

The Role of Technical Assistance in the IHS Tribal Injury Prevention Cooperative Agreements Program (TIPCAP): Enhancing Injury Prevention Capacity Among Tribes and Tribal Organizations.

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The Indian Health Service (IHS) Injury Prevention Program (IPP) provides a multifaceted approach to developing the capacity of American Indian/Alaska Native tribes and tribal organizations to address their injury problems (Table 1). In 1997, the IHS IPP established the Tribal Injury Prevention Cooperative Agreements Program (TIPCAP) to enhance tribal capacity to address high rates of injury morbidity and mortality. TIPCAP provides varying levels of funding to tribes and tribal organizations for three purposes: to facilitate injury prevention program development (Part I); implement program interventions (Part II); and conduct injury prevention conference activities (Part III). During the three funding cycles from 1997 through the present, Part I TIPCAP funding has been provided to a total of 51 tribes/tribal organizations for a total of approximately \$13.4 million (Table 2). This article describes the context and components of technical assistance provided to Part I TIPCAP sites, the lessons learned from our work, and the implications for other IHS and federal programs.

What Is the Context in Which Technical Assistance Was Provided?

To be eligible for Part I TIPCAP funding, tribes/tribal organizations must have a service population of at least 2,500 people and hire a full-time coordinator to manage the tribe's injury prevention program. Each site is assigned a local IHS staff member who serves as the site's project officer and immediate source of support and assistance. Through initial funding and annual continuation application processes, TIPCAP sites identify and prioritize local injury concerns and outline goals, objectives, activities, and program budgets to address them. Sites are encouraged to employ evidence-based injury prevention strategies.¹

Beginning in 1997, the IHS contracted with the University of North Carolina School of Public Health to provide a variety of evaluation, monitoring, and technical assistance services to support the IHS IPP. The ten-year partnership with UNC has included 1) an evaluation of the 12 IHS Area injury prevention programs; 2) an evaluation and revision of the IHS injury prevention training program; and 3) support to four national injury prevention programs including the National Indian Safe Home Coalition, Sleep Safe (fire safety), Ride Safe (child passenger safety), and the TIPCAP. During the three TIPCAP funding cycles from 1997 to the present, UNC has provided monitoring, training, and technical assistance services to tribal and IHS staff participating in the program through six activities: 1) annual site visits; 2) conference calls (2 - 3 per year); 3) project newsletters (3 - 4 per year); 4) annual training workshops; 5) on-going technical assistance and training; and 6) consultation with IHS Headquarters staff.

The IHS IPP secured UNC's support to assist TIPCAP

Table 1. IHS Injury Prevention Program approach to building AI/AN injury prevention capacity

- Direct injury prevention funding to tribes and tribal organizations
- Injury prevention training program
 - Introduction to, Intermediate, and Advanced Injury Prevention Short Courses
 - Program Development and Epidemiology year-long fellowships
- IHS injury prevention staff at the Area, district, and service unit levels to assist tribes in designing, implementing, and evaluating injury prevention programs
- Technical assistance from external academic staff

Table 2. IHS Tribal Injury Prevention Cooperative Agreements Program Part I funding summary, 1997 - present

Funding Cycle	Funding Amount	Tribes/Tribal Organizations Funded by TIPCAP	
1997-1999	\$25,000 per year for three years	<ol style="list-style-type: none"> 1. Bristol Bay Area Health Corp., AK 2. Fort Peck Assiniboine & Sioux, MT^a 3. Fallon Paiute-Shoshone Tribe, NV 4. Pueblo of Jemez, NM 5. Jamestown S'Klallam Tribe, WA 6. United Tribes Technical College, ND 	<ol style="list-style-type: none"> 7. Hoopa Valley Tribe, CA 8. Sac and Fox Nation, OK^a 9. Miccosukee Corporation, FL 10. Osage Nation, OK 11. Pokagon Band of Potawatomi, MI 12. Ysleta del sur Pueblo, TX
2000-2005	\$50,000 per year for two/five years	<ol style="list-style-type: none"> 1. Caddo Nation, OK 2. CA Rural Indian Health Board, CA 3. Chickasaw Nation, OK 4. Colorado River Indian Tribes, AZ 5. Comanche Nation, OK 6. Eastern Band of Cherokee, NC 7. First Mesa Consolidated Villages, AZ 8. Fond du Lac Band of Ojibwe, NM 9. Hardrock Chapter, Navajo Nation, AZ 10. Hoopa Valley Tribe, CA 11. Pueblo of Jemez, NM 12. Kaw Nation, OK 13. Kodiak Area Native Association, AK 14. Navajo Nation Highway Safety, AZ 15. Northern Native American Health Alliance, WI 16. Norton Sound Health Corp., AK^b 	<ol style="list-style-type: none"> 17. Oneida Tribe of Wisconsin, WI^b 18. Pascua Yaqui Tribe, AZ 19. Pawnee Nation, OK^b 20. Ponca Nation, OK^c 21. Reno Sparks Indian Colony, NV 22. Rocky Boy/Chippewa Cree, MT 23. Sisseton Wahpeton Oyate, SD^b 24. SouthEast Alaska Regional Health Consortium, AK 25. Spirit Lake Nation, ND 26. St. Regis Mohawk, NY 27. Taking Back Our Communities, AZ^b 28. Three Affiliated Tribes, ND 29. Trenton Indian Service Area, ND 30. United Tribes Tech. College, ND 31. Ute Tribe, UT^b
2005-2010	\$50,000 per year for up to five years	<ol style="list-style-type: none"> 1. Bristol Bay Area Health Corp., AK 2. Choctaw, OK 3. Indian Health Council, CA 4. Kiowa, OK 5. Norton Sound Health Corp., AK 6. Oneida Tribe of Wisconsin, WI 	<ol style="list-style-type: none"> 7. Osage Nation, OK 8. Quechan Indian Tribe, AZ 9. San Felipe Pueblo, NM 10. Sisseton Wahpeton Oyate, SD 11. Standing Rock Sioux, ND 12. Toiyabe Indian Health Project, CA 13. White Mountain Apache, AZ
	\$75,000 per year for up to five years	<ol style="list-style-type: none"> 14. Caddo Nation, OK 15. Northern Native American Health Alliance, WI 16. CA Rural Indian Health Board, CA 17. Fond du Lac Band of Chippewa, MN 	<ol style="list-style-type: none"> 18. Hardrock Chapter, AZ 19. Pueblo of Jemez, NM 20. Kaw, OK 21. Navajo Highway Safety Program, AZ 22. SouthEast Alaska Rural Health Consortium, AK

^a Initial project funding began in July 1998.

^b Six sites received funding for only two years (2003-2005)

^c Funded only from 2000-2002

sites in designing and implementing effective injury prevention activities. Ten years of continuous work with various facets of the IHS IPP, particularly TIPCAP, has allowed UNC to understand program goals and proactively provide relevant guidance for improvements. UNC project team members have sought to establish effective relationships with those working in AI/AN communities by emphasizing rapport-building activities, active listening, acknowledging local expertise, and awareness of cultural appropriateness in communications.

Table 3. General skills enhanced by technical assistance

1. Writing specific and measurable objectives
2. Employing evidence-based, effective strategies
3. Planning multi-level injury prevention approaches (e.g., education, environmental modification, enforcement)
4. Collecting data to address objectives
5. Writing effective progress reports

What Components Are Important to Providing Technical Assistance?

It is important to devote time to build relationships by listening and learning how the tribes' injury prevention and other programs are managed. This requires that we both understand and appreciate contextual factors (e.g., administrative, economic, political, or social) with which the injury prevention coordinator must work when conducting injury prevention program planning, implementation, and evaluation. The technical assistance we provide must also be responsive to the immediate needs and interests of the coordinator. Identifying and considering site-specific issues ensures that we avoid making incorrect assumptions about how the coordinator may be able to manage the injury prevention program.

Before providing technical assistance related to the tribe's injury prevention program, we must understand its approach to reducing injuries. Careful review of the sites' funding applications (initial/continuation) and progress reports, with clarification from coordinators, enables us to plan and conduct effective conference calls and on-site visits. Site visits afford the most significant opportunity to provide technical assistance to coordinators and project officers. To enhance on-site assistance, we also ask coordinators to complete a technical assistance site visit planning survey. In addition, prior to the annual TIPCAP workshop, attendees complete a needs assessment to inform the workshop agenda topics and to prioritize knowledge and skill-building activities. Consistent assessment and feedback through these mechanisms has helped us to identify and better meet program-wide and site-specific technical assistance needs.

We plan our technical assistance efforts to increase knowledge (e.g., effective injury prevention strategies), and more importantly, to enhance skills among coordinators and project officers. Skill-building assistance has focused on five general areas (Table 3). We have also supported coordinators' abilities to conduct local training activities through their involvement in planning committees for the annual workshop. Coordinators and project officers actively participate in the processes of planning, implementing, and evaluating the annual workshop, which also helps to build public speaking and presentation skills. In addition, coordinators reinforce writing, marketing, and advocacy skills with submissions to the TIPCAP newsletter, presentations at local or national conferences/meetings, and progress reporting. Based on our understanding of a common set of needs across multiple sites, we also developed specific tools to assist program coordinators and project officers (Table 4). In addition, we facilitated a two-year process, involving retrospective data analysis and prospective data collection, working with 17 tribes to develop and pilot-test a protocol for collecting valid observational seatbelt use survey data, which has since been adopted by tribal and IHS staff in several IHS service Areas.²

Table 4. Specific Tools Provided to Address Technical Assistance Needs

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| <ol style="list-style-type: none">1. Project reporting templates2. Program planning/evaluation worksheets3. Site progress/monitoring templates (tables, graphs)4. Budget monitoring spreadsheets5. Protocol for IHS staff to use with sites experiencing challenges to program implementation |
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Throughout all of our work, we have found it valuable to provide clear, consistent, and constructive messages that are reinforced in multiple ways. We communicate messages verbally during conference calls, site visits, and workshops, as well as in written form in newsletters, detailed conference call/site visit summaries, and supplemental handouts. We ensure that various staff involved with a program, including coordinators, supervisors, project officers, and IHS Headquarters staff receive our written feedback.

During the 2000 - 2005 TIPCAP funding cycle, our efforts to provide consistent technical assistance benefited from the development and use of a conceptual model that guided data collection and analysis and allowed us to assess the degree to which TIPCAP was successful in increasing injury prevention capacity, the program's stated purpose. Outlined in detail in our final report, available on the IHS IPP website, <http://www.ihs.gov/MedicalPrograms/InjuryPrevention/index.cfm>, we measured capacity building using data from document reviews, on-site visits, conference calls, and multiple surveys.³ We summarized data across five components: 1) program support; 2) program staffing; 3) program management; 4) intervention activities; and 5) degree of progress. An overall site summary measure was developed (advanced, intermediate, basic) to allow comparison within and across sites. Our efforts led to the provision of 18 recommendations for the TIPCAP to consider during future funding cycles, some of which are referenced in the next section. IHS Headquarters staff can use results from our data collection/analysis to advocate for continued or enhanced support for TIPCAP.

What Have We Learned from Our Work?

Technical assistance is more likely to be effective if it is based on a long-standing relationship of trust, is flexible, and is tailored to program coordinators' needs.⁴ This is particularly true among AI/AN communities that may have had negative experiences with outside experts entering a community, often bringing assumptions and expecting collaboration. We agree that it takes at least two years to develop positive working relationships with AI/AN tribal representatives.⁵ Our ten years of work with and for tribal communities has afforded us the unique opportunity to work on-site with over 100 tribes/tribal organizations across the US. This longevity and on-site work has greatly informed the types of technical assistance we are able to provide, the ways in which we provide it, and how our assistance and advice may be received in tribal communities and among IHS staff.

TIPCAP sites are funded as cooperative agreements, which include reporting requirements and assistance provided by project officers, with additional oversight from the IHS Headquarters program and contracts and grants office staff during continuation application processes. Sites have been encouraged to develop their programs to best meet local needs. We have recommended that TIPCAP enhance the ability of the program, overall, to assess its impact by 1) providing greater support and oversight for the development of comprehensive (e.g., process and impact) and well-constructed objectives (e.g., specific, measurable, time-specific); 2) ensuring complete and timely submission of standardized project reporting to capture similar information across sites; and 3) assessing annually the extent to which coordinators and project officers believe progress in meeting objectives has occurred. For the 2005 - 2010 funding cycle we are also recommending that sites develop logic models to provide an overview of their programs.^{6,7} We anticipate that by developing logic models, sites will specify enhanced program objectives, conduct more focused interventions, and better understand the need to collect data to measure short and medium term impacts (e.g., changes in knowledge, behaviors, policies).

Similar to challenges experienced by other programs or organizations, TIPCAP has endured discontinuity in program leadership and oversight from IHS Headquarters. Such organizational challenges have put additional responsibilities on project officers, some of whom have limited experience in providing technical assistance/oversight, are geographically isolated from a site, and/or face budget constraints limiting on-site visits. While it has been effective to have an external group such as UNC provide on-going monitoring and technical assistance services, project officers bear primarily responsibility for local assistance and oversight and may need additional support to do this more effectively. TIPCAP's annual continuation application process allows project officers to formally provide recommendations and/or request special conditions regarding site work plans, objectives, and/or activities. This process could be strengthened with improved communication and agreement across the administrative units at IHS (e.g., Headquarters contracts and grants, Headquarters IPP staff, and project officers). An improved process should ensure that sites are both identifying and meeting well-stated and measurable objectives, something to which the TIPCAP program aspires.

The skills required of a coordinator to develop a comprehensive injury prevention program are substantial. We have learned that technical assistance must be defined broadly, going beyond discussions of effective injury prevention strategies and skill development in program planning, implementation, and evaluation. Technical assistance for injury prevention also includes the skills and sensibilities necessary to establish and maintain program partnerships that can result in changes at the individual, environment, and policy-levels. In some tribal communities, a history of inter or cross-departmental tensions limits collaborative relationships needed for community-based injury prevention programs. Therefore, an injury prevention

coordinator must possess both the knowledge to plan effective prevention strategies and skills in communication, coalition building, and marketing/advocacy. We have proactively provided a wide range of skill development activities to those involved with TIPCAP. To address unintentional injuries (e.g., due to motor vehicle crashes), coordinators must have the skills to accomplish multi-level community-based interventions, which are different from prevention strategies used in more traditional clinical or health education programs. These skills include 1) providing education directly to community members to increase knowledge/skills (e.g., using one-on-one or media channels); 2) working with highway/road departments to identify and make improvements to roadways; and 3) working with tribal and municipal/state law enforcement, tribal judicial staff (judges, prosecutors), and tribal decision-makers to enhance and/or enforce existing traffic safety laws/policies. When addressing intentional injuries (e.g., homicide, suicide), coordinators must develop partnerships with medically-based treatment disciplines as well as criminal justice system partners to address complex human, behavioral, and social conditions in tribal communities.

The types of assistance we provide must be appropriate for the experience and skills of TIPCAP coordinators. In some cases, we have also been asked to provide skill-building activities for others working with the coordinator (e.g., coalition members, colleagues, supervisors). More importantly, as outsiders, we have also learned the importance of understanding when and how to offer suggestions, how to diffuse conflict, and when to admit mistakes and accept differences of opinion. When waiting for and addressing technical assistance requests, we must exercise patience, especially when we are initially establishing relationships with coordinators and project officers.

In addition to the annual workshop evaluation, we have found it important to regularly survey and summarize satisfaction with our technical assistance services to ensure they were meeting local-level needs. On-going and meaningful self-reflection is essential and has enabled us to make improvements to the services provided to TIPCAP. For example, as a result of both feedback and our experience, we now conduct full-day site visits (instead of half-day visits) to allow for more on-site time for discussion and skill-building, and in 2005, we initiated group-format site visits for sites within geographic proximity to each other. We also recommended periodically conducting group-format conference calls to better facilitate networking among sites, which added to other networking and skill-building opportunities coordinators were provided to publicly speak about their multi-year injury prevention program efforts (e.g., at group-format site visits, annual workshops, and for other conferences).

What Are the Implications for Other IHS and Federal Programs?

There are advantages to contracting external organizations for technical assistance. They often have more current technical knowledge, a broader array of skills and expertise on staff, and

the ability to respond quickly to address situations that require immediate attention.⁴ External organizations do not supervise the program; therefore staff may be willing to reveal program weaknesses and explore solutions.⁴ To provide tailored technical assistance, we recommend establishing long-term partnerships (if possible) with external organizations by emphasizing rapport-building; continuously reflecting on how services are provided; and communicating program progress, responsibilities, and recommendations in ways that are clear, consistent, and realistic. Technical assistance is also enhanced with staff continuity over time. For example, two UNC team members have been involved throughout the ten years of collaboration with tribes/IHS. This continuity of experience has allowed for long-term vision, a deep understanding of the program, and time to improve on services. During the 2000 - 2005 TIPCAP funding cycle, the program invested between 10 to 15 percent of its budget to external technical assistance. This important investment is appropriate, considering the TIPCAP budget and the burden that injuries have in Indian Country.

Federal or state programs that provide funding to multiple sites, particularly those that involve cooperative agreements, can benefit from the approach used by TIPCAP. In particular, programs that provide input, oversight, and technical assistance to funded sites will benefit from using a continuous improvement process. We encourage other programs to pay careful attention to 1) understanding local-level/contextual issues; 2) regularly assessing coordinator and project officer technical assistance needs; 3) meeting those needs by providing clear, consistent, and tailored technical assistance; and 4) finding ways to summarize program information by and across sites in order to communicate program impact to decision- and policy-makers.

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