

External Evaluation of the Indian Health Service Oklahoma City Area Injury Prevention Program: Evaluation Report – Executive Summary

Submitted by:

**Carolyn E. Crump, PhD
Robert J. Letourneau, MPH**

University of North Carolina
Injury Prevention Research Center

Submitted to:

Harold Cully
Oklahoma City Area Injury Prevention Specialist

Richard J. Smith, III, MS
Acting Deputy Director,
Indian Health Service Office of Public Health

David Wallace, MSEH
Acting Principal Injury Prevention Consultant,
Indian Health Service Injury Prevention Program
National Center for Injury Prevention & Control
Centers for Disease Control & Prevention

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Oklahoma City Area Evaluation Report – Executive Summary

This Executive Summary outlines the major findings outlined in the Oklahoma City Area (OCA) Injury Prevention Program (IPP) Evaluation Report completed in April 2000 by Carolyn E. Crump, PhD and Robert J. Letourneau, MPH of the University of North Carolina Injury Prevention Research Center. The contents of this summary were prepared based on an assessment of the OCA IPP conducted from 1997-1999. The OCA served as one of two pilot sites for the development of evaluation methods, procedures, and processes that will be used to evaluate all IHS Area Injury Prevention Programs. Included in this Executive Summary are the Stage of Development ratings for the 12 Evaluation Components used to guide the evaluation process:

1. Mission/Vision
2. Resource Allocation/Accounting
3. Management Support
4. Staffing/Roles & Responsibilities
5. Training
6. Partnerships/Collaboration
7. Needs Assessment/Defined Service Population
8. Surveillance Data Collection
9. Injury Program Planning and Implementation
10. Marketing
11. Evaluation/Reporting
12. Technical Assistance/Building Tribal Capacity

A brief summary of recommendations is also provided for each Evaluation Component. Please refer to the full-text version of the OCA IPP Evaluation Report for the following: background on the development of the evaluation process; an overview of the OCA IPP; a description of the Program Stage of Development Process; contextual factors used to determine stage of development ratings; and a comprehensive list of resources for OCA IPP staff.

1. Mission/Vision

Basic	Intermediate	Comprehensive
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The Oklahoma City Area (OCA) Injury Prevention Program (IPP) is at the **Basic** stage of development for Mission/Vision. The evaluators recommend that the OCA IPP develop a systematic, annual process to strategically plan activities. This should include the identification of goals, objectives, persons responsible for meeting goals/objectives, and timelines for the IPP at the Area, District, and Service Unit level. A strategic plan should be based on available local data and direct feedback from District, Service Unit, and Tribal personnel involved with the IPP, as well as Area management staff. The objectives and activities identified in the plan should be used to assess job performance annually. The evaluators specifically recommend that the strategic planning process be developed using the 12 Evaluation Components identified in this Area Evaluation. OCA IPP staff may prioritize planning based on Evaluation Components identified as being at the Basic stage of development in this report.

2. Resource Allocation/Accounting

Basic	Intermediate	Comprehensive
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The OCA IPP is at the **Basic** stage of development for Resource Allocation/Accounting. The evaluators recommend that OCA IPP staff use both available and collect additional data (e.g., health problems facing OCA Native Americans, costs related to injury morbidity and mortality, costs of clinic visits and hospitalizations, estimate costs savings due to injury prevention) to justify the importance and significance of the IPP to OCA administrators (e.g., Area Director, Service Unit Directors, Tribal leaders). The evaluators also suggest that IPP staff investigate and pursue working relationships with researchers at the University of Oklahoma and the Oklahoma State Health Department to identify and secure external funding opportunities for IPP activities. The evaluators strongly recommend that a specific IPP budget be established and that the Area and District IPP Specialists have at least some input into the annual budget

Oklahoma City Area Evaluation Report – Executive Summary

for the OCA Injury Prevention Program. The strategic planning recommendations provided in this report may also effectively influence the extent to which the OCA supports IPP activities with funding in the future. Further development of key Evaluation Components (e.g., management support, training, injury surveillance and marketing) will also help garner the support needed to obtain a portion of Area resources for injury prevention that is consistent with costs incurred due to deaths and injuries from unintentional and intentional injuries.

3. Management Support

	Basic	Intermediate		Comprehensive
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The OCA IPP is between the **Basic** and **Intermediate** stages of development for Management Support. The evaluators strongly recommend that existing management support for the OCA IPP be strengthened through increased funding for the program. Support for the program would also be enhanced if an annual Injury Prevention Program budget was provided to the Area Injury Specialist and if Area and District IPP staff were involved with annual budget planning processes. The evaluators also recommend that OCA management reflect specific injury prevention program performance standards as a supplement to the standard CORE performance evaluation form. The Area and District Injury Prevention Specialists can also influence the degree to which managers support the IPP through an improved internal communications plan that outlines the extent of the social and economic costs of injury and the potential cost savings from prevention. It is important for the Area IPP to be visible, have a specific agenda (i.e., strategic plan), and to celebrate and communicate success in reducing injuries and lowering costs incurred at the Area and Service Units. Additional recommendations are included in Mission/Vision and Resource Allocation and Accounting Evaluation Components.

4. Staffing/Roles and Responsibilities

Basic	Intermediate	Comprehensive
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The OCA IPP is at the **Intermediate** stage of development for Staffing/Roles and Responsibilities. The evaluators suggest that to move to the next stage of development, the ideal would be to have one person in each Service Unit responsible for injury prevention activities. An alternative includes the Area and District IPP staff encouraging and mentoring current Service Unit staff to accept their responsibility for and develop their skills in injury prevention. In addition to this, the evaluators suggest that Area staff develop stronger relationships with Tribes and Service Unit staff. For example, they recommend that the Area and District Injury Prevention Specialists expand some of their leadership roles to Service Unit Sanitarians who have particular skills and expertise (e.g., injury data surveillance, program planning, evaluation). Developing and strengthening such skills could be done on an annual basis and be built into the strategic planning process developed at the Area level. The evaluators encourage IPP staff to continue discussions regarding collaborations with Oklahoma State Health Department staff as well as other professional and Tribal organizations interested in injury prevention. New roles and sources of funding to support Area IPP staff will benefit the OCA IPP. The evaluators support and encourage the on-going efforts of OCA managers to develop financial mechanisms that will compensate the Area for staff contributions to nationally focused IHS injury prevention programs that benefit multiple populations (e.g., the Sleep Safe, Youth Campaign).

5. Training

Basic	Intermediate	Comprehensive
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The OCA IPP is at the **Comprehensive** stage of development for Training. Developing a strategic plan for injury prevention training and requesting a budget from OCA management to implement the training program is needed, however, for the OCA IPP to remain at this comprehensive level. Included in a strategic plan should be a listing of the course recruitment strategies that will be followed as well as the approximate month, location, budget, and expected number of participants for each injury prevention course. The evaluators encourage OCA IPP staff to document Tribal interest and need for injury prevention training (e.g., phone and/or focus group interviews with Tribal representatives) to provide evidence that training is an integral part of the program. OCA IPP staff should also re-develop collaborations with the Oklahoma State Health Department Injury Prevention Unit to implement injury prevention training courses. To promote available trainings and identify potential participants, the evaluators recommend that Area, District, and Service Unit IPP staff develop a set of standard procedures for announcing training opportunities and recruiting qualified participants for trainings held within and outside the OCA. Future OCA Level I injury prevention training courses should continue to be based on the IHS National Level I course. To enhance these trainings, the evaluators encourage course instructors to review suggested materials related to adult learning principles and practices and incorporate them into OCA Level I courses.

6. Partnerships/Collaboration

Basic	Intermediate	Comprehensive
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The OCA IPP is at the **Intermediate** stage of development for Partnerships/Collaboration. To obtain a comprehensive rating for this component, OCA IPP staff should further the two types of relationships by: 1) focusing on collaborations that will lead to joint implementation of IP projects; and 2) the development of specific ideas and interventions that may be disseminated to local coalitions for implementation. The evaluators suggest that OCA Area and District Injury Prevention Specialists build on their many existing relationships and expand them in ways that lead to the implementation of injury prevention projects. Having a set of specific ideas and project proposals, perhaps outlined in the Area IPP strategic plan, will assist them in focusing their attention on collaborations leading to the joint implementation of injury prevention interventions. The Oklahoma State Health Department is nationally recognized as having one of the more progressive Injury Prevention Sections in the country. The evaluators encourage the further development of the partnerships and collaborations established between IHS and Oklahoma State Injury Prevention staff. OCA IPP staff should also become more involved with fostering local partnerships with Tribal-based injury prevention coalitions. Having an Area strategic plan, including specific plans for the development of local coalitions, will provide focus and direction thus facilitating local IP efforts. The evaluators recommend that the factors affecting the successes of the OCA coalitions be studied more closely by the OCA IPP staff.

7. Needs Assessment/Defined Service Population

Basic	Intermediate	Comprehensive
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The OCA IPP is at the **Basic** stage of development for Needs Assessment/Defined Service Population. For the OCA IPP to move to the next stage of development, staff should consider developing more formal procedures to collect needs assessment data. The evaluators recommend that this information be

Oklahoma City Area Evaluation Report – Executive Summary

collected as part of a structured way of developing tailored, local-level injury prevention programs in direct response to community member requests and needs. They also encourage OCA IPP staff to continue working with program partners (e.g., CHRs, Health Educators, Tribal Police) to collect these data, and that they consider developing a system of engaging other IHS and Tribal program staff to collect information relevant to injury prevention (e.g., nurses, maternal and child health staff, EMS, Public Safety Personnel) by providing incentives (e.g., training opportunities) to reward them for their assistance. To quickly utilize the information collected from surveys, the evaluators recommend that an easy-to-read format summarizing the data should be developed as a tool to market or lobby for the IPP. In addition to identifying the community's perceived injury prevention needs and interests, a community capacity assessment could be also completed to identify assets useful to successful injury prevention activities.

8. Surveillance Data Collection

Basic	Intermediate	Comprehensive
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The OCA IPP is at the **Basic** stage of development for Surveillance Data Collection. The collection of useful, reliable and current injury surveillance data is a significant challenge in the OCA. The evaluators recommend that the Oklahoma City Area IPP staff outline a long-term plan and procedures to support data collection and/or analysis that will improve the injury surveillance both for the Area and within Service Units. The evaluators suggest that OCA staff could be advocates requesting improvements to the IHS's data collection system, as well as other surveillance systems supported by other Federal and state agencies. Developing an ongoing surveillance system (within the constraints of the OCA) will help to justify requests for additional funds for injury prevention. The evaluators encourage the Area and District Injury Prevention Specialists to prepare ongoing data reports that track prospectively injury rates for the Area and Service Units. Injury data reports have been created for both the Lawton and Shawnee Service Units and the evaluators recommend that this practice of preparing and disseminating Service-Unit specific injury data summaries be duplicated at other Service Units. The evaluators also suggest that Area and District IPP staff collaborate with researchers at the University of Oklahoma and/or the State Health Department Injury Prevention Section to study misclassification of injury mortality data. The Area and District Injury Specialists should also be well versed in accessing morbidity data from IHS Resource and Patient Management System (RPMS) and the evaluators encourage them to obtain advanced training in the use of the RPMS system.

9. Injury Program Planning and Implementation

Basic	Intermediate	Comprehensive
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The OCA IPP is at the **Basic** stage of development for Injury Program Planning and Implementation. For the OCA IPP to advance to the next stage of development, injury prevention interventions should include multiple approaches (e.g., individual, vehicle/vector, and environmental change) and use multiple methods (e.g., health education, engineering, policy development, and enforcement). The evaluators recommend that OCA Staff develop a strategic approach to reduce injury related morbidity and mortality in the OCA by specifically incorporating the four types of interventions outlined in the Institute of Medicine's 1999 *Reducing the Burden of Injury Report*: 1) changing individual behavior; 2) modifying products or agents of injury; 3) modifying the physical environment; and 4) modifying the sociocultural and economic environment. The specific interventions or approaches that correspond to those strategies could be identified during the annual strategic planning retreat attended by all OCA IPP staff, program partners, and local coalitions. The evaluators encourage the Area and District Injury Prevention Specialists to foster greater networking and communication among Service Unit staff with injury prevention

Oklahoma City Area Evaluation Report – Executive Summary

responsibilities. A regular schedule of meetings held at the Service Unit, in conjunction with a local coalition meeting, will increase the visibility and support for efforts to develop and implement more effective injury prevention interventions. When possible, innovative approaches to emerging injury prevention problems (e.g. intentional injuries) should also be implemented in communities.

10. Marketing

Basic	Intermediate	Comprehensive
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The OCA IPP is at the **Basic** stage of development for Marketing. The evaluators suggest that OCA IPP staff consider developing an OCA-specific fact sheet to include categories which correspond to the major program emphasis areas developed as part of the Area's annual program planning process (e.g., data, training, interventions, funding, technical assistance). The fact sheets should be updated and distributed annually to a list of OCA injury prevention practitioners or partners. The evaluators recommend that Service Units also consider developing marketing materials similar to the one developed for the Shawnee Service Unit Environmental Health Program. Area, District, and Service Unit IP staff should continue to make public presentations to groups interested in knowing more about injury prevention that are based on a strategic plan for marketing the program, developed as part of the annual planning process. The evaluators also suggest that OCA staff resume publishing some variation of the *WAS'UP* Newsletter. OCA IPP staff are encouraged to purchase specific equipment (e.g., digital camera, scanner) and software (e.g., Corel Draw) that will increase their ability to produce marketing materials, such as the newsletter, and other documents supporting the IPP. The creation of an IPP web-page for the OCA website is an innovative tool to market the IPP, especially considering how quickly some Tribes are advancing their computer and communication technologies. Information on this site should be updated quarterly or semi-annually.

11. Evaluation/Reporting

Basic	Intermediate	Comprehensive
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The OCA IPP is at the **Basic** stage of development for Evaluation/Reporting. For the program to advance to the next stage of development, more formal evaluation and reporting mechanisms should be put in place to monitor injury prevention demonstration projects funded by and within the OCA. The evaluators recommend that a report preparation workshop be developed to instruct Tribal representatives and Service Unit staff in methods to collect and summarize information regarding an intervention project. It may be valuable for the OCA IPP to expand the information provided in its annual report, so that the report will serve both a reporting and marketing function. The reports should provide more specific information about injury prevention activities occurring in Service Units and Tribes. Recommendations will be provided by the evaluators to IHS Headquarters regarding the revision of the current Annual Report Format. The evaluators also encourage OCA staff to conduct more formal evaluations of projects/interventions conducted throughout the Service Units. OCA Area, District, and Service Unit staff should be encouraged to obtain advanced training in evaluation methods (e.g., at a local university, a targeted self-study of evaluation methods through the review of some of the resource materials listed in the Final Report). OCA IPP Staff should also consider either hosting an evaluation workshop in their Area or sending staff to evaluation workshops outside the OCA (e.g., September 2000 in Chapel Hill, NC at the UNC Injury Prevention Research Center).

12. Technical Assistance/Building Tribal Capacity

Basic	Intermediate	Comprehensive
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The OCA IPP is at the **Intermediate** stage of development for Technical Assistance/Building Tribal Capacity. With the advent of the IHS National Tribal Injury Prevention Grants Program (TIPP) funding to Tribes, it is important that Area, District, and Service Unit IPP staff provide technical assistance to Tribes applying for and receiving TIPP funding. Basic training or technical assistance in project management including budget preparation, documentation, and report writing should be provided by OCA IPP Staff to Tribal representatives managing injury prevention projects. For the OCA to move to the comprehensive level for this Evaluation Component, Service Unit Sanitarians should be required to document the time spent with each Tribe advocating for and/or providing technical assistance about injury prevention. In general, OCA IPP staff should be more proactive in the way in which they work with Tribal representatives to advocate for and make suggestions about potential injury prevention activities. OCA IPP staff are also encouraged to establish and be rewarded for keeping positive relationships with many Tribal representatives, thus increasing the likelihood that they will be periodically consulted with questions regarding local injury prevention activities. The evaluators also recommend that an OCA Tribal Steering Committee be established with those who are very active and interested in injury prevention. Funding to support this committee should be provided in annual OCA IPP budgets.

In summary, the Oklahoma City Area Injury Prevention Program is at the following Stages of Development for the 12 Evaluation Components used to guide the Evaluation:

Evaluation Component	Stage of Development		
	Basic	Intermediate	Comprehensive
Mission/Vision	Basic	Intermediate	Comprehensive
Resource Allocation/Accounting	Basic	Intermediate	Comprehensive
Management Support	Basic	Intermediate	Comprehensive
Staffing/Roles & Responsibilities	Basic	Intermediate	Comprehensive
Training	Basic	Intermediate	Comprehensive
Partnerships/Collaboration	Basic	Intermediate	Comprehensive
Needs Assessment/Defined Service Population	Basic	Intermediate	Comprehensive
Surveillance Data Collection	Basic	Intermediate	Comprehensive
Injury Program Planning and Implementation	Basic	Intermediate	Comprehensive
Marketing	Basic	Intermediate	Comprehensive
Evaluation/Reporting	Basic	Intermediate	Comprehensive
Technical Assistance/Building Tribal Capacity	Basic	Intermediate	Comprehensive

Oklahoma City Area Injury Prevention Program staff should use the results, recommendations and resources provided in this report to develop an Action Plan to enhance the stages of development for each Evaluation Component used in this assessment process.