



# TIPCAP NEWS

March 2018

## Newsletter for the Tribal Injury Prevention Cooperative Agreement Program (TIPCAP)



**F**arewell to TIPCAP colleagues, advocates and friends!

I've reached 30-years career tour as US PHS Commissioned Corps officer and will be retiring effective June 1, 2018. I first want to express all my love and appreciation to you all! I feel deeply honored for this experience

I've shared with you on this journey of TIPCAP. It's been an amazing journey that could not happen without your important contributions, partnerships, and commitment to injury prevention. I never imagined my career would be so rewarding to have met and worked with so many tribes/tribal organizations/urban programs. I'm grateful to you all for the work experience. It has been so enriching for me personally.

Since 1997 the IHS IP Program funding has supported 135 tribes/tribal organizations/urban programs with more than \$29 million. The funding enabled the hiring of at least 94 tribal injury prevention coordinators. Several of the tribal injury prevention coordinators completed the IHS IP Fellowship training to advance their careers in tribal leadership roles at regional or state offices. This is very notable how the TIPCAP experience would be the inspiration for their career advancements. TIPCAP fostered tribal capacity building to institutionalize many local injury prevention programs that wouldn't have existed otherwise.

I'm always intrigued how the IP work inspires passion as we hear from our constituents whose lives were impacted by our efforts. My hope is the IP work will continue to transform many positive changes in the communities we served. I honor your altruism as we continue this mission to end the injury disparities in American Indian/Alaska Native communities. TIPCAP is the catalyst for this positive change.

My retirement plan is to return back to Navajo. Please feel free to visit me when you are visiting the Navajo Nation. I'm thankful for this opportunity to have worked in injury prevention.

May you all walk in beauty...

**Ahe 'hee** (Thank you!)

Nancy Bill, MPH, CHES

Injury Prevention Program Manager, Indian Health Service

[Nancy.Bill@ihs.gov](mailto:Nancy.Bill@ihs.gov)

(301) 443-0105

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# AASTEC hosts first “A Matter of Balance” coaches training in the IHS Albuquerque Area

Jerrod Moore, Albuquerque Area Southwest Tribal Epidemiology Center



From 2000 to 2030, the number of New Mexicans age 60+ will more than double, and those 85+ will more than triple from 23,306 to 75,629. Over a third of New Mexico's population is non-English speaking: the predominant other languages are Spanish, Navajo, and the Pueblo dialects, such as Zuni, Keres, Tiwa, Towa, or Tewa. For such a rapidly growing older adult population, the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) Tribal Injury Prevention Program is gearing up community initiatives designed to help older adults maintain and improve their physical, social, emotional, and mental well-being. On Nov. 7, 2017, our program hosted its first Matter of Balance Coaches Training, inviting tribes from all 27 communities.

A Matter of Balance is an evidence-based falls/injury prevention program designed to manage falls and increase activity levels. The program is designed to benefit older adults who are concerned about falls, have sustained a fall in the past, and/or have restricted activities because of concerns about falling. The program enables participants to achieve significant goals

and gain confidence by learning to:

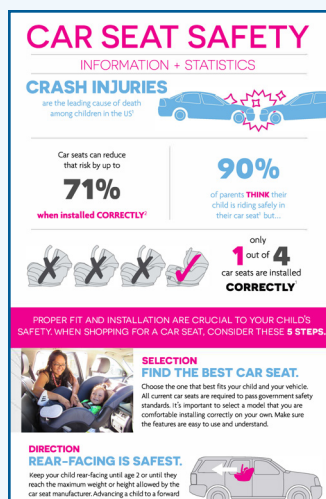
- View falls as controllable
- Set goals for increasing activity
- Make changes to reduce fall risk at home
- Exercise to increase strength and balance

Three Master Trainers led this course which was designed to train tribal members to become Matter of Balance coaches. After completing the one day training, coaches can host and schedule local trainings in their tribal communities. These local ses-

sions are typically provided for groups of 8-10 participants over eight 2-hour sessions.

A total of 18 individuals participated in our first Matter of Balance coaches training, representing eight different tribal communities in the IHS Albuquerque Area as well as the Navajo Area IHS Office, Five Sandoval Indian Pueblos, Inc., First Nations Community Health Source, Santa Fe Service Unit, and the National Indian Council on Aging. As a result of the success of this initial training and positive evaluations, the Tribal Injury Prevention Program will offer this training on a routine basis to expand the cadre of Native American Matter of Balance coaches throughout our region and beyond.

For future training opportunities offered by AASTEC's Tribal IP Program, contact Jerrod at [jmoore@aaihb.org](mailto:jmoore@aaihb.org). For information about A Matter of Balance trainings: <https://www.ncoa.org/resources/program-summary-a-matter-of-balance/>.



## AASTEC Car Seat Safety Pamphlet

The pamphlet was created as a tool for parents to review following participation in a car seat clinic. It includes a helpful safety checklist on the back of the pamphlet. It was adapted from information gathered from the National Highway Traffic Safety Administration and the Centers for Disease Prevention and Control. The car seat pamphlet can be printed (12" x 4.5"). Feel free to modify it to meet your community needs.

<http://www.aastec.net/reports-pubs/>

# Choctaw Nation IP program educates teens on the dangers of distracted and drunk driving



Keosha Ludlow, Director of Injury Prevention  
Choctaw Nation of Oklahoma

Educating teen drivers on the dangers of distracted and drunk driving is a key component of Choctaw Nation's IP programming. We began realizing that distracted and drunk driving among teens was a growing problem in our community, so we started focusing on ways to reach teens to educate them on how to make safer decisions behind the wheel. We also recognized that educating teens in our local rural schools makes our goals personal to families and relatives who live in our tribal service area as well as Choctaw tribal members, which will ultimately help any education be more successful.

Our goal is to complete a pre- and post-survey at three local rural schools. On the first visit, we do a pre-survey and educate the students on the dangers of distracted and drunk driving. During the next month, we conduct

observations of the teen drivers at different times of day. On our last visit, we show a video further educating the teens on the dangers, and we complete the post-survey. To accomplish our goal, we've partnered with three local schools in the rural tribal service area in Oklahoma: Battiest, Rattan, and Wright City schools.

We conducted our first education activity and pre-survey at Battiest Public School in December 2017, with the help of Don Mullenix, the superintendent at Battiest. Joey Tom, Sr., Director of Youth Services at Choctaw, and I conducted the educational activities, discussion, and surveys. It was interesting to learn that most of the students already knew about the dangers of distracted or drunk driving, and many of them even knew someone who has been injured or killed in a vehicle related to distracted or drunk driving. But even after we discussed the facts with them, many asked additional questions. The students were engaged and interested in the subject. We hope they will apply their new knowledge to their own lives as well as spread awareness to their friends and families.

Our next step is to visit Rattan and Wright City schools to conduct the educational activities and pre-surveys. We look forward to engaging with teen drivers again.

For more information about Choctaw Nation's IP programming, contact Keosha at [keosha.ludlow@choctawnation.com](mailto:keosha.ludlow@choctawnation.com).



# Year 3 site visits for Part I Programs underway

Jenn Russell, Monitoring Contractor, Centers for American Indian and Alaska Native Health

*Holly Billie and I have visited three of the seven TIPCAP Part I Programs so far in funding Year 3. These visits have presented great opportunities to engage in unique in-person conversations with Coordinators, Administrators, tribal members, Project Officers, and others at these sites. We have been able to learn a great deal about the local activities, successes, and challenges among TIPCAP Part I Programs. I wanted to share a few highlights with you from our visits thus far.*

## Washoe Tribe of Nevada and California

A big 'thank you' to TIPCAP Coordinator Brittany Williamson and her supervisor, Kim Neiman, at the Washoe Tribe of Nevada and California for hosting a large group of us for a site visit in November 2017. We had a jam-packed agenda and a very productive meeting, and we enjoyed having Angie Wilson, Washoe Tribal Health Clinic Executive Director, join us for part of the day.

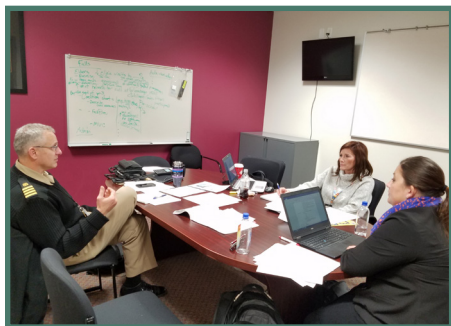
We learned a great deal about the activities that Brittany is implementing to reduce elder falls in the four communities or colonies of the Washoe Tribe. One of the biggest successes to date has been the development of a referral system. While the bugs are still being worked out, Brittany and Kim have worked with the clinic to initiate a referral process which includes having clinic staff screen each person 50 years or older who comes to the clinic for care for fall risk. If the patient is at increased risk for falls, they are referred to the TIPCAP fall prevention program through the electronic health record system. Brittany then follows up on the referrals, does a home assessment, and assists with modifications to reduce fall hazards when necessary.

Another big success of this program has been coordinating a local task force, focused on the health and well-being of tribal seniors. Task force members include representatives from different tribal departments such as housing, medical, Elder Center staff, and more.

To learn more about Brittany's referral system or her program, email her at [Brittany.Williamson@washoetribe.us](mailto:Brittany.Williamson@washoetribe.us).



Attendees at the visit included: Brittany Williamson; Kim Neiman; Jason Hymer, former Project Officer; Robert Morones, Phoenix Area IP Specialist; Landon Wiggins, Reno District Environmental Health Officer; Holly Billie; and Jenn Russell



Attendees at the visit included: Jennifer Straub; Chris Allen, Project Officer; Holly Billie; and Jenn Russell

## Winnebago Tribe of Nebraska

In December, we had the opportunity to visit Jennifer Straub, TIPCAP Coordinator at the Winnebago Tribe of Nebraska. Jennifer has been hard at work doing home assessments to reduce fall risks for the seniors of the Winnebago Tribe of Nebraska, distributing car seats, and leading a successful Tai Chi class at the local senior center, among other activities.

Jennifer's Tai Chi class has been a great success for the program thus far. There are between 5-10 elders who participate in the classes regularly, which are offered twice a week. Jennifer works closely with the Physical Therapist at the Winnebago Hospital to conduct baseline and follow-up Timed Up and Go (TUG) tests based on the CDC's STEADI program. Many of the class-goers have seen improvements in their TUG times since they started participating in Tai Chi.

*continued on next page*

## Year 3 site visits for Part I Programs underway



It wouldn't be injury prevention without a chair Tai Chi session before lunch!

### Winnebago Tribe of Nebraska *continued*

Another successful activity for Jennifer has been assisting seniors to apply for tribal funding when more expensive home modifications are needed to reduce fall risks in the home. Modifications include ramps, walk-in showers, flooring replacement, and others. The senior can apply for up to \$6,500 every two years to assist with these safety modifications. Jennifer has helped nearly ten households to apply for this funding so far and will continue to assist the seniors with their applications for this funding after she identifies a need for these types of modifications during the home assessments.

Learn more about the injury prevention program at the Winnebago Tribe of Nebraska by emailing Jennifer at [Jennifer.Straub@ihs.gov](mailto:Jennifer.Straub@ihs.gov).



Attendees at the visit included: Monte Yazzie, Christopher Henke, Holly Billie, and Jenn Russell

### Salt River Pima-Maricopa Indian Community

In February, we traveled to the Salt River Pima-Maricopa Indian Community to meet with Monte Yazzie, TIPCAP Coordinator, and his supervisor, Christopher Henke. We started the morning by having a great talk about sustainability and the future of TIPCAP. Monte has a sustainability mindset throughout all planning and program implementation, making all attempts to ensure that the IP efforts that have been started under TIPCAP funding last beyond the funding cycle. Christopher noted that the tribe is supportive of the IP efforts, and there is hope that those efforts will be sustained by the tribe in some capacity after this TIPCAP funding cycle. Monte's efforts have been widely recognized in the community, earning him a nomination for employee of the year. Congratulations, Monte!

The SRPMIC IP Program's objectives include motor vehicle safety, preventing older adult falls, safe sleep for babies, and increasing helmet use. Until recently, the helmet use objective has been difficult to evaluate because there are not many frequent bike riders in the community; however, a massive new skateboard park has just been completed, and it presents a great opportunity for making an impact on the frequency of helmet use among skaters in the community. Monte is planning to be a part of their grand opening celebration and has ideas on bringing local professionals in the sport to the park to educate kids on the importance of wearing a helmet. Monte will also be distributing helmets to those who need them.

During our visit, we were honored to join the weekly TIPCAP-organized Tai Chi class. There was a great turnout for the class with about twelve participants who have regularly participated since this round of classes started about six weeks ago. The instructor, Nacho, reminded the class during his instruction about the importance of being confident in their steps and stance while being careful not to over-do it. Monte is also a trained Tai Chi instructor with a physical therapy background and was able to spot a few participants when they completed exercises that were not chair-based. It was an overwhelmingly positive experience for all.

If you have questions for Monte about the IP Program at Salt River Pima-Maricopa Indian Community, email him at [Monte.Yazzie@SRPMIC-nsn.gov](mailto:Monte.Yazzie@SRPMIC-nsn.gov).



From left: Instructors Nacho Verdugo and Christy Burnette, and Monte Yazzie and Holly Billie

# Part II conference call highlights

**We're highlighting three of the new Part II Projects that joined TIPCAP in FY18 to introduce them to the TIPCAP team! Contact them to learn more about their programs and injury prevention efforts.**

Toni Short is the Director of Health Programs for the Apache Tribe of Oklahoma and is filling the role of TIPCAP Coordinator for the tribe's Injury Prevention Program. Their TIPCAP project is divided in two areas of focus: motor vehicle crash injury prevention and elder fall injury prevention. Toni has an excellent program assistant, Duke, who is a CHR and CPS technician. Toni also works closely with the local Safe Kids coalition. In addition to educating CPS technicians and conducting car seat checks and installations, Toni and Duke conduct comprehensive fall risk assessments for the elders in their community, which include home assessments, medication reviews, vision screenings, and physical assessments. It is clear that Toni and Duke are covering a lot of ground with their injury prevention project and we are excited to hear more as the year progresses.

## Apache Tribe of Oklahoma

**Toni Short**

[apachetribe\\_chr@yahoo.com](mailto:apachetribe_chr@yahoo.com)

## Comanche Tribe of Oklahoma

**Bonita Paddyaker**

[bonitap@comanchenation.com](mailto:bonitap@comanchenation.com)

Bonita Paddyaker is the TIPCAP Coordinator for the Injury Prevention Program at Comanche Tribe of Oklahoma. The focus of this particular project is on youth safety, mainly to prevent injuries due to motorized and non-motorized vehicle accidents. Bonita distributes bike and ATV helmets to youth up to age 19 at various community events, while also distributing car seats. Bonita is planning a design your own helmet campaign to encourage helmet use and to change the perception that helmets are uncool. Bonita also has an artistic poster depicting the hazards of distracted driving among youth, which has been distributed over 300 times. She is now planning a distracted driving poster contest for the kids at the local high school and the winning design will be used for the next program poster. These events are engaging and enriching the youth while bringing about awareness about injury prevention.

Patricia Ramos is the TIPCAP Coordinator for the Injury Program at the Northern Cheyenne Tribe, which focuses on motor vehicle safety in three areas: seatbelt awareness and enforcement, child passenger safety, and awareness about impaired driving. Patricia collaborates with many professionals within her community. For example, the car seat installations and education are done concurrently with PHNs and during prenatal classes. Patricia also has a successful partnership with local law enforcement, which she attributes to the active Safety Coalition, which police officers regularly attend. Patricia and her team are also currently implementing a positive reinforcement campaign in an effort to increase seatbelt use. During a seatbelt check event, when an officer pulls someone over who is wearing their seatbelt or a vehicle that is displaying proper child restraint use, the officer gives them a \$5 gift card to the local coffee shop. This was determined to be the best approach to enforcement since the seatbelt law for the tribe is currently only a secondary law.

## Northern Cheyenne Tribe

**Patricia Ramos**

[patricia.ramos@ihs.gov](mailto:patricia.ramos@ihs.gov)

# Requirements for 2018 Injury Prevention Program (IPP) Non Competing Continuation Application

## 1. Narrative

For each objective provide a summary of previous year (1 or 3) accomplishments, challenges, and lessons learned.

For each one-year objective, declare whether the objective was met, partially met, or unmet. Include a short statement to justify the declaration.

The narrative will report the following to demonstrate program efforts:

- Media materials developed and estimated reach
- Training provided and number of participants
- Evaluation data variables as required by IHS (to be provided)
- Motor-vehicle injury prevention - seat belt use rates and/or child safety seat use rates
- Fall Prevention – number of participants for:
  - exercise programs
  - completed home assessments
  - medication reviews
  - vision screening

Evaluation data variables are being developed by IHS and the monitoring contractor. These tools will be available soon.

## 2. Work plan

Ensure objectives are in the SMART format in the continuing year work plan. For each objective the work plan will include activities/tasks, action steps, evaluation data variables to be collected, responsible persons, and a timeline. The work plan template developed by IHS will be used.

## 3. Evaluation

Provide any updates for the evaluation plan for year 2, if applicable:

1. Formative
2. Process
3. Impact
4. Outcome

## 4. Logic Model

Provide a Logic Model for year 2:

1. Resources
2. Program Activities
3. Outputs
4. Outcomes - short, intermediate and long term









# Getting to know a TIPCAP Project Officer

Molly Madson works as the Project Officer for the California Rural Indian Health Board in Northern California

## On life story and experiences:

I am from a small town in Northern Wisconsin called Sister Bay. There are no stoplights or chain restaurants at all. I grew up at the beach, right on Lake Michigan, and love going back to visit.

*How did you end up working as a Project Officer?*

I completed a COSTEP with the Billings Area IHS in 2007 and absolutely fell in love with the culture and people in Tribal communities. I knew I wanted to have a career that allowed me to help people, and Environmental Health and Injury Prevention has been a beautiful way to fulfill that dream. I officially became a project officer when I worked in Santa Fe, NM with the Part 1 site at San Felipe Pueblo. Prior to that, I had worked a lot with the TIPCAP sites in the Reno District, but never

in the official capacity of PO.

*Who influences you to work hard?*

I am deeply influenced by family. My husband and children are so incredibly supportive of my work and career. My parents taught me the importance of hard work and made sure I went to college; I am a first generation college student. And my two brothers have always been some of my very best friends. I am a LUCKY and BLESSED woman.

## On working with TIPCAP:

*What's your favorite part of your job?*

The People! The people in my office, in our Area, in my past offices, in the field, at the senior centers, childcares, and the tribal offices, etc. These people are my favorite.

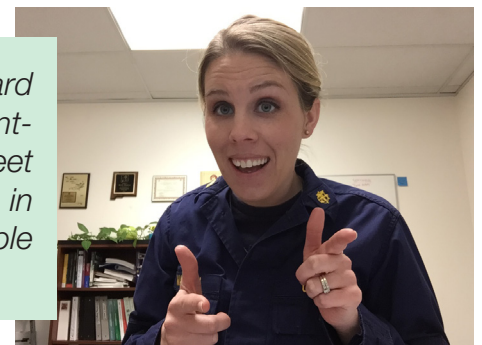
*What words of wisdom do you have for other TIPCAP grantees?*

Injury prevention work does not have many instant or immediate results. This can make the job hard and sometimes feel like you're not moving forward with the program at all. However, all of those small victories and completed tasks add up. Remember to celebrate them. Before you know it, people are going to notice a difference, and they are going to notice you.

*What are the goals you want TIPCAP to accomplish most?*

I really want injury prevention to be more commonplace. The community members should be provided with a wheel chair ramp if they need a wheel chair or a car seat or a gun safe or a bike helmet or a life jacket or a smoke detector...you get the idea. I want these items and their use to be the norm, not the anomaly.

“Thank you for your hard work. The TIPCAP grantees are amazing. They are the feet on the ground and are our partners in reaching some of the less accessible communities.”





# Are evaluation and dissemination really that important?

Carol Runyan, PhD, University of Colorado, School of Public Health

Funders and academic colleagues frequently urge (or require) practitioners to evaluate their work and disseminate the findings. But, understandably, time is tight and resources are scarce. There are always new crises to address and more problems to solve, whether programmatic challenges, personnel issues, logistical concerns, or just time constraints. But is doing evaluation and disseminating the results important enough to rise to the top of your “to do” list? Admittedly, I am an academic – but I have also worked in the “real world” and hope to convince you that *this is an essential part of your work*.

## Outcome Evaluation

Outcome evaluation (sometimes called impact evaluation) is critical to understanding how well your efforts worked in accomplishing what you set out to do (your goals and objectives). This can help you argue for why funding should continue, or possibly even be increased, so you can keep your program afloat or make improvements or expand your work in your community or with other groups. It is also helpful so you can plan to allocate your organization’s resources to maximize your success. Evaluation data helps you document what you accomplished and can help you argue for your program (and possibly your job) when decision makers are faced with budget cuts and are establishing priorities based on results. Capturing the extent to which fewer deaths or serious injuries are attributable to your initiative is usually very hard (often impossible), but looking for changes that you know are associated with injury outcomes can be used sometimes as proxies. For example, you can make the case the program worked if you can measure that people changed behaviors like using seat belts, driving more slowly, installing smoke alarms, removing fall hazards, or locking their guns – all behaviors that research

has documented are associated with improved safety outcomes.

## Process Evaluation

Process evaluation is also essential as it helps you figure out why things were successful or perhaps aspects did not work as well as you had expected or hoped. Rather than “throw the baby out with the bathwater,” process evaluation can help you assess how you need to change the WAY you do the program (not necessarily change or eliminate the program itself). This is very important especially if the program did not work as successfully as hoped. Knowing about possible glitches in the delivery can help you make adjustments to increase your success. This type of evaluation relies on documenting what you did, who did what, and what unplanned factors might have gotten in the way. For example, people may have wanted to come to your fall prevention class, but there was no parking available at the site and they went home. It would be a shame to cancel the course based only on the fact few showed up, without understanding how the problem can be fixed. Being aware of this logistical problem can help you find a solution, like scheduling the next course at a time when you know there will be ample parking spaces, finding a new facility with more parking, or providing public transportation options. Having this type of information helps you put in perspective the results you achieved and plan for a more successful effort next time.

## Sharing with Your Colleagues

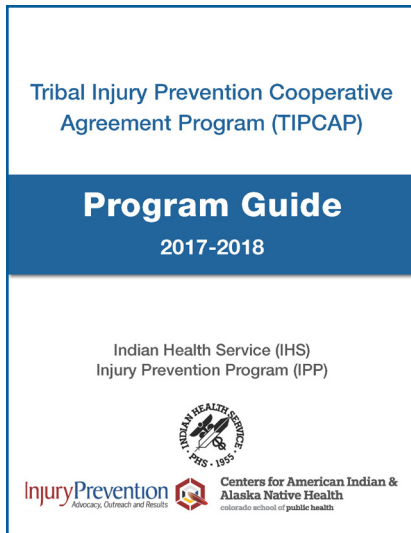
Finally, once you have done your evaluation, you need to share it. This serves several purposes. One, by pulling the information together and discussing among your colleagues, you can more carefully figure out how to use the information to improve your performance in the future – either with the same pro-

gram or with others that affect the same population. For example, parking may be an issue regardless of whether the program is focused on fall prevention or driving safety. Also, by writing up the results and sharing them more broadly, you can help other program leaders learn to make their programs stronger, and you will be able to learn from them if they do the same. Though it can be uncomfortable to talk about less successful efforts, sharing all your results is important to keep making progress. By analogy, wouldn’t you want to know if someone’s recipe flopped because they discovered they didn’t account for altitude in the cooking process? Or that your bowling league event was poorly attended because no one realized the bowling alley didn’t get the right TV sports channels to allow participants to watch their favorite team play an important game?

## Sharing More Broadly

Working with academic colleagues in writing up your results can be a great learning experience and a good way to share expertise, particularly when you feel too busy or overwhelmed by the writing process. Most academics are eager to publish as that is the key factor in how we get promotions and raises. So, you can take advantage of this win-win situation. You can work with local universities in your area or contact CAIANH, the TIPCAP monitoring contractor at the University of Colorado, School of Public Health. We are willing to help.

Evaluation need not be complex to be useful. Often, simple is better. But it is critically important that it be a part of every public health initiative and that the results are shared widely to keep making progress. Injury prevention is not easy work – we need to take advantage of every opportunity to learn from each other as we protect our communities.



*Do you have questions about your responsibilities as a Part I Tribal Injury Prevention Coordinator?*

*Do you need more information about carryover funding requests?*

*Are you looking for resources regarding program evaluation?*

**The TIPCAP Guide has these answers for you!**

## Purpose

The guide is intended to provide a general overview to assist TIPCAP sites in program operations and administration of the cooperative agreement funding. The guide will, ultimately, assist in implementing the program's goals and expectations. It also provides resources for tribal injury prevention programs.

## Overview

The guide provides background on the IHS IP program, details on TIPCAP funding processes and requirements, expectations for Part I and Part II sites, and offers guidance on establishing sustainable IP programming through an extensive list of resources and tools specific to injury prevention and TIPCAP.

## How To Navigate

The guide is hyper-linked so that navigating the 88-page 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 hyper-linked so that if you want to navigate between sections without returning to the table of contents, you can. The Resources section lists many websites, and clicking these will take you to that particular resource.

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**Overview of the IHS Injury Prevention Program (IPP)**

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

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

For more information, see the IHS website: <http://www.ihs.gov/injuryprevention>

**TIPCAP Summary**

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

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

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

For a list of tribes and tribal organizations funded by the past and current TIPCAP funding cycles, see the IHS website: <http://www.ihs.gov/injuryprevention>

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

The IHS agency-specific responsibilities are listed in the Funding Announcement Number: HHS-2015-IHS-IPP-0001, pages 6-7. TIPCAP is described at 93.264 in the Catalog of Federal Domestic Assistance. The program is authorized under 25 U.S.C. 15, Snyder Act, and 42 U.S.C., Section 2010a, Public Health Service Act, as amended. This program is funded through a competitive cooperative agreement.

**All entries in the table of contents are linked so you can go directly to the content you need**

**Use the sidebar to navigate between sections**

To access the guide, visit [https://www.ihs.gov/injuryprevention/includes/themes/responsive2017/display\\_objects/documents/TIPCAP\\_Guide\\_2017-2018.pdf](https://www.ihs.gov/injuryprevention/includes/themes/responsive2017/display_objects/documents/TIPCAP_Guide_2017-2018.pdf)



# Save the Date

## March

### 20 TIPCAP Motor Vehicle Webinar

*Presenter Lawrence Robertson, Bureau of Indian Affairs, Indian Highway Safety Program*

2:00pm EDT

<http://ihs.adobeconnect.com/tribalipp/>

## April

### 17 IHS Project Officer Training

*Health & Human Services Building  
Rockville, MD*

### 22 Lifesavers Conference

*National Conference on Highway Safety Priorities*

April 22–24, 2018

San Antonio, TX

<http://lifesaversconference.org/>

**Injury Prevention**  
Advocacy, Outreach and Results



## 2018 TIPCAP Workshop for Part I Programs

April 18–19, 2018

**Location:** Health & Human Services Building\*  
5600 Fishers Lane  
Rockville, MD

**Hotel:** Hilton Washington DC/Rockville Hotel\*\*  
1750 Rockville Pike  
Rockville, MD

Please make your hotel reservations now. The hotel has a group room block. Use group name “IHS-TIPCAP” and code “AIH” when booking. Deadline for hotel reservations is March 26.

**More information will be provided as we get closer to the workshop!**

\*This is a federal facility so a government-issued ID will be required for entry.

\*\*The hotel is about 0.6 miles from the HHS building.





## Motor Vehicle Safety Resources

### National Safety Council - Road to Zero

<http://www.nsc.org/learn/NSC-Initiatives/Pages/Road-to-Zero-Newsletter.aspx>

The Road to Zero Newsletter provides valuable updates and information related to traffic safety

### National Safety Council - USA Today News Article

<https://www.usatoday.com/story/money/cars/2018/02/15/national-safety-council-traffic-deaths/340012002/>

This news report looks at estimates made by the National Safety Council, which found that U.S. vehicle deaths topped 40,000 in 2017

### Motor Vehicle Prioritizing Interventions and Cost Calculator

<https://www.cdc.gov/Motorvehiclesafety/calculator/>

"This newly redesigned interactive calculator...calculates the expected number and monetized value of injuries prevented, lives saved, and the costs of implementation, while taking into account available resources"

### INRIX Global Traffic Scorecard

<http://inrix.com/scorecard/>

The Scorecard is the largest study of its kind and analyzes and ranks the impact of traffic congestion in 5 continents, 38 countries, and 1,064 cities

### Network of Employers for Traffic Safety

<http://trafficsafety.org/road-safety-resources/public-resources/cost-of-motor-vehicle-crashes-to-employers-2015/>

The site hosts the report "Cost of Motor Vehicle Crashes to Employers—2015," which found that traffic crashes cost employers \$47.4 billion in 2013 alone

### Fatal Car Accidents Caused by Distracted Driving

<https://www.expertmarket.com/focus/research/distracted-driving>

A research firm revealed a list of how states rank in relation to fatal accidents caused by distracted driving



## Notice of Funding Opportunity

### Tribal Public Health Capacity Building and Quality Improvement Umbrella Cooperative Agreement

<https://www.cdc.gov/tribal/cooperative-agreements/tribal-capacity-building-OT18-1803.html>

**Application deadline: April 24, 2018**

### Purpose

This program's purpose is to provide resources for AI/AN tribal nations and regional AI/AN tribally designated organizations to optimize the quality and performance of tribal public health system, including infrastructure, workforce, data and information systems, programs and services, resources and communication, and partnerships. Work in these areas will increase the capacity of Indian Country to identify, respond to, and mitigate public health threats and decrease the burden of disease among AI/ANs.

### Program Strategies

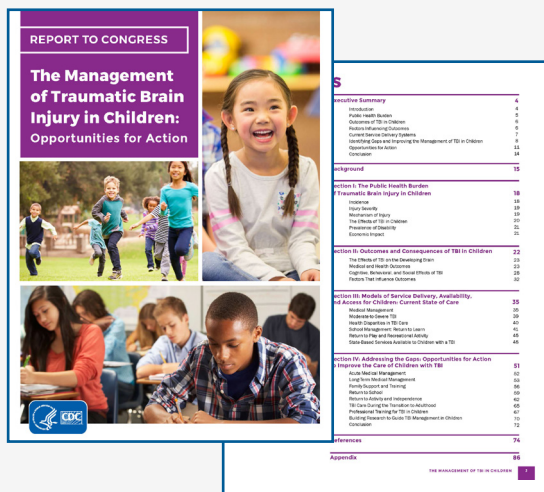
Successful applicants will focus on building tribal public health systems' capacity in one of more of the following areas:

- Improving system infrastructure and operational capacity
- Building the competencies of the workforce
- Improving data and information systems
- Strengthening programs and services
- Improving the provision of resources and communication
- Developing and maintaining partnerships

## Report to Congress on The Management of Traumatic Brain Injury (TBI) in Children

The Centers for Disease Control recently released this report which details the impact a TBI can have on children and their families. The report also "identifies gaps in care, provides opportunities for action to reduce the gaps, and highlights key policy strategies to address the short and long-term consequences of a TBI."

<https://www.cdc.gov/traumaticbraininjury/pubs/congress-childrentbi.html>



# TIPCAP CONTACT LIST

TIPCAP Site	Part	Project Officer
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## Alaska Area

Bristol Bay Area Health Corp Kurt Buttelmann <a href="mailto:KButtelmann@bbahc.org">KButtelmann@bbahc.org</a>	Part II	Elisa Bruns <a href="mailto:Elisa.Bruns@ihs.gov">Elisa.Bruns@ihs.gov</a>
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## Albuquerque Area

Albuquerque Area Indian Health Board Jerrod Moore <a href="mailto:jmoore@aaihb.org">jmoore@aaihb.org</a>	Part I	Jerry Lee <a href="mailto:Jerry.Lee@ihs.gov">Jerry.Lee@ihs.gov</a>
Jicarilla Apache Nation Chris Holyfield <a href="mailto:Holyfield.Chris@yahoo.com">Holyfield.Chris@yahoo.com</a>	Part II	Jerry Lee <a href="mailto:Jerry.Lee@ihs.gov">Jerry.Lee@ihs.gov</a>
Pueblo of Jemez Antonio BlueEyes <a href="mailto:Antonio.BlueEyes@jemezpueblo.us">Antonio.BlueEyes@jemezpueblo.us</a>	Part II	Jerry Lee <a href="mailto:Jerry.Lee@ihs.gov">Jerry.Lee@ihs.gov</a>

## Bemidji Area

Fond du Lac Band of Lake Superior Chippewa, KaRee Lockling <a href="mailto:KareelLockling@fdirez.com">KareelLockling@fdirez.com</a>	Part II	William Crump <a href="mailto:William.Crump@ihs.gov">William.Crump@ihs.gov</a>
Ho-Chunk Nation Pam Thunder <a href="mailto:Pam.Thunder@ho-chunk.com">Pam.Thunder@ho-chunk.com</a>	Part II	William Crump <a href="mailto:William.Crump@ihs.gov">William.Crump@ihs.gov</a>
White Earth Band of Chippewa Indians Cyndy Rastedt <a href="mailto:Cyndy.Rastedt@whiteearth-nsn.gov">Cyndy.Rastedt@whiteearth-nsn.gov</a>	Part II	William Crump <a href="mailto:William.Crump@ihs.gov">William.Crump@ihs.gov</a>

## Billings Area

Blackfeet Tribe Debbie Whitegrass Bullshoe <a href="mailto:dbullshoe@blackfeetnation.com">dbullshoe@blackfeetnation.com</a>	Part I	Darcy Merchant <a href="mailto:Darcy.Merchant@ihs.gov">Darcy.Merchant@ihs.gov</a>
Northern Cheyenne Tribe Patricia Ramos <a href="mailto:Ramos_Sioux@yahoo.com">Ramos_Sioux@yahoo.com</a>	Part II	Darcy Merchant <a href="mailto:Darcy.Merchant@ihs.gov">Darcy.Merchant@ihs.gov</a>
Rocky Mountain Tribal Epi Center Jordan Vandjelovic <a href="mailto:Jordan.Vandjelovic@rmtlc.org">Jordan.Vandjelovic@rmtlc.org</a>	Part I	Darcy Merchant <a href="mailto:Darcy.Merchant@ihs.gov">Darcy.Merchant@ihs.gov</a>

## California Area

California Rural Indian Health Board Julie Villa <a href="mailto:Julie.Villa@crihb.org">Julie.Villa@crihb.org</a>	Part II	Molly Madson <a href="mailto:Molly.Madson@ihs.gov">Molly.Madson@ihs.gov</a>
Indian Health Council, Inc. Rick Romero <a href="mailto:RRomero@indianhealth.com">RRomero@indianhealth.com</a>	Part II	Brian Lewelling <a href="mailto:Brian.Lewelling@ihs.gov">Brian.Lewelling@ihs.gov</a>
Lake County Tribal Health Consortium Janice Harper <a href="mailto:jharper@lcthc.org">jharper@lcthc.org</a>	Part II	Tim Shelhamer <a href="mailto:Tim.Shelhamer@ihs.gov">Tim.Shelhamer@ihs.gov</a>

## Great Plains Area

Great Plains Tribal Chairmen Christy Hacker <a href="mailto:Christy.Hacker@gptchb.org">Christy.Hacker@gptchb.org</a>	Part II	Terrold Menzie <a href="mailto:Terrold.Menzie@ihs.gov">Terrold.Menzie@ihs.gov</a>
Winnebago Tribe of Nebraska Jennifer Straub <a href="mailto:Jennifer.Straub@ihs.gov">Jennifer.Straub@ihs.gov</a>	Part I	Timothy Wildcat <a href="mailto:Timothy.Wildcat@ihs.gov">Timothy.Wildcat@ihs.gov</a>

## Nashville Area

Saint Regis Mohawk Tribe Lynne Thompson <a href="mailto:lynnet@regis.nashville.ihs.gov">lynnet@regis.nashville.ihs.gov</a>	Part II	Riley Grinnell <a href="mailto:Riley.Grinnell@ihs.gov">Riley.Grinnell@ihs.gov</a>
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TIPCAP Site	Part	Project Officer
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## Navajo Area

The Navajo Nation Norma Bowman <a href="mailto:nbowman@navajodot.org">nbowman@navajodot.org</a>	Part II	Zoann McKenzie <a href="mailto:Zoann.McKenzie@ihs.gov">Zoann.McKenzie@ihs.gov</a>
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## Oklahoma Area

Apache Tribe of Oklahoma Antoninette Short <a href="mailto:apachetribe_chr@yahoo.com">apachetribe_chr@yahoo.com</a>	Part II	David Bales <a href="mailto:David.Bales@ihs.gov">David.Bales@ihs.gov</a>
Choctaw Nation of Oklahoma Keosha Ludlow <a href="mailto:Keosha.Ludlow@choctawnation.com">Keosha.Ludlow@choctawnation.com</a>	Part II	David Hogner <a href="mailto:David.Hogner@ihs.gov">David.Hogner@ihs.gov</a>
Comanche Tribe of Oklahoma Bonita Paddyaker <a href="mailto:bonitap@comanchenation.com">bonitap@comanchenation.com</a>	Part II	David Bales <a href="mailto:David.Bales@ihs.gov">David.Bales@ihs.gov</a>
Ponca Tribe of Oklahoma Jocelyn Jackson <a href="mailto:Jocelyn.Jackson2@ihs.gov">Jocelyn.Jackson2@ihs.gov</a>	Part I	James Isaacs <a href="mailto:James.Isaacs@ihs.gov">James.Isaacs@ihs.gov</a>
Wichita and Affiliated Tribes Tiffany Lonewolf <a href="mailto:Tiffany.Lonewolf@wichitatribe.com">Tiffany.Lonewolf@wichitatribe.com</a>	Part II	Katie Tompkins <a href="mailto:Katie.Tompkins@ihs.gov">Katie.Tompkins@ihs.gov</a>

## Phoenix Area

Ak-Chin Indian Community Marc Matteson <a href="mailto:MMatteso@ak-chin.nsn.us">MMatteso@ak-chin.nsn.us</a>	Part II	Rob Morones <a href="mailto:Robert.Morones@ihs.gov">Robert.Morones@ihs.gov</a>
Gila River Indian Community Verena Jackson <a href="mailto:Verena.Jackson@gric.nsn.us">Verena.Jackson@gric.nsn.us</a>	Part II	Rob Morones <a href="mailto:Robert.Morones@ihs.gov">Robert.Morones@ihs.gov</a>
Inter Tribal Council of Arizona, Inc. Esther Corbett <a href="mailto:Esther.Corbett@itcaonline.com">Esther.Corbett@itcaonline.com</a>	Part II	Rob Morones <a href="mailto:Robert.Morones@ihs.gov">Robert.Morones@ihs.gov</a>
Pyramid Lake Paiute Tribe Carla Molino <a href="mailto:Carla.Molino@ihs.gov">Carla.Molino@ihs.gov</a>	Part II	Rob Morones <a href="mailto:Robert.Morones@ihs.gov">Robert.Morones@ihs.gov</a>
Reno-Sparks Indian Colony Valentine Lovelace <a href="mailto:VLovelace@rsicclinic.org">VLovelace@rsicclinic.org</a>	Part II	Rob Morones <a href="mailto:Robert.Morones@ihs.gov">Robert.Morones@ihs.gov</a>
Salt River Pima-Maricopa Indian Monte Yazzie <a href="mailto:Monte.Yazzie@srpmic-nsn.gov">Monte.Yazzie@srpmic-nsn.gov</a>	Part I	Rob Morones <a href="mailto:Robert.Morones@ihs.gov">Robert.Morones@ihs.gov</a>
Shoshone-Paiute Tribes of Duck Valley Elizabeth Sam <a href="mailto:Sam.Elizabeth@shopai.org">Sam.Elizabeth@shopai.org</a>	Part II	Rob Morones <a href="mailto:Robert.Morones@ihs.gov">Robert.Morones@ihs.gov</a>
Washoe Tribe of Nevada & California Brittany Williamson <a href="mailto:Brittany.Williamson@washoetribe.us">Brittany.Williamson@washoetribe.us</a>	Part I	Rob Morones <a href="mailto:Robert.Morones@ihs.gov">Robert.Morones@ihs.gov</a>

## Portland Area

Northwest Portland Area Indian Health Board, Luella Azule <a href="mailto:LAzule@npaihb.org">LAzule@npaihb.org</a>	Part II	Matthew Ellis <a href="mailto:Matthew.Ellis@ihs.gov">Matthew.Ellis@ihs.gov</a>
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## Tucson Area

Pascua Yaqui Tribe Feliciano Cruz <a href="mailto:Feliciano.R.CruzJr@pascuayaqui-nsn.gov">Feliciano.R.CruzJr@pascuayaqui-nsn.gov</a>	Part II	Martin Smith <a href="mailto:Martin.Smith@ihs.gov">Martin.Smith@ihs.gov</a>
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