

TRIBAL INJURY PREVENTION COOPERATIVE AGREEMENT PROGRAM (TIPCAP)

TIPCAP NEWSLETTER DECEMBER 2011

The Econometrica TIPCAP Team

The Econometrica team will assist the Indian Health Service (IHS) by serving as an outside monitor for 33 Part I Tribal Injury Prevention Cooperative Agreement Program (TIPCAP) grantees in 9 IHS areas. TIPCAP provides funds to American Indian and Alaska Native Tribal organizations to develop their infrastructure and capacity in injury prevention. The Econometrica team will provide oversight and technical assistance to the 33 Part I TIPCAP grantees in support of IHS's priority of increasing accountability. Specifically, the Econometrica team will perform the following tasks:

- TASK 1:** Develop and distribute an electronic quarterly TIPCAP newsletter. The newsletter, to be developed in coordination with IHS, will include articles by IHS staff members and the TIPCAP Advisory Committee. The Econometrica team will distribute the letter to TIPCAP grantees and other injury prevention practitioners working with American Indian and Alaska Native groups.
- TASK 2:** Conduct semiannual conference calls with each TIPCAP grantee. The calls will include an assessment of each grantee's progress toward written objectives and requirements, an account of barriers and challenges, identification of each grantee's needs, and technical assistance. In addition, calls may involve a discussion of program updates, methods to improve grantee performance generally, and general technical guidance.
- TASK 3:** Conduct ongoing training in community-based injury prevention. The Econometrica team will develop training tools and resources to assist TIPCAP grantees in completing their objectives. The Econometrica team will develop worksheets to document each grantee's injury prevention goals, progress toward those goals, and parties responsible for tasks; annually review and update the TIPCAP Handbook; and respond to technical assistance requests, as needed.
- TASK 4:** Plan and participate in the Annual TIPCAP Workshop. The Econometrica team will coordinate an annual two-day training workshop for TIPCAP grantees and staff members. The workshop will

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include effective strategies in injury prevention, strategies in capacity building and sustainability, resource development, skill-building exercises, and networking.

TASK 5: The Econometrica team will monitor grantees, provide ongoing training and technical assistance, identify grantees that are experiencing challenges and develop corrective action steps, and compile an annual profile of each grantee.

TASK 6: Conduct site visits. The Econometrica team will visit each of the 33 TIPCAP grantees once per year. The purpose of the site visits is to assist grantees in accomplishing program goals.

TASK 7: Consult with the IHS Injury Prevention Program Manager. The Econometrica team will participate at the annual IHS Injury Prevention Program meeting, report on monitoring activities, plan and facilitate meetings, and publish and present on topics pertaining to TIPCAP.

The Econometrica TIPCAP Team consists of the following four organizations:

- Econometrica, Inc. (prime contractor; all requests for assistance should be made to Monique Sheppard at msheppard@econometricainc.com).
- Colorado Injury Control Research Center (CICRC)
- Pacific Institute for Research and Evaluation (PIRE)
- Sundance Research Institute

ECONOMETRICA, INC.



SUNDANCE RESEARCH INSTITUTE
A Non-Profit Organization

Questions & Answers

about the **NEW**
TA Contractor

Q What is the Contractor's background in working with AI/AN groups?

A The group has extensive, proven experiences working with tribes.

Questions & Answers

about the **NEW** **TA Contractor**

Q What type of public health/injury prevention experience does the Contractor have?

A The Econometrica team includes qualified experts in public health and injury prevention with years of experiences. The Econometrica team lead is Dr. Monique Sheppard, who has a background in Injury Epidemiology.

The Econometrica team will bring uniquely qualified services to TIPCAP, including oversight, technical assistance, and training methods as identified in the Statement of Work (SOW).

The Econometrica team has an extensive record of providing technical assistance; conference, meeting, and focus group facilitation; training; and skills to support the tribes and IHS staff who work with grantees.

The Pacific Institute for Research & Evaluation (PIRE), one of the subcontractors, has an excellent background and history in injury prevention. PIRE founded and operates the Maternal and Child Health Bureau (MCHB) Children's Safety Network, Economics and Data Analysis Resource Center, and founded the 40 Poison Control Centers TA Resource Center for the HRSA and the Center for Enforcing Underage Drinking Laws for the Office of Juvenile Justice and Delinquency Prevention.

The following staff members constitute the Econometrica TIPCAP Team from the four organizations:



George Bahouth, ScD, Senior Research Scientist, Pacific Institute for Research and Evaluation (PIRE)

Dr. George Bahouth is a Senior Research Scientist at the Pacific Institute for Research and Evaluation located in Calverton, Maryland. He is a mechanical engineer by training and has worked in the field of Injury Prevention and Automotive Safety for the past 17 years. Dr. Bahouth has supported the development and evaluation of motor vehicle safety technology throughout his career using large-scale crash, injury, and mortality data. Currently, Dr. Bahouth is the Director of the HRSA-funded Children's Safety Network, Economic and Data Analysis Resource Center (CSN-EDARC) at PIRE. Under this program, Dr. Bahouth and other CSN staff provide in-depth technical assistance and support for state and local health departments. In particular, Dr. Bahouth provides hands-on guidance and support in the area of motor vehicle safety as it relates to the protection of children and teens in traffic. He has managed large-scale analysis activities and research programs for the U.S. Department of Transportation, Tier 1 suppliers, and multiple automobile manufacturers. Before joining PIRE, Dr. Bahouth was a senior research scientist at the FHWA/NHTSA National Crash Analysis Center (NCAC) at the George Washington University where he co-founded and managed the Hyundai/KIA Automotive Safety Research Laboratory. He has led research efforts in accident analysis, injury prediction, child safety research, and highway systems design for NCAC since 1994. Dr. Bahouth also worked as a safety engineer for General Motors Corporation, working on occupant protection and safety design for frontal offset collisions. Dr. Bahouth received his Doctoral Degree from the George Washington University in 2002 in Transportation Safety Engineering.



Kristen Corey, PhD, Senior Staff Analyst, Econometrica, Inc.

Kristen Corey has more than 10 years of experience providing training and technical assistance to grantees, conducting research and evaluation studies, and working with agencies to develop performance measurement systems and measure the performance of their programs. She has worked in a broad range of subject areas, including chronic disease, minority health and health disparities, food habits and nutrition, substance abuse prevention, housing, and juvenile justice. At Econometrica, Dr. Corey provides support on several projects, including a Centers for Medicare & Medicaid Services (CMS) project that disseminates innovative practices to address patient safety in hospital care and supports the Department of Health & Human Services' Partnership for Patients; an assessment of housing needs of Native Hawaiians for the Department of Housing and Urban Development; and a project that supports and monitors the implementation of state-based grant programs providing incentives to Medicaid beneficiaries who participate in chronic disease prevention programs. Her recent work includes a

project for CMS involving the collection and analysis of data from Medicare Quality Improvement Organizations to assess the impacts of their efforts to address health disparities in the areas of diabetes and chronic kidney disease prevention, patient safety, care transitions, immunization, and cancer screening. In addition, Dr. Corey served as Deputy Project Director and Project Director on a series of projects for the Office of Minority Health (OMH) to develop a strategic planning framework for the agency, guidance for evaluation, performance measurement, and program planning, and a uniform dataset for use by grantees in performance reporting. Following the development of the dataset, Dr. Corey provided training and technical assistance to OMH grantees and staff on the use of the data reporting system and general data collection and evaluation issues. Dr. Corey received a PhD in anthropology from Southern Methodist University. Her dissertation research involved identifying the social, cultural, economic, and other systems or environmental factors contributing to rapid increases in overweight, obesity, and chronic disease in an island society in the Pacific region that has experienced significant recent economic development and westernization.



Julie Gibbs, BSW, Technical Advisor, Colorado Injury Control Research Center (CICRC)

Julie is the Associate Director for Outreach and Administration at the Colorado Injury Control Research Center, Colorado State University. In this position, she has worked closely with communities to build the necessary capacity for the successful delivery of a wide range of prevention programs. Over the past 15 years, Julie has worked on projects addressing youth violence, suicide prevention, child passenger safety, seat belt usage, farm injuries, and motor vehicle safety.



Richard Hilton, PhD, Senior Technical Advisor, Econometrica, Inc.

Dr. Richard Hilton has more than 30 years' experience as a researcher and Federal program technical assistance specialist. He has designed and implemented numerous survey research and program evaluation studies, including the landmark VA national Study of Disabled Veterans. His research experience has enabled Dr. Hilton to work on-site in over 400 communities around the country including more than 70 reservations and Alaska Native villages. His previous work in Indian Country includes a national evaluation of HUD's Indian Community Development Block Grant (ICDBG) program and a NIDA-funded substance abuse prevention program on which he worked with the Navajo Nation and the Zuni Pueblo. His experience with the Indian Health Service includes an assessment of IHS' 12 Epidemiology Centers and development of 5-year Strategic Plans for IHS' Aberdeen Area Office (AAO). Currently, Dr. Hilton is serving as a Senior Research Analyst on the HUD-funded National Assessment of the Housing Needs of Native Americans, Alaska Natives and Native Hawaiians, the first comprehensive study of housing needs in Indian Country since the early 1990s.

Questions & Answers

about the **NEW** **TA Contractor**

Q How is the Contractor structured?

A Econometrica is a research and management consulting firm committed to providing high-quality, cost-effective economic and analytical services for clients in the private and public sectors. Econometrica has partnered with PIRE, Sundance Research Institute, and the Colorado Injury Control Research Center (Dr. Carol Runyan). All the grantees will receive coverage by the team. Team members have been identified to address each aspect of the deliverables in the SOW (Tasks). Dr. Sheppard will take the lead in all but two of the eight tasks (monitor activities, training). Dr. Sheppard serves on all teams.

Questions & Answers

about the **NEW** **TA Contractor**

Q How many staff does the Contractor have serving as evaluators?

A Dr. Sheppard is the lead evaluator in collaboration with the team members. All members of the staff are introduced in this newsletter.



Paul Jones, PhD, Research Associate, Pacific Institute for Research and Evaluation (PIRE)

Dr. Jones is involved in collaborative efforts examining the epidemiology, costs, and prevention of injury and violence. He has also evaluated the impact of a theory-based poison prevention program on the knowledge, intentions, and behaviors of U.S. seniors and the impact of poison control centers on poisoning-related visits to emergency departments (ED) and on rural hospitalization rates. Dr. Jones regularly analyzes the Agency for Healthcare Research and Quality's collection of state hospital and emergency department discharge databases to estimate injury and substance abuse incidence and cost factors. Dr. Jones has extensive training in behavioral statistics, experimental design, and research methodology with programming expertise in SAS and SPSS.



Kelley Le Beaux, Research Associate, Sundance Research Institute

Kelley Le Beaux is an enrolled member of the Cheyenne River Sioux Tribe and resides in Rapid City, SD. She graduated from the University of South Dakota with a Master's Degree in Clinical Psychology and is currently employed by the Sundance Research Institute.

Kelley Le Beaux has a strong background providing a broad range of support in cases of domestic violence and sexual abuse. Her expertise includes alcohol and drug issues, community mental health, and bereavement/grief issues. Her programmatic experience includes case management, crisis intervention, and community networking and referral. As a Research Associate, Ms. Le Beaux provides training and technical assistance to Tribal program staff on data collection instruments and methodology, analysis and reporting for the Northern Arapaho Tribe CDC Reach Action Community for Infant Mortality Prevention, Wind River Reservation Diabetes Prevention and Management Program, CAHPS III-Quality Improvement Initiative with Tribes in Montana and Wyoming, and Oglala Sioux Tribe-Native American Research Center for Health, Northern Plains Tribal Chairman's Health Board-Capacity Building Assistance (CBA) to Improve the Delivery and Effectiveness of Human Immunodeficiency Virus (HIV) Prevention Services for High-Risk and/or Racial/Ethnic Minority Populations.



Nancy Lowe, Logistics Manager, Econometrica, Inc.

Nancy has been providing high-level administrative assistance for over 25 years and has managed legal and business offices. Nancy handles logistics for several projects at Econometrica, Inc., including the Centers for Medicare and Medicaid Services' National Content Developer and Medication Therapy Management

Program Improvements, the Indian Health Service's Tribal Injury Prevention Cooperative Agreement Program and the Comparative Effectiveness Research Technical Assistance Center, dedicated to helping the Agency for Healthcare Research and Quality's ten American Recovery and Reinvestment Act Grantees with their evaluation or intervention projects to improve health care practice nationwide. At the Pacific Institute for Research and Evaluation (PIRE), Nancy was the Administrative Operations Coordinator for the Personal Responsibility and Values Education and Training (PREVENT) Program from 1997 to 2009, a behavioral change and prevention education program conducted worldwide for the U.S. Navy under contract with the U.S. Department of Defense. Nancy was also the Logistics Coordinator for PIRE's Poison Control Center Technical Assistance Resource Center (PCTARC) for the Health Resources and Services Administration's Poison Control Program contract, providing technical assistance support to program Grantees and Poison Workgroup members, logistical support for official meetings, and managing PCTARC's SharePoint website.



Mary Rogers, PhD, LAC, Senior Researcher, Sundance Research Institute

Dr. Rogers is a Senior Associate with Sundance Research Institute providing support and specialized technical assistance and services that will assist communities, Tribes, and other organizations in achieving their goals to improve the health and well-being of their citizens. Her areas of expertise include curriculum design and program evaluation, substance abuse, and crisis intervention. Dr. Rogers recently served as the co-Principal Investigator for a two-year Centers for Disease Control grant-funded project for the development of strategies, techniques, and curriculum for teachers, human services workers, justice system and mental health providers who work with youth/adult students or clients who may have Fetal Alcohol Syndrome. She recently completed serving as Principal Investigator for a five-year NIH grant-funded study that explored cultural resilience and adolescent risk behaviors among American Indian young men and women. Previously, Dr. Rogers was a law enforcement officer in SD, a juvenile crisis intervention specialist with the Bismarck Police Department, ND, and served as a Domestic Violence advocate. Dr. Rogers has held teaching positions in ND, served as assistant professor/chair of criminal justice and alcohol and drug studies in California, and assistant professor of human services in SD, and currently holds adjunct faculty positions with the University of South Dakota and the University of Maryland University College.



Carol W. Runyan, MPH, PhD, Colorado Injury Control Research Center (CICRC)

Dr. Runyan is Professor of Epidemiology and of Community and Behavioral Health at the Colorado School of Public Health. She is also Director of the Children's Hospital Colorado Pediatric Injury Prevention, Education and Research Program and is Director of Education and Training for the Colorado Injury Control Research Center. Prior to her move to Colorado in summer 2011, Carol was Director of the

Questions & Answers

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TA Contractor

Q Does the Contractor have a general plan for evaluation or will this materialize after the initial site visit?

A We will work first on introductions and orientation of each grantee's work plan. By the time of the site visit, it should be clear to the grantee which areas will be focused on in the site visit.

University of North Carolina (UNC) Injury Prevention Research Center between 1989 and 2011 and held faculty appointments in the Departments of Health Behavior and Health Education, Pediatrics and Epidemiology at UNC. Dr. Runyan received her BA in biology from Macalester College, MPH at the University of Minnesota, and PhD from the University of North Carolina in Health Education with a minor in Epidemiology. She was a pre-doctoral fellow in the Bush Institute for Child and Family Policy and held a postdoctoral fellowship at Johns Hopkins University School of Hygiene and Public Health. Dr. Runyan has been active on a number of national initiatives and served on numerous national advisory committees. She led the National Training Initiative for Injury and Violence Prevention and its offshoot, the PREVENT Program, designed to train injury and violence professionals in public health principles. She has conducted research on numerous topics and consulted with state and tribal injury control programs for more than two decades. Before obtaining her PhD, she worked as a community public health educator in Minneapolis and has a special appreciation of the complexities of integrating research and practice and interest in learning from and with her colleagues working in practice settings.



Monique Sheppard, PhD, Project Director, Econometrica, Inc.

Dr. Sheppard is a health care specialist with more than 18 years of experience in injury prevention, program management, technical assistance, policy analysis, research and data analysis, and conducting focus groups. She obtained a Doctorate degree from the Johns Hopkins School of Public Health, with an emphasis in injury prevention, and a Master's degree in Biostatistics and Epidemiology. Most recently, Dr. Sheppard is the Director of the TIPCAP Technical Assistance Contract, she also directs Econometrica, Inc.'s Comparative Effectiveness Research Technical Assistance Center contract and the Prevention of Prescription Abuse in the Workplace subcontract to PIRE, as well as co-directs the National Content Developer, and is the technical assistance task lead on the Medicaid Incentives for the Prevention of Chronic Diseases contract. Previously, Dr. Sheppard directed the Pacific Institute for Research and Evaluation's (PIRE's) Children's Safety Network (CSN) Economics and Data Analysis Resource Center. Dr. Sheppard also directed PIRE's Poison Control Center Technical Assistance Resource Center, where she coordinated and guided efforts by a group of poison control center (PCC) health educators to develop and pilot test a theory-based PCC poison prevention and medication management education program for the elderly; in addition she led an evaluation of the pilot program and packaged the program for electronic national distribution by the Health Resources and Services Administration (HRSA). The membership of the Safe States Alliance voted this project as the 2008 injury prevention project of the year. Dr. Sheppard organized and is coordinating the Poison Workgroup (PWg) which is addressing the prescription painkiller overdose problem among middle-aged and older adults. This workgroup boasts representation from CDC and half a dozen other Federal agencies, as well as several states, local health departments, public interest groups, medical providers, the pharmaceutical chain, PCCs, and consumers. The workgroup has produced a

webinar, fact sheets, and a compendium of poison data sources. Dr. Sheppard's research has appeared in numerous publications, including the *American Journal of Health Education* and the *Journal of Safety Research*.



Lorann Stallones, PhD, MPH, Colorado Injury Control Research Center (CICRC)

Dr. Stallones is currently a professor at the Colorado School of Public Health and in the Department of Psychology, College of Natural Sciences, Colorado State University, Fort Collins. She is the director of the Graduate Degree Program in Public Health CSU of the Colorado School of Public Health. She is the Director of the Colorado Injury Control Research Center and has served in that role since its inception in 1995. Dr. Stallones completed a Bachelor's degree in cultural anthropology at the University of California, Santa Barbara, an MPH in community and international health and a PhD in epidemiology from the University of Texas School of Public Health in Houston, Texas. She served as a Peace Corp volunteer in Palau. More than 250 of Dr. Stallones' articles, papers, and reports have been published in prestigious journals such as the *American Journal of Epidemiology*, *American Journal of Medicine*, *American Journal of Preventive Medicine*, *American Journal of Industrial Medicine*, *Journal of Rural Health*, *Journal of Occupational Accidents*, *Journal of Agricultural Safety and Health*, *Injury Prevention*, *Journal of Occupational and Environmental Medicine*, *American Journal of Public Health*, *Brain Injury* and *Journal of Health Psychology*. Topics have touched on health-related issues, injury prevention, agricultural injuries, disabilities and risk of injuries, motor vehicle traffic injuries, traumatic brain injuries, suicide and life-threatening behaviors, depression, alcohol consumption, pesticide poisoning, and occupational diseases.



Dexter Maurice Taylor, PhD, Associate Research Scientist, Pacific Institute for Research and Evaluation (PIRE)

At PIRE, Dr. Taylor collaborates with other researchers on projects concerning the national and state-by-state incidence and costs of underage drinking, impaired driving, suicide acts, and violence. He has experience analyzing national surveys and databases, including the National Ambulatory and Hospital Ambulatory Care Survey data sets, Fatal Analysis Reporting System (FARS), National Crime Victimization Survey, National Survey on Drug Use & Health, Youth Risk Behavior Survey, Behavioral Risk Factor Survey, Treatment Episode Data System, and Vital Statistics mortality data. He routinely provides rapid-response technical assistance support to those needing injury incidence and cost data. Dr. Taylor has a background in social psychology and maintains a broad range of interests, including health psychology, violence prevention, stereotype change, and applied social psychology. He has extensive coursework, training, and experience in statistics, experimental design, research methodology, and psychological theory. Dr. Taylor has been a university lecturer in cross-cultural psychology, introduction to social psychology, and research methods in social processes.

Econometrica, Inc.

Since its founding in 1998, Econometrica has been involved in complex, high-profile contracts for organizations including HHS, U.S. Office of Management and Budget (OMB), Department of Housing and Urban Development (HUD), Department of Transportation (DOT), Department of Labor (DOL), Department of Homeland Security (DHS), Department of Energy (DOE), Department of Education (ED), Department of Veterans Affairs (VA), Small Business Administration (SBA), Millennium Challenge Corporation, and Corporation for National and Community Service. The following are Econometrica's primary products:

- Program Evaluation.
- Economic Analysis.
- Statistical Analysis.
- Risk Analysis.
- Benefit/Cost Analysis.
- Econometrics.
- Simulation Modeling.
- Survey Research.
- Technical Writing and Editing.
- Technical Assistance.
- Publication Design and Production.
- Operations Research.
- Training.
- Data Graphics Design and Production.
- Information Management Support.

Econometrica's offices are located at 4416 East-West Highway in Bethesda, MD, 20814. Our location places us only 20 minutes from downtown Washington, DC, and provides immediate access to resources unique to the seat of national government. We have a large conference room for meetings with project staff members and clients as appropriate.

Econometrica has conducted many on-site technical support and evaluation activities in Indian Country, including an assessment of Tribal Epidemiology Centers (TECs), a series of Outreach Facilitation Workshops, technical support efforts for specific Tribes and Reservations, and an evaluation of the Indian Community Development Block Grant (ICDBG) program. These efforts have given Econometrica extensive knowledge of Indian communities, customs, and cultures, as well as the experience necessary to successfully and effectively work in Indian Country.

PREVIOUS ECONOMETRICA WORK

2009–10: Evaluated the Tribal Epidemiology Centers.

2010: Financial technical assistance for the Fort Belknap Indian Community.

2010–11: Housing needs study preparation and outreach facilitation workshops for the Office of Native American Programs (ONAP).

1999–2011: Project Director (Sheppard) managed & then directed the Children's Safety Network Economics and Data Analysis Resource Center.

Colorado Injury Control Research Center (CICRC)

The CICRC is dedicated to providing leadership within the Rocky Mountain Region in reducing the occurrence, severity, and adverse consequences of injuries and violence through developing and applying evidence-based approaches that bridge research with practice, including both policy and programs. The CICRC emphasizes building community-based partnerships, particularly among under-served populations such as Hispanics, Native Americans, and rural residents and their families.

The CICRC utilizes a participatory action research model to integrate community involvement in the development of education and training, prevention/control programs, and research. Community requests for technical assistance have provided direction for program development within the CICRC.

Since its inception in 1995, CICRC Associates have worked with a network of partners involved in injury prevention and control. Those involving partnerships with Native communities include work in the states of Alaska, Montana, North Dakota, South Dakota, and Wyoming. Programs have addressed child and elder abuse, domestic violence, motor vehicle injuries, playground safety, suicide, wild-dog bites, supporting emergency medical services training, and providing technical assistance for evaluation of programs and injury prevention training.

Pacific Institute for Research and Evaluation

Founded in 1974, PIRE is a nonprofit with a \$32 million annual budget and more than 300 employees. PIRE maintains 10 primary research centers located across the country. Each center collaborates across the institute and with regional and State government entities, including numerous health departments. PIRE founded and operates the Maternal and Child Health Bureau (MCHB) Children's Safety Network, Economics and Data Analysis Resource Center, and founded the 40 Poison Control Centers Technical Assistance Resource Center for the Health Resources and Services Administration (HRSA) and the Center for Enforcing Underage Drinking Laws for the Office of Juvenile Justice and Delinquency Prevention.

PIRE is the world leader in injury costing and maintains partially proprietary state-of-the-art injury costing models that allow the costing of injuries coded in the International Classification of Diseases, National Electronic Injury Surveillance System, Bureau of Labor Statistics, or National Crime Victimization Survey diagnosis coding systems, among others. PIRE also developed a motor vehicle crash cost modeling system that is used throughout DOT. These models include medical costs, other direct resource and indirect work loss costs, and quality-adjusted life years lost (monetized or unmonetized). The other direct costs include property damage, emergency services (e.g., police, fire), administrative costs of insurance claims processing, legal and sanctioning costs, employer costs, and travel delay. The models cost

deaths, hospitalized injuries, and other medically treated injuries differentially. They also analyze costs from the perspectives of society and employers and assess who pays the costs.

Sundance Research Institute

Sundance is a nonprofit 501(c)(3) organization with offices in Bethesda, MD, Spearfish, SD, and Sundance, WY. The organization was founded in response to recognition that rural communities, American Indian Tribes, and local governments serving economically disadvantaged populations have limited resources to address disparities in health, well-being, and economic opportunity.

Sundance offers services, technical assistance, and substantive experience to assist rural communities, Tribes, Tribal organizations, and other entities to identify community needs and resources, develop innovative strategies for addressing priorities, seek funding from Federal and private sources to support and implement new programs, and develop and strengthen skills of local workforces to manage programs effectively. Sundance is committed to the principle that successful programs are those that are designed and implemented by community leadership and members who are knowledgeable of culture, traditions, and resources. Sundance's role is to provide support, specialized technical assistance, and services that will assist communities, Tribes, and other organizations in achieving their goals to improve the health and well-being of their citizens.

Introductory site calls will be made to each region in advance of the site visit.
The proposed schedule of site visits:

Alaska	January 10 – 12, 2012
California	January 31 – February 2, 2012
Indian Health Council	April 6, 2012
Bemidji	February, 2012
NNAHA Bad River	December 5, 2011
Oklahoma	February 2012
Portland	March 2012
Navajo	April 2012
Phoenix	April 2012
Aberdeen	May 2012
Albuquerque	June 2012

Site Visits to Injury Prevention Cooperative Agreement Grantees

- Documentation of programmatic accomplishments, including grant reporting requirements.
- Level of success in establishing collaborative relationships that further programmatic goals.
- Identification of problems/issues that may be relatively unique in the grantee's community (such as major new economic developments).
- Identification of any new resources/expertise acquired since the previous program year.
- Identification of any remaining barriers to meeting State programmatic goals & related technical assistance needs.
- Identification of future needs & suggested action steps.

Agenda for Introductory Sites Calls

- Grantee progress in meeting their objectives.
- Project successes and accomplishments.
- Barriers and challenges to meeting objectives.
- Corrective actions that grantees have taken or can take to overcome barriers.
- Identifying grantee needs related to program planning, project development & implementation, training, and evaluation.
- Providing technical assistance to grantees on program planning, project development and implementation, training, and evaluation.

Technical Assistance

- Activities to monitor and assist program grantees, including conference calls, meetings, training, site visits, and workshops.
- Program and grantee needs, barriers & successes.
- Participation at the annual IHS Injury Prevention Program meeting.
- Assistance in meeting planning & facilitation.
- National presentations & publications pertaining to TIPCAP.



Reducing Health Hazards in the Home Environment: The Success of the Healthy Homes Program on the Oneida Reservation



**By Jennifer J. Jordan, M.Ed, CHES, HHS
(Oneida Tribe of Indians of Wisconsin)**

In 2010, the Oneida Tribe received grant monies from the Wisconsin Department of Health and Family Services to start a Healthy Homes Program on the Oneida Reservation. The main goals of the program were:

- To complete 168 home assessments by the grant end of November 30, 2011.
- To eliminate the risk of slip, trip, and fall hazards in the homes of the elderly.
- To eliminate risk of harm to children residing in the home.
- To assess all homes for potential hazards and provide interventions to remedy hazards. Intervention examples included smoke and carbon monoxide detectors, child safety gates, outlet covers, grab bars, shower chairs, cabinet locks, stove knob covers, and door knob covers.

The goal of completing 168 Healthy Home assessments was reached two months ahead of schedule on September 30, 2011. As of November 30, 2011, 176 Healthy Homes assessments have been completed. With the success of this program, we have decided to continue the program during the 2012 fiscal year.

Since the Injury Prevention program received the Healthy Homes Grant, we developed a valuable partnership with the Oneida Housing Authority to assess homes they owned and maintained. This partnership was a win-win situation for all parties as the OHA homes were assessed for safety hazards by the Injury Prevention Coordinator, the Healthy Homes Program provided the safety interventions, and the interventions were installed in the client's home that

same day by the OHA maintenance staff. Clients who had their homes assessed by the program stated that walking through their homes with the Injury Prevention Coordinator and discussing potential hazards found in the home was helpful as they saw their home in a whole new aspect—that of the importance of making the home a safer place for all who live there.

If you have any questions about the Healthy Homes Program, please contact Jennifer Jordan, Injury Prevention Coordinator at jjordan4@oneidanation.org.

A WORD FROM NANCY BILL, IHS

Site visits present a great perspective on the daily operations of a tribal injury prevention program. I had the opportunity to visit three TIPCAP sites over the past months. The TIPCAP sites included Oglala Sioux Tribe, Great Plains Tribal Chairman Health Board and Jemez Pueblo.

The Oglala Sioux Tribe Department of Public Safety (OST DPS) is a new TIPCAP site supported by three federal funding sources (IHS, CDC, BIA) to address motor vehicle injuries and fatalities. On October 18, 2011 a joint meeting between the three federal agencies and OST DPS was held at Pine Ridge, SD. Pam Pourier, TIPCAP Coordinator Oglala Sioux Tribe (OST) Department of Public Safety (DPS), served as the lead for the meeting arrangements. Participants include key federal and tribal stakeholders from IHS, CDC,

Each TIPCAP site presented very unique experiences and challenges. **Whenever possible I will make visits to TIPCAP sites.**

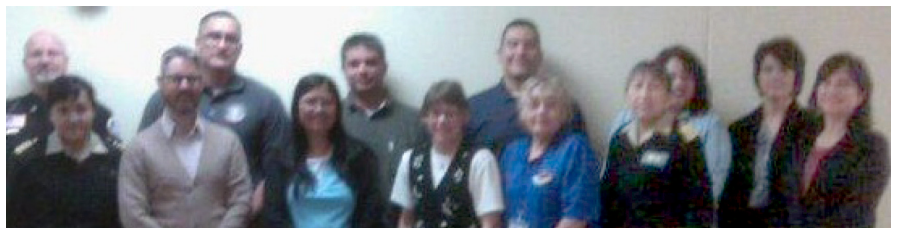


Maylynn Warne, Nancy Bill, Gina YellowEagle

BIA and OST DPS. Both IHS and CDC funding support a full time coordinator. Lance Fills Pipe is the CDC OST Tribal Motor Vehicle Injury Prevention Coordinator. Chief Richard Greenwald is the OST DPS police chief. The IHS and CDC coordinators collaborate on community projects in cooperation with the BIA Indian Highway Safety Law Enforcement officers. Each group serves on the Sacred Cargo Coalition to provide guidance on injury prevention projects. This collaborative meeting resulted in facilitating a clear delineation of roles and responsibilities of each coordinator to avoid duplication of effort. The OST DPS

is strategically applying all resources to reduce motor vehicle fatalities in the Oglala Sioux Tribe.

While in Rapid City, SD, I visited another new TIPCAP site at the Great Plains Tribal Chairman Health Board (GPTCHB). Gina YellowEagle, TIPCAP Coordinator and Maylynn Warne, Program Administrator graciously made time for this brief visit. First a quick tour of the head start program activity sites in Rapid City with an afternoon of orientation to GPTCHB. A notable achievement is Gina's work in initialing "first" child car seat programs at sites that never had a CPS program. Gina also provides support to Pam Pourier



Oglala Sioux Tribe/Federal Collaboration meeting



Jemez Pueblo Tribal Leaders & IHS staff



Jennifer, Maria, Marlon, Nancy

with car seat clinics. As a new TIPCAP Part I site GPTCHB is very progressive in their strategic planning and approach. I was very pleased to learn about the GPTCHB's Injury Prevention program progress and to witness the enthusiasm for TIPCAP.

Jerry Lee, Albuquerque Area Injury Prevention Specialist and I made a visit to Jemez Pueblo on November 14, 2011. Jemez Pueblo is a previously funded site. I haven't been to Jemez since 2004 and was very happy to observe the TIPCAP staff situated at the Transportation/ Injury Prevention building. Maria Benton, TIPCAP Injury Prevention coordinator for Jemez Pueblo supervises the staff that includes Jennifer Andrew, Injury Prevention Technician and Marlon Gachupin, Public Safety Technician. Maria

Benton arranged a meet and greet with Michael Toledo, Jr, Governor of Jemez Pueblo and Vincent Toya, Sr. Tribal Administrator. Vincent Toya, Sr. is very supportive of the activities of the Jemez Pueblo TIPCAP. Maria and staff have been diligently addressing elder fall prevention completing 53 home assessments. The motor vehicle initiatives in increasing child safety seat and safety belt use continue to make great strides. In this short visit I was able to gain a sense how the program has matured and gained acceptance by the community. Lastly, I like to thank Maria for her hospitality in preparing delicious red chili stew for lunch.

Each TIPCAP site presented very unique experiences and challenges. Whenever possible I will make visits to TIPCAP sites.

I want to thank you all for your advocacy in saving lives. Every action you take makes a difference. Please take some time for yourself (and family) to enjoy the holidays!

Ahe' hee (Thank you!)

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