, Project Officers, and IHS. All webinars will be archived and available at TIPCAP.org.

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.

The monitoring contractor will also inform coordinators about other webinars or online educational opportunities that are available from established injury prevention organizations or networks.

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TIPCAP Newsletter

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 and Part II IP Coordinators 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 twice per year and distributed electronically by email (in PDF format) as well as hosted on the IHS Injury Prevention website. 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 expected to contribute to the newsletter once each project year, but are encouraged to contribute to both issues, if possible. Submissions can include articles, photos, and/or program announcements.

Visit the IHS TIPCAP website for copies of past newsletters

https://www.ihs.gov/InjuryPrevention/tipcap/tipcapnewsletters/

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5 Injury Prevention Program Skill Building

In this section:

- Training Opportunities
- Conferences
- Publishing

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. IP Coordinators (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 Series, (b) long-term training in the IHS Injury Prevention Fellowship program, and (c) Safer Native American Passengers (SNAP).

Injury Prevention Series (Courses 1-3)

Each course is usually held for 3-3.5 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 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. Courses are also being held virtually. All 3 courses are required to apply for the Injury Prevention Fellowship program.

> **For a list of upcoming courses:**
>
> https://www.ihs.gov/ehsc/

Injury Prevention Course 1
This is the first course in the series. Topics include:
- The public health approach to injury and violence prevention (IVP), with emphasis on 1) defining the problem and 2) identifying risk and protective factors for IVP
- Communicating the IVP problem
- Coalitions for addressing injury/violence
- Funding and proposal planning for IVP
- Continuous learning opportunities

Injury Prevention Course 2*
This course educates participants on the core components of the public health approach to prevent injuries among AI/ANs. Topics include:
- Using and summarizing data
- Finding and selecting evidence-based interventions (EBIs)
- Adapting/tailoring EBIs to specific cultures
- Planning, evaluating, communicating about EBIs
- Developing an IVP proposal

*Prerequisite: Injury Prevention Course 1

Injury Prevention Course 3** *(new course being piloted virtually in Spring/Summer 2022)*
This course will be the third and final course in the series. This will be an advanced look into practicing and implementing community-based injury prevention programs.

**Prerequisite: Injury Prevention Courses 1 & 2

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Training

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.

For more information about the Fellowship Program:

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

*Prerequisite: Completion of IHS Injury Prevention Series (Courses 1-3)

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 SNAP or to download the SNAP course materials:

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

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Training

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:

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/

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Training

Tai Chi

Tai Ji Quan: 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.

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 implement Tai Chi into your fall prevention program:**
>
> https://tjqmbb.org/

> **For information on how to attend certification sessions:**
>
> https://taichiforhealthinstitute.org/

Other Injury Prevention Courses

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

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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

www.apha.org/events-and-meetings

Kidz in Motion

www.kidzinmotion.org

Lifesavers

www.lifesaversconference.org

Mothers Against Drunk Driving

www.madd.org

National Council on Aging, Age+Action

www.ageaction.org

National Indian Health Board

www.nihb.org

National Rural Transit Assistance Program

www.nationalrtap.org

National Transportation in Indian Country

www.nticc.org

Safe States Alliance

www.safestates.org

Society for Advancement of Violence and Injury Research

www.savirweb.org

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Publications

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.

Assistance

If you have questions or are interested in publishing, please contact the monitoring contractor. The monitoring contractor can assist with journal selection, article focus, data analysis, and manuscript editing, as well as other aspects of the publication process. The monitoring contractor also has access to resources that are not listed in this guide to assist TIPCAP sites with publishing.

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6 Resources

In this section:

- TIPCAP.org
- Program Planning and Implementation
- Data Collection
- Program Evaluation
- Program Sustainability
- Grant & Funding
- Program Strategies
- TIPCAP Focus Areas

TIPCAP.org

TIPCAP.org is an internal, password-protected website specific to this cycle of TIPCAP (2021-2025). This website acts as a "hub" for TIPCAP sites to access important TIPCAP-specific documents, resources, and announcements. Only TIPCAP sites, Project Officers, IHS IP Program Managers, and the monitoring contractor have access.

On the site, you will find:

- **Templates and Tools** – Links to TIPCAP-specific documents like the Reporting Template, Data Reporting Tools, and other documents.
- **Resources** – Links to resources from IHS and other validated organizations that can help you develop and sustain your injury prevention activities, as well as an archive of TIPCAP webinar recordings and videos.
- **Annual Workshop** – Includes details about the upcoming workshops as well as an archive of recordings, presentation slides, or any resources shared during previous workshops.
- **Discussion Board** – A place for sites to collaborate with each other and offer solutions or tips to others about their injury prevention activities.
- **Contact Information** – Includes IHS personnel and Project Officers, all TIPCAP sites, and the monitoring contractor team.
- **Program-Specific Pages** – Each of these pages is user-restrcited, meaning only those who have been granted access can view the page. Those with access include the site's program staff, IHS Project Officer(s), IHS personnel, and the monitoring contractor. On these pages, you will find:
  - Cover page and reporting checklist
  - Data reporting tools
  - Conference call recordings
  - Site visit reports and recordings (Part I sites only)

Access the internal TIPCAP website:

www.tipcap.org

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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

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/index.html

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

Intervention Planning Resources

The Community Guide

The community guide is a free online resource covering a variety of health topics. It is a collection of evidence-based findings and a resource to help you select interventions to improve health and prevent disease in your state, community, community organization, business, healthcare organization, or school.

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.

https://tec.colostate.edu/communityreadiness/

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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.

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

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

> **For an example of Haddon's Matrix, see page 54**

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.

https://www.cdc.gov/eval/guide/step2/index.htm

> **For an example of a logic model, see page 55**

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.

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

> **For an example of SMART objectives, see Appendix A**

5 Steps to an Evaluation Plan

The National Network of Libraries of Medicine's 5 step evaluation guide provides resources for conducting a community assessment, making a logic model, developing indicators, creating an evaluation plan, and collecting data and analyzing.

https://nnlm.gov/nec/evaldesign

> **For more evaluation guidance, see Appendix B**

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Comprehensive Program Planning Guides

Community Health Assessment and Group Evaluation (CHANGE) Action Tool

The CHANGE tool is a data-collection tool and planning resource for community members who want to make their community a healthier one. It involves eight action steps, which walk community team members through the assessment process and helps define and prioritize possible areas of improvement.

https://www.cdc.gov/nccdphp/dnpao/state-local-programs/change-tool/index.html

The 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.

https://ctb.ku.edu/en/toolkits

- **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 and Implementation Resources

Example Haddon's Matrix

	Host (Person Affected)	**Agent or Vehicle**	**Physical Environment**	**Social Environment**
Pre-event **(» primary prevention)**	Driving skill; Time pressures (e.g., in a rush to get home) Inebriated	Driving skill Time pressures (e.g., in a rush to get home) Inebriated	Road design Speed limits	Reliance on private, rather than public transportation raises traffic load Compliance with seatbelt laws
During the event **(» secondary prevention)**	Wearing seatbelt	Air bags work Size of car and crash resistance	Weather conditions (e.g., ice on road)	Quality of emergency assistance Assistance from bystanders
Post-event **(» tertiary prevention)**	Ability to call for help (e.g., a phone is available) Knows first aid	Tendency of car to catch on fire	Emergency vehicle access to collision site	Continued funding for emergency services

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Program Planning and Implementation Resources

Example Logic Model

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

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Data Collection Resources

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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 B.

Resource	Website
National Network of Libraries of Medicine 5 Steps to an Evaluation	https://nnlm.gov/nec/evaldesign
The Community Toolbox Evaluating the Initiative	http://ctb.ku.edu/en/dothework/tools_tk_12.htm
American Evaluation Association	http://eval.org
Centers for Disease Control and Prevention Evaluation Resources	www.cdc.gov/eval/resources/index.htm
Centers for Disease Control and Prevention Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide	https://www.cdc.gov/eval/guide/index.htm
W. K. Kellogg Foundation Step-by-Step Guide to Evaluation	https://www.wkkf.org/resource-directory/resources/2017/11/wk-kellogg-foundation-step-by-step-guide-to-evaluation
RAND Corporation Suicide Prevention Evaluation Toolkit	http://www.rand.org/content/dam/rand/pubs/tools/TL100/TL111/RAND_TL111.pdf
The World Bank Impact Evaluation in Practice	https://www.worldbank.org/en/programs/sief-trust-fund/publication/impact-evaluation-in-practice
Preventing Chronic Disease Tools for Developing, Implementing, and Evaluating State Policy	http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2396984/

For more evaluation guidance, see Appendix B

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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.

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

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Grant and Funding Resources

Budgeting Tools

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

Identifying Grant Opportunities

Resource	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/
Candid	https://candid.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	https://www.samhsa.gov/grants
USA.gov for Nonprofits	https://www.councilofnonprofits.org/tools-resources/fundraising

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Grant and Funding Resources

Grant Writing

Resource	Website
Candid—Training Courses	https://learning.candid.org/training/courses/
Grantwriters Association	https://www.grantwriters.org/grantwriter-resources
Resource Associates' Grant Writing Webinars	https://grantwriters.net/webinars/

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Program Strategies Resources

Coalition Building

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

Policy

Resource	Website
Centers for Disease Control and Prevention National Action Plan for Child Injury Prevention	https://www.cdc.gov/safechild/nap/index.html
National Conference of State Legislatures	https://www.ncsl.org/

Social Media

Resource	Website
Centers for Disease Control and Prevention The Health Communicator's Social Media Toolkit	http://www.cdc.gov/socialmedia/tools/guidelines/pdf/socialmediatoolkit_bm.pdf
The Greenlining Institute The Art of Listening: Social Media Toolkit for Non-profits	http://greenlining.org/wp-content/uploads/2013/09/The-Art-of-Listening-Social-Media-Toolkit-for-Nonprofits.pdf

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Injury-Specific Resources

Motor Vehicle-Related Injury Prevention (Federal Resources)

Indian Health Service

Resource	Website
Ride Safe CPS Program Manual	https://www.ihs.gov/injuryprevention/resources/childpassengersafety/
Safe Native American Passengers	https://www.ihs.gov/injuryprevention/training/snap/

National Highway Traffic Safety Administration (NHSTA)

Resource	Website
Risky Driving	www.nhtsa.gov/risky-driving
Child Safety	www.nhtsa.gov/road-safety/child-safety
Selt Belt 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

Resource	Website
Transportation Safety	www.cdc.gov/transportationsafety/
Impaired Driving	www.cdc.gov/transportationsafety/impaired_driving/index.html
Sobriety Checkpoints	www.cdc.gov/motorvehiclesafety/calculator/factsheet/checkpoints.html
Child Passenger Safety	www.cdc.gov/transportationsafety/child_passenger_safety/index.html
Tribal Road Safety	www.cdc.gov/transportationsafety/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/injuryprevention/EffectiveStrategiesDavidWallace.pdf

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Injury-Specific Resources

Motor Vehicle-Related Injury Prevention (Federal Resources)

Bureau of Indian Affairs

Resource	Website
Indian Highway Safety Program	www.bia.gov/bia/ojs/dhs

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

Resource	Website
AAA Foundation	https://aaafoundation.org/resources/
Advocates for Highway and Auto Safety	www.saferoads.org
Children's Safety Network	www.childrenssafetynetwork.org/injury-topics/child-passenger-safety
Governors Highway Safety Association	www.ghsa.org
Kidz in Motion National Child Passenger Safety Conference	http://kidzinmotion.org
National Safety Council	www.nsc.org/road
Network of Employers for Traffic Safety	http://trafficsafety.org
SafetyLit Foundation, Inc.	www.safetylit.org
The Community Guide—Motor Vehicle Injury, Task Force Findings	https://www.thecommunityguide.org/topic/motor-vehicle-injury
Transportation Research Board of the National Academies	http://www.trb.org/Main/Home.aspx
University of North Carolina Highway Safety Research Center	https://www.hsrc.unc.edu/

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Elder Fall Injury Prevention (Federal Resources)

Resource	Website
CDC Older Adults Fall Prevention	https://www.cdc.gov/falls/index.html
CDC Compendium of Effective Fall Interventions: What Works for Community-Dwelling Older Adults	https://www.cdc.gov/falls/programs/compendium.html
CDC Preventing Falls: A Guide to Implementing Effective Community-Based Fall Prevention Programs	https://www.cdc.gov/homeandrecreationalsafety/falls/community_preventfalls.html
CDC STEADI	https://www.cdc.gov/steadi/index.html
Office of Minority Health	http://minorityhealth.hhs.gov/
IHS Elder Care Initiative	https://www.ihs.gov/dccs/eldercare/
Sax Institute for the NSW Department of Health Preventing Falls through Physical Activity	https://www.saxinstitute.org.au/publications/evidence-check-review-physical-activity-recommendations-to-prevent-falls/

Elder Fall Injury Prevention (non-Federal Resources)

Resource	Website
National Council on Aging (NCOA)	https://www.ncoa.org/older-adults/health/prevention/falls-prevention
NCOA: Evidence-based Fall Prevention Programs	https://www.ncoa.org/article/evidence-based-falls-prevention-programs
Fall Prevention Center of Excellence	http://stopfalls.org/
Home Health Quality Improvement *sign up required*	https://edisco.qualityinsights.org/HHQI

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Traumatic Brain Injury Prevention

Resource	Website
CDC—Traumatic Brain Injury	https://www.cdc.gov/traumaticbraininjury/
CDC—HEADS UP	https://www.cdc.gov/headsup/index.html
Children's Safety Network	https://www.childrenssafetynetwork.org/injury-topics/traumatic-brain-injuries
Safe Kids Worldwide	www.safekids.org
World Health Organization (Helmets)	http://www.who.int/roadsafety/projects/manuals/helmet_manual/en/

Pedestrian Safety

Resource	Website
CDC—Pedestrian Safety	https://www.cdc.gov/transportationsafety/pedestrian_safety/index.html
Federal Highway Administration	https://safety.fhwa.dot.gov/ped_bike/ped_focus/efapsp020509/efapsp020509.pdf
National Highway Traffic Safety Administration	https://www.nhtsa.gov/road-safety/pedestrian-safety

Drowning Prevention

Resource	Website
American Academy of Pediatrics	https://www.aap.org/en-us/about-the-aap/aap-press-room/campaigns/drowning-prevention/Pages/default.aspx
CDC—Drowning	https://www.cdc.gov/safechild/drowning/index.html
World Health Organization	https://www.who.int/health-topics/drowning

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Fire/Burn Prevention

Resource	Website
American Burn Association	http://ameriburn.org/prevention/prevention-resources/
American Red Cross	https://www.redcross.org/get-help/how-to-prepare-for-emergencies/types-of-emergencies/fire.html
National Fire Protection Association	https://www.nfpa.org/
U.S. Fire Administration	https://www.usfa.fema.gov/prevention/

Poisoning and Overdose Prevention

Resource	Website
CDC—Poisoning Prevention (Children)	https://www.cdc.gov/medicationsafety/protect/campaign.html
CDC—Overdose Prevention	https://www.cdc.gov/drugoverdose/prevention/index.html
CDC—Preventing Opioid Overdose	https://www.cdc.gov/opioids/overdoseprevention/index.html
IHS—Opioid Use Disorder and Pain	https://www.ihs.gov/opioids/
Safe Kids Worldwide—Poison Safety	https://safekids.org/poisonsafety
SAMHSA—Opioid Overdose Prevention Toolkit	https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742

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Suicide Prevention (Federal Resources)

Resource	Website
CDC—Suicide Prevention	https://www.cdc.gov/violenceprevention/suicide/index.html
IHS—Suicide Prevention and Care Program	https://www.ihs.gov/suicideprevention/
SAMHSA—Preventing Suicide: A Toolkit for High Schools	http://store.samhsa.gov/product/SMA12-4669
SAMHSA—Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Living Communities	https://store.samhsa.gov/product/Promoting-Emotional-Health-and-Preventing-Suicide/SMA10-4515
U.S. Department of Veterans Affairs	https://www.mentalhealth.va.gov/suicide_prevention/veterans.asp

Suicide Prevention (non-Federal Resources)

Resource	Website
American Association of Suicidology	https://suicidology.org/resources/
American Foundation for Suicide Prevention	https://afsp.org/
Harvard T.H. Chan School of Public Health—Means Matter Program	https://www.hsph.harvard.edu/means-matter/
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—Prevention Effectiveness and Evaluation	http://www.sprc.org/sites/default/files/migrate/library/prevtoolkit.pdf
Suicide Prevention Resource Center	http://www.sprc.org
The Campus Suicide Prevention Center of Virginia	http://www.campussuicidepreventionva.org/
World Health Organization—Suicide Prevention	https://www.who.int/topics/suicide/en

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Gun Violence Prevention

Resource	Website
CDC—Firearm Violence Prevention	https://www.cdc.gov/violenceprevention/firearms/fastfact.html
Johns Hopkins Center for Gun Policy and Research	https://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-gun-policy-and-research/
University of California Davis, Violence Prevention Research Program	https://health.ucdavis.edu/vprp/
RAND Corporation—Gun Violence	https://www.rand.org/topics/gun-violence.html
Prevention Institute	https://www.preventioninstitute.org/focus-areas/preventing-violence-and-reducing-injury/preventing-violence-advocacy

School Safety

Resource	Website
CDC—Measuring Bullying, Victimization, Perpetration, and Bystander Experiences	http://www.cdc.gov/violenceprevention/pdf/bullycompendium-a.pdf
CDC—Measuring Violence-Related Attitudes, Behaviors, and Influences Among Youths	http://www.cdc.gov/violenceprevention/pdf/yv_compendium.pdf
CDC—Bully Surveillance Among Youths	http://www.cdc.gov/violenceprevention/pdf/bullying-definitions-final-a.pdf
Child Trends—What Works for Bullying Programs	http://www.childtrends.org/wp-content/uploads/2013/10/briefing_bullying5_anm1.pdf
Pennsylvania Bullying Prevention Toolkit	https://bptoolkit.safeschools.info/

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Child Maltreatment Prevention

Resource	Website
CDC—Essentials for Childhood: Creating Safe, Stable, Nurturing Relationships and Environments	https://www.cdc.gov/violenceprevention/pdf/essentials-for-childhood-framework508.pdf
California Evidence-Based Clearinghouse for Child Welfare	https://www.cebc4cw.org/
National Indian Health Board—Adverse Childhood Experiences in Indian Country	https://www.nihb.org/aces-resource-basket/
Prevent Child Abuse America	https://preventchildabuse.org/

Intimate Partner Violence Prevention

Resource	Website
CDC—Intimate Partner Violence: Prevention Strategies	https://www.cdc.gov/violenceprevention/intimatepartnerviolence/prevention.html
Futures Without Violence—The Facts on Violence against American Indian and Alaska Native Women	https://www.futureswithoutviolence.org/the-facts-on-violence-against-american-indian-alaskan-native-women
IHS—Intimate Partner Violence Prevention	https://www.ihs.gov/womenshealth/violenceprevention/
National Institute of Justice—Violence Against American Indian and Alaska Native Women and Men	https://nij.ojp.gov/library/publications/violence-against-american-indian-and-alaska-native-women-and-men
National Resource Center on Domestic Violence	https://www.nrcdv.org/
World Health Organization—Violence against Women	https://www.who.int/health-topics/violence-against-women

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Sexual Violence Prevention

Resource	Website
CDC—Sexual Violence Prevention Strategies	https://www.cdc.gov/violenceprevention/sexualviolence/prevention.html
National Resource Center on Domestic Violence—Rape Prevention and Risk Reduction	https://vawnet.org/material/rape-prevention-and-risk-reduction-review-research-literature-practitioners
National Sexual Violence Resource Center	https://www.nsvrc.org/prevention

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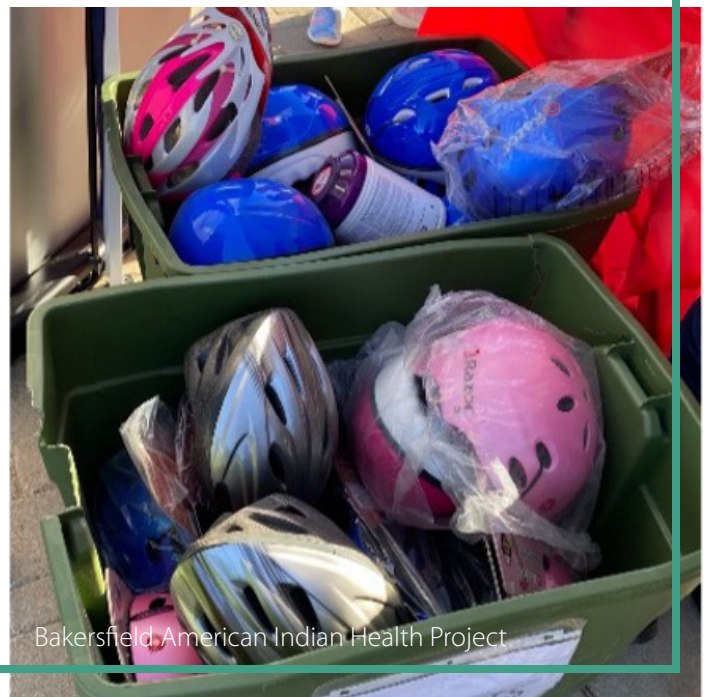# 7 Frequently Asked Questions (FAQs)

In this section:

- Roles and Responsibilities
- Using Federal Grant Funding
- Tribal Data
- Language and Logos for Publication

Norton Sound Health Corporation

Bakersfield American Indian Health Project

Frequently Asked Questions (FAQs)

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:** Tim Wildcat, IHS IP Program Manager (Acting), 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, Acting Director at IHS Division of Grants Management (DGM), are 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 designated IP 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 site.

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.

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Frequently Asked Questions (FAQs)

Roles and Responsibilities (cont.)

As an IHS Project Officer, who should I contact if I have a question about the grant, the designated IP Coordinator, 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 IP Coordinator 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.

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 IP Coordinator, 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 IP 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, an IP Coordinator is hired, and the day-to-day responsibilities are delegated to the Coordinator. If the tribally-hired IP 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 IP Coordinator and/or modify the scope of work.

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Using Grant Funding

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, up to $1,000 of annual budget. The IP Coordinator 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.

Can Part II Projects use their funding to supplement the staff salary?

Yes. However, no more than 20% can be used for salary for the Part II sites, which is $6,400.

Tribal Data

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.

Language 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.

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8 Appendices

In this section:

- Appendix A: SMART Objectives Example
- Appendix B: Evaluation Information
- Appendix C: TIPCAP Glossary of Terms
- Appendix D: Contact Information

Maniilaq Association

Appendix A: SMART Objectives Example

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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
  - o Potential secondary sources: traffic crash reports, hospitalization admissions, emergency room visits, ambulance run logs, state trauma reports
- Injuries
  - o 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
  - o Potential Primary Sources: surveys on self-reported falls
- Behavior
  - o Potential secondary sources: State behavioral risk surveys
  - o 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
  - o Pre and post exercise gait and balance scores

Appendix A: SMART Objectives Example

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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 A: SMART Objectives Example

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3

SMART Objective Examples for TIPCAP

Examples of primary process data variables that can be collected:

Number of materials distributed

Number of car seats distributed

Number of car seat corrections made

Number of meetings conducted

Number of respondents to a survey

Number of elders participating in exercise program

Number of medication assessments conducted

Number of CPS technicians trained

Number of home modifications made

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 B: Evaluation Information

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 IP 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.

IP Coordinators 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.

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Appendix B: Evaluation Information

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 IP Coordinators 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. IP Coordinators should rely on TA from the monitoring contractor, IHS IP Program Manager, Tribal Epidemiology Centers, etc. in identifying appropriate data necessary for outcome evaluation.

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Appendix C: TIPCAP Glossary of Terms

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A

AI/AN

American Indian and Alaska Native

all-terrain vehicle (ATV)

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

BIA

Bureau of Indian Affairs

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

CDC

Centers for Disease Control and Prevention

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

CHR

Community Health Representative

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

CPS

Child passenger safety

CPST

Child passenger safety technician

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 (cont.)

data analysis (cont.)

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

DGM

Division of Grants Management

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

Epidemiology Information System (Epi Info)

a freeware suite from the CDC 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

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fatal collision

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

G

GMS

Grants Management System

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

harmful event

an occurrence of injury or damage

Head Start

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

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 out-patient care

I

IHS

Indian Health Service

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

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injury crash

any crash involving an injury other than a fatal injury

injury prevention (IP)

efforts to forestall or prevent events that might result in injuries

IPP

injury prevention program

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 54 for an example)

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 crash (MVC)

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

NCPSB

National Child Passenger Safety Board

NHTSA

National Highway Traffic Safety Administration

NIHB

National Indian Health Board

NOA

Notice of Award

Appendix C: TIPCAP Glossary of Terms

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 Appendix A 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

public service announcement (PSA)

a message in the public interest disseminated with the objective of raising awareness

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)

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 IHS in cooperation with the tribal Head Start programs to help tribal communities address motor vehicle injuries among AI/AN 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

Safe Native American Passengers (SNAP)

Culturally appropriate one day course introducing child passenger safety from IHS

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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

- 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 AI/AN 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 Appendix A 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)

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

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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 (TA)

- 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

TIPCAP

Tribal Injury Prevention Cooperative Agreement Program

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

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