

TRIBAL INJURY PREVENTION COOPERATIVE AGREEMENT PROGRAM (TIPCAP)

TIPCAP

NEWSLETTER MARCH 2012

The Portland Area Injury Prevention Training

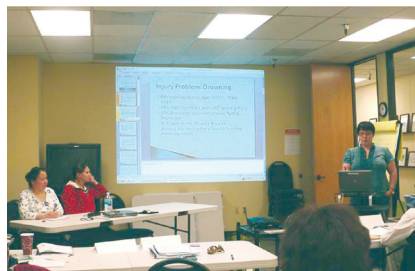
In May 2011, the NW Portland Area and NW Washington Indian Health Boards (both new TIPCAP grantees) joined with the Portland Area Indian Health Service to host a Level 1 Injury Prevention Training in Portland, Oregon. We graduated 9 trainees from Alaska, Idaho, Oregon, and Washington. It had been more than 10 years since the area hosted an Injury Prevention training.



Standing (left to right): Lee Ann Dixey-Avila, Bridget Canniff, Celeste Davis, Lorena Gray, Iola Hernandez, Jennifer Skarada, Gloriana Woodie, Stephanie Coffey, Kathleen Marquart, Gloria Point, Helen Stafford, Patti Lillie
Sitting (left to right): Karin Knopp, Don Williams, Luella Azule, Rhonda Craig



Group 2 (Falls)



Group 4 (Drownings)

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TECHNICAL ASSISTANCE CENTER RESOURCES

The following resources are available from the TIPCAP technical assistance team:

Sample Child Passenger Safety Data Form

Developing Effective Coalitions – an 8-step guide.

- The step-by-step guide helps one develop stable partnerships among various stakeholders.

News article on the Census Release of Data about the American Indian Population

Census Data Report about the American Indian Population.

- The report states that almost half of American Indians and Alaska Natives identify with multiple races, representing a group that grew by 39 percent over a decade, according to U.S. Census data released Wednesday, January 28, 2012.

CDC Guide about Preventing Falls: How to Develop Community-Based Fall Prevention Programs for Older Adults

Washington State Department of Health Guide about Falls Among Older Adults: Strategies for Prevention

An article entitled “Hey, You in the Headdress! Do You Know What It Means?”

- The article addresses cultural appropriateness and proper use of tribal headdress.

If you would like a copy of an aforementioned resource, please contact Lauren Thompson at 301-657-9883 or lthompson@econometricainc.com.



Lauren Thompson

and currently provides technical assistance for the Indian Health Service's (IHS) Tribal Injury Prevention Cooperative Agreement Program. She also contributes to Centers for Medicare and Medicaid Services (CMS) contracts by offering logistical and administrative support. Previously, Ms. Thompson served at the Congressional Black Caucus Foundation, where she played a vital role in program planning, coordination, and implementation, as well as community outreach. She has also carried out research at the Johns Hopkins University, the Substance Abuse and Mental Health Services Administration (SAMHSA), and Emory University. Her public sector experience includes working for a Member of the U.S. Congress and for a State Education Office. Throughout her career, Ms. Thompson has been instrumental in organizing, conducting, and publicizing health education initiatives; forming partnerships among community organizations, stakeholders, and government representatives; and leading training events. She has worked extensively on health issues focusing on minorities, women, adolescents, and other underserved populations. Ms. Thompson holds a B.A. in Economics from Spelman College, where she graduated magna cum laude, as well as an M.P.H. in Behavioral Science and Health Education from Emory University.

NEW TIPCAP TECHNICAL ASSISTANCE TEAM MEMBER

LAUREN THOMPSON, STAFF ASSOCIATE AT ECONOMETRICA INC., has several years of experience managing public health programs, collecting and analyzing data, and serving as a liaison between groups conducting and impacted by health programs.

She assists Econometrica with public health projects and currently provides technical assistance for the Indian Health Service's (IHS) Tribal Injury Prevention Cooperative Agreement Program. She also contributes to Centers for Medicare and Medicaid Services (CMS) contracts by offering logistical and administrative support. Previously, Ms. Thompson served at the Congressional Black Caucus Foundation, where she played a vital role in program planning, coordination, and implementation, as well as community outreach. She has also carried out research at the Johns Hopkins University, the Substance Abuse and Mental Health Services Administration (SAMHSA), and Emory University. Her public sector experience includes working for a Member of the U.S. Congress and for a State Education Office. Throughout her career, Ms. Thompson has been instrumental in organizing, conducting, and publicizing health education initiatives; forming partnerships among community organizations, stakeholders, and government representatives; and leading training events. She has worked extensively on health issues focusing on minorities, women, adolescents, and other underserved populations. Ms. Thompson holds a B.A. in Economics from Spelman College, where she graduated magna cum laude, as well as an M.P.H. in Behavioral Science and Health Education from Emory University.



TIPCAP ANNUAL MEETING AND POSTER CONTEST

The Tribal Injury Prevention Cooperative Agreement Annual Meeting is rapidly approaching.

When: April 4-5, 2012

Phone: 1-619-260-8500

Where: Courtyard San Diego Old Town

Fax: 1-619-297-2078

2435 Jefferson Street

San Diego, California 92110 USA

Purpose: The workshop includes effective strategies in injury prevention, strategies in capacity building and sustainability, resource development, skill-building exercises, and networking. You will learn about evidence-based approaches to injury prevention interventions, more about the application of the logic model, how to evaluate your program, and how to develop strategies for your Year 3 grant proposals.

If you are attending the annual meeting, please register now at <https://www.surveymonkey.com/s/TIPCAPAnnualMeeting>. For a meeting agenda, please contact Lauren Thompson at 301-657-9883 or lthompson@econometricainc.com.

We will hold a poster contest during the TIPCAP annual meeting. For more information about the poster competition, please refer to the flier on page 16.

Q1 Are you wondering what the purpose of a logic model is?

Questions & Answers about DEFINING The Logic Model

Q2 Are you having a challenging time creating a logic model for your program?

The logic model helps you plan and evaluate your program.

No injury prevention program is implemented without a plan. Logic models help you start your program with a specific end in mind, and to think about the objectives that will help you reach that goal. You may think of it as a visual map or diagram that helps you identify the essential components of your program that will best help you achieve a specific result. For example, a fictional town decides to implement an injury prevention program for its community members structured around a long-term goal: to decrease vehicular accidents in their community. They then identify their core objectives: (i) decrease in texting-while-driving accidents; (ii) decrease in driving-while-intoxicated accidents; and (iii) decrease in vehicular aggression or “road rage” related accidents. Each of these objectives adds to the larger, overall goal.

Additionally, logic models are ideal for determining the scope of your plan, and deciding on activities that will best help you accomplish your aim. In our example, the aforementioned town decides to address their core objectives with activities such as workshops, guest speakers from alcohol abuse awareness groups, and counseling availability for community members. Using a logic model, you are easily able to allocate funds and resources to your similar injury prevention plan, to schedule relevant events and activities, as well as inform members of your staff so that everyone acts as a cohesive unit motivated to obtain one goal.

In this way, logic models help provide a uniform approach to achieving a particular outcome, and can be very useful when evaluating your own injury prevention program. The logic model essentially begs the question: Did the program achieve the intended outcome? The model allows you to evaluate the success of each component, and decide which area needs improvement, as well as which area was most successful.

Remember, logic model terminology differs, however the core concept lies in the relationship between the program goal and the strategies or activities that lead to that goal.

It is highly recommended, but not required, that you submit a logic model with your May 1st grant application. Future grant applications will require a logic model to be a part of the grant proposal.

The TIPCAP Technical Assistance Team is here to help you with any logic model challenges you may have.

Feel free to contact Monique Sheppard at 301-657-2491 or msheppard@econometricainc.com with any questions you may have about logic models.

In addition, the PowerPoint presentation about logic models, which was shown on January 27, 2012, is available for your reference. Please contact Lauren Thompson at lthompson@econometricainc.com to obtain a copy of the presentation.

— Lauren Thompson & Kayla Burke, Econometrica



Kayla Burke



NORTHERN NATIVE AMERICAN HEALTH ALLIANCE: "CREATING CARING COMMUNITIES" PROJECT

Since 2008 the Northern Native American Health Alliance TIPCAP grantee, based at the Bad River reservation in northern Wisconsin, has been coordinating a "Creating Caring Communities (CCC)" initiative with the teachers and staff of the Ashland (Wisconsin) High School. The Ashland High School is the nearest secondary school to the Bad River Reservation and approximately 25% of the student body is Native American.

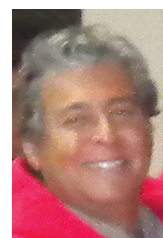
The CCC is intended to address what has been an ongoing problem among the diverse student body—a high level of bullying targeting some students at the school. In addition to direct confrontation, this bullying often involved abusive text messages and e-mails continually sent to the students that were the targets of the bullying. Teachers and administrators were convinced that this process increased the rate of habitual truancy and had a significant negative impact on the academic performance of some students.

The Bad River TIPCAP program and the Ashland High School saw the CCC as an effective way to address this issue. The CCC is an integrated curriculum that has modules scheduled at different times during the school year, and is intended to instill in students the importance of mutual respect and the need to support others as they face challenges. In short, the curriculum seeks to build a community out of the individuals who are sharing an educational experience in the same space.

Through the CCC, students receive encouragement when they are seen as supporting their community. When a student is observed performing a truly supportive action, he or she is awarded a printed "brick" that is posted on one of the

inner or outer walls of the school. The "brick" documents the date and type of supportive action. Hundreds of these "bricks" now dot the walls of Ashland High School.

Recently, the Ashland High School Principal sent a letter to the "Northern Alliance" TIPCAP Coordinator, Luis Salas, informing him that he was leaving his post on July 1, 2012. In that letter he noted that school staff had been reviewing statistics and had



Luis Salas

observed that the rate of habitual truancy had declined 30% in the last two years.

Both teachers and staff saw the CCC as a key factor in this marked improvement in atten-

dance. The program exemplified cooperation between the Bad River reservation and the Ashland community that will continue in future projects.

In the near future, the impact of the CCC will likely be documented by an analysis of survey data collected from students since the program's inception. This data is drawn from pre- and post-program questionnaires given to students. The surveys measure the extent to which the students feel comfortable in their school environment and in relating to their fellow students. A summary of this survey data will be submitted to IHS by the "Northern Alliance" grantee later this year.

— Richard Hilton, *Econometrica*



THE KAW NATION INJURY PREVENTION PROGRAM

Injury Prevention Coordinator: Erin Kekahbah

Interim Coordinator: Ryan Smykil

The Kaw Nation is located in a rural area of Kay County in North Central Oklahoma and has been operating a TIPCAP funded injury prevention program since September 2000. The program serves the tribal members of the Kaw, Ponca, and Tonkawa tribes with the mission of reducing intentional and unintentional injuries among the local Native American population.

Historically, the program has focused on increasing the use of seat belts, increasing the use of car seats, and reducing falls among elders. Over the years, the Kaw Nation Injury Prevention Program has become involved in other areas including bicycle safety, reducing impaired driving, bullying education, fire safety, and weather safety.

The program utilizes partnerships with other tribal services to provide comprehensive services including:

The Kanza Health Clinic

- to gather local injury data

The Kanza Wellness Center

- to provide exercise and mobility classes

Kaw Nation Emergency Management

- to educate tribal members on weather/fire safety

Kaw Nation Tribal Police

- to provide up-to-date traffic safety laws

Kaw Nation Environmental Department

- to help assess tribal housing for safety issues



In addition, the Kaw Nation program has two certified child passenger safety technicians and SIDNE®: The Simulated Impaired Driving Experience cart. The SIDNE® provides a unique way of educating people on the dangers of impaired driving in a safe, controlled environment. Drivers get to experience what it's like to control a vehicle with delayed reaction times to simulate being impaired. The program has presented the SIDNE® to a number of local communities through health fairs and tribal fun days in an effort to emphasize the message: when it comes to impaired or distracted driving, just don't do it.

Over the years, the Kaw Nation Injury Prevention Program has been fortunate enough to distribute hundreds of car seats, smoke detectors, first aid kits, fire extinguishers, weather radios, and fall prevention equipment to make a positive difference in the lives of hundreds of tribal members. If you have any questions about our program please contact us at (580) 362-1045 or by e-mail at ekakahbah@kawnation.com or rsmykil@kawnation.com.



Erin Kekahbah

NEW CLINIC BRINGS NEW OPPORTUNITIES FOR ABSENTEE SHAWNEE TRIBAL HEALTH PROGRAMS



Many advances are happening in Native American health, as the Absentee Shawnee Tribal Health Programs is set to unveil their new state-of-the-art facility located on East Highway 9 in

Norman (Little Axe), Oklahoma.

This joint venture clinic has been years in the making and will finally become a reality when it opens its doors to Native American patients in late April 2012. This \$26 million project is a collaborative effort between Indian Health Services, the Bureau of Indian Affairs, and the Absentee Shawnee Tribe (AST). The new AST clinic is 79,000 sq. ft. and will be an extension of the services the AST Health Programs currently offer Native Americans. The AST Health Programs currently have two ambulatory clinics in operation, located in Shawnee and Little Axe, Oklahoma. The Little Axe facility is 7,000 sq. ft. and less than a mile from the new AST Health Clinic. In the past two years, the Health Programs have serviced nearly 5,500 Native American patients. Both clin-

ics are planned to remain open, as the Shawnee clinic is a Medicaid clinic that is open to the public. According to the Little Axe Clinic Administrator, the Health Program's clinics "will also be seeing non-natives who have [Medicaid], Medicare, insurance, and private pay, but on a limited basis for now." Currently, services being offered include dental, optometry, behavioral health, diabetes and wellness, physical fitness, pharmacy, laboratory and radiology services, public health nurses, and pediatric providers, as well as women and family physicians. Audiology and physical therapy services are expected to be added at a later date. Additional services that are available through the health programs include one of TIPCAP's very own programs, the Absentee Shawnee Tribal Injury Prevention Program (ASTIP). The ASTIP Program is housed under the Community Health and Prevention Services Department and will soon call the new AST Clinic home, along with 140 or more additional employees. Moreover, the Absentee Shawnee Health Programs work to focus on improving health services and the level of patient care above what is currently being provided. An expected innovative approach to patient care is





GRAND OPENING CEREMONIES OF THE LITTLE AXE HEALTH CENTER

a drop-off children's waiting area for parents who have multiple children but only need to take one child back into the patient room. This area will only be accessible to the parent. Providing these services, as well as in-kind services, opens many doors of opportunity for improving the capacity in which programs such as the Absentee Shawnee Injury Prevention Program serve the Native American population.

For further information, please take the virtual tour on YouTube, titled "Absentee Shawnee Little Axe Health Facility." Please see the Grand Opening Invitation below for those who will be in the area and wish to visit this facility and see all it offers.



Sacha Almanza



The Absentee Shawnee Tribe of Oklahoma

is pleased to announce the

Grand Opening Ceremonies of the Little Axe Health Center

May 16, 2012

1:30 PM to 3:30 PM

15951 Little Axe Drive

Norman, Oklahoma 73026

(Corner of Peebly Road and Highway 9)

A Joint Venture Project between

The Absentee Shawnee Tribe of Oklahoma

and The Indian Health Service

RSVP: Beverly Felton, Little Axe Clinic Administrator 405-447-0300

*Providing Quality Health Services in a Caring, Compassionate
and Culturally Sensitive Manner*

A MESSAGE FROM NANCY BILL, THE IHS INJURY PREVENTION PROGRAM MANAGER



TIPCAP programs have a very unique challenge in addressing the injury disparities in American Indian/Alaska Native communities. Learning the injury prevention core competencies is an important first step. TIPCAP tribal coordinators often find themselves in a learning curve in injury data surveillance, program planning, implementation and evaluation. The current application of the logic model is another tool introduced for implementation. IHS and the Econometrica Team are working with TIPCAP coordinators in these initiatives. In the upcoming Year 3 continuation applications "Logic Models" will be required. The implementation of the logic model is an effort to advance understanding of program activities, outputs, target population, resources and outcome linkages. The logic model is a tool that can assist in the injury prevention program presentation to tribal leadership or other key stakeholders. In a time of performance measures to justify program effectiveness and accountability we need to seek ways to clearly describe program accomplishments. The logic model is a tool to assist in this precise communication.

The implementation of evidence-based or effective strategies is required by all TIPCAP grantees. TIPCAP sites involved in motor vehicle projects have incorporated the effective strategies in occupant restraints, policy development and enforcement. Fall prevention is a little more complicated especially involving the clinical and tribal housing. TIPCAP sites with fall prevention programs are characterized by home assessments and exercise programs for elders. Several have taken the next step to medication reviews and other home safety projects. Furthermore there are TIPCAP sites involved in suicide prevention, bullying/violence prevention as well as programs unique to the Alaska area (drowning, helmets, cold-weather, etc).

TIPCAP's work is ground breaking for tribal injury prevention. The investment in developing culturally appropriate injury prevention programs will have long-lasting effects on the social, economic, political and environmental characteristics of the community.

I appreciate all your excellent work in addressing the American Indian/Alaska Native injury disparities.

Ahe' hee – thank you!

Nancy M. Bill

MPH, CHES

CAPT USPHS

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Indian Health Service

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The TIPCAP Advisory Committee

The TIPCAP Advisory committee serves as an advocate and liaison between the Tribal Injury Prevention Coordinators and IHS Injury Prevention Program. The first face-to-face meeting was held June 28, 2011, at Rockville, MD. A framework for the TIPCAP committee was established to include a monthly call to address current and emerging issues affecting TIPCAP.

There are currently 33 Part I TIPCAP grantees. IHS provides technical assistance through site visits and conference calls by the IHS-OEH staff and the Econometrica Team. TIPCAP coordinator vacancies or a change in tribal management poses a challenge in many aspects. Addressing the needs of a new hire or changes in tribal management can cause a delay in project activities for TIPCAP sites. New staff orientation becomes imperative in the transition to the overall operation—for example, the setting up of the core Injury Prevention training schedule for staff development. This includes enrolling the IP Coordinator in an IP Level I training course or CPS certification. Providing the support to any new staff requires time on everyone's part.

The TIPCAP Advisory committee facilitates dialogue between IHS and tribal coordinators. The TIPCAP Advisory committee is striving to increase communication to advance all injury prevention efforts. The Advisory committee is currently developing a mentoring plan.



The TIPCAP Advisory group is made of ten TIPCAP Coordinators and Tribal Administrators:

- Lesa Way, Southeast Alaska Regional Health Consortium, President
- Nicole Thunder, Ho-Chunk Nation, Vice-President
- Luella Azule, NW Portland Indian Health Board, Secretary
- Jennifer Young, Southeast Alaska Regional Health Consortium
- Barbara Hart, California Rural Indian Health Board
- Maria Benton, Jemez Pueblo
- Lisa Aguerro, Quechan Tribe
- Angela Maloney, Tuba City Regional Health Center, Navajo
- Roger McDiffett, Maniilaq Association, Alaska
- Karen Ansera, Injury Prevention Coordinator, Pueblo of San Felipe

The TIPCAP Advisory committee selected officers on February 23, 2012:

- Lesa Way, Southeast Alaska Regional Health Consortium, President;
- Nicole Thunder, Ho-Chuck Nation, Vice-President; and
- Luella Azule, NW Portland Area Indian Health Board, Secretary.

Feel free to contact the TIPCAP Advisory committee with comments, questions, or issues.

TIPCAP CONTACT LIST

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The Division of Grants Management (DGM) is pleased to announce a new Web-based grants management system called GrantSolutions. GrantSolutions will allow you to process grant requests directly in the system, see historical records for grant awards, approve funding memos, submit required reports, submit continuation applications directly in the system, and much more.

In order for you to access and use the system you must have a user name and password. A Grantee User Account Request Form will be required for all IHS grantee organizations. This form should be completed in its entirety and sent to Mr. Paul Gettys at Paul.Gettys@ihs.gov, or by fax to 301-443-9602.

A training session on GrantSolutions was presented for the Injury Prevention Cooperative Agreement Program on February 29, 2012. The key issue is to complete the Account Request Form. Please contact Mr. Paul Gettys to obtain additional information regarding how to receive an Account Request Form. Mr. Paul Gettys can be reached at (301) 443-2114, or you can email him at Paul.Gettys@ihs.gov.

The deadline for Injury Prevention Continuation applications is **May 1, 2012**. All continuation applications must be submitted through www.GrantSolutions.gov. Please include "logic model" in the narrative section of your application. For questions about continuation applications, please contact:

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Do you have a newsletter article
that you would like to submit?

Please send your article and pictures to Lauren Thompson at
lthompson@econometricainc.com.

The Tribal Injury Prevention Cooperative Agreement Annual Meeting

Poster Contest

TIPCAP Annual Meeting ☀️ *April 4-5* ☀️ *San Diego, CA*

Get your creative juices flowing!

Please share your project with us by making a poster that describes it. We're looking for a series of 8.5 x 11 sheets that can be pasted onto poster paper (which we will provide) no larger than 36 x 36. Poster quality will be judged by all participants, and prizes will be given to up to three winners.

Your poster should contain the following information:

Required

- ◆ Grantee site name
- ◆ Project title
- ◆ Project goals

Recommended

- Background data on problem being addressed
- Objectives of project
- Project logic model
- Methods being used to conduct project
- Evaluation plan
- Data about project being collected or planned to be collected
- Progress to date
- Some photos to help others understand your setting and work
- Challenges and approaches you are using to address them

