

Evaluation of the IHS Injury Prevention Practitioner Level I Course. Mary B. O'Connor, Class of 1994.

Injuries are a leading cause of death and hospitalization for American Indians and Alaska Natives. The nature of injury prevention requires efforts by community members from a wide variety of disciplines, including community health representatives, health care workers, law enforcement officials, educators, community leaders, and administrators. Community-based action is critical to the success of injury prevention programs. The Indian Health Service (IHS) has recognized the impact of injuries on the American Indian and Alaska Native population and has made injury prevention a priority. The Injury Prevention (IP) Program was established to provide a multifaceted approach to developing effective community-based interventions. The elements of this IP Program include specialized injury prevention staff, injury prevention training, community-based intervention projects, and tribal injury prevention programs.

Injury prevention training courses are sponsored by IHS and are available to Tribal and IHS personnel. The courses include IP Practitioner Level I, IP Practitioner Level II, the IP Specialist Fellowship, and the IP Specialist Colloquium. The IP Practitioner Level I Course is an introductory course. It was developed to address the need for individuals working at a community level to be aware of the magnitude of the impact of injuries and to encourage and guide involvement in injury prevention activities. The courses were originally taught at the Environmental Management Branch (EMB) in Albuquerque. Level I Courses began to be held in different IHS Areas, and the content and length of the course were altered to meet the needs of the sponsoring Area. In 1993, a standard curriculum was adopted. The standard length is a 32-hour workshop conducted over 5 days. General IP topics are addressed, as well as topics of interest to particular Areas.

The purpose of this study was to evaluate the effectiveness of the Level I Course in meeting the needs of participants that remained active in the field of injury prevention. Evaluation of the training was requested from all participants immediately following the course, but an evaluation had not been completed for participants that had utilized information from the course in their ensuing injury prevention activities.

Methods

A survey tool was completed in the Fall of 1994 for persons who had attended Level I courses held in 1992 and 1993. These years were chosen because participants had an opportunity to use course information in their work and were likely to remember the course's content. The questionnaire could be completed with minimal effort and time. It was comprised of both closed- and open-ended questions. Staff of the Training and Training Resources Section of the EMB provided information on locations and dates when Level I courses were held, along with participants' names and addresses. The questionnaire was pre-tested on 6 people who had knowledge of, or had attended, the Level I course prior to 1992.

307 surveys were mailed to the listed Level I course participants in November 1994. A cover letter explained the purpose of the study, along with a return-addressed, stamped envelope. Each Level I participant was given a number to track responses. These numbers were typed on the return envelopes, and, as the surveys were returned, the numbers were matched and the participant was noted as responding. The envelopes were then discarded and these responses were anonymous. Postcards were sent to Level I participants that had not returned their questionnaires by early December, 1994, to remind them to do so. All surveys and postcards that were returned uncompleted (due to inaccurate address, addressees that had moved, or addressee no longer at the listed place of employment) were followed up with a phone call. When current, accurate addresses could be found, questionnaires were resent. Participants that had not responded by February, 1995, were telephoned. Inquiries were made as to the lack of response. Options were then offered for faxing or mailing the questionnaire or conducting the survey over the telephone.

Results

The response rate was 70%. 25% were not returned and 5% were undeliverable. Almost one third of the survey responses were from persons who were CHR's at the time they attended the Level I training. Sanitarians made up the next largest group. Participants came from a wide variety of backgrounds, as shown in Table 1. The Health Care Worker category includes nurses, maternal and child health workers, etc. The "Other" category includes health board member, secretary, youth worker, nutritionist, emergency medical technicians, chapter president, and housing authority liaison.

Table 1. Position of Participant at Time of Level I Training

Position	Number	Percent
Alcohol/Substance Abuse Counselor (ASA)	8	3.9
Community Health Representative (CHR)	68	32.9
IP Committee Member (CM)	3	1.4
Environmental Health Technician (EHT)	17	8.2
Health Care Worker (HCW)	25	12.1
IP Coordinator/Specialist (IPC)	9	4.3
Other (OTR)	14	6.8
Program Director (PD)	11	5.3
Police, Law Enforcement (PLE)	12	5.8
Sanitarian (SAN)	34	16.4
Safety Officer (SO)	6	2.9
TOTAL	207	100.0

26% of the responses were from people who attended one of the three Level I Courses held at EMB in 1992 and 1993. Other courses were held at the IHS Area level. Respondents spent an average of 24% of their work time in IP activities.(Table 2).

Table 2. Percentage of Work Time Spent on Injury Prevention, by Position (N = 206)

Position	Percentage of Time						Average
	0	1-20	21-40	41-60	61-80	81-100	
ASA	1	4	1	1	0	1	26.7
CHR	6	31	12	9	5	2	25.8
CM	1	1	0	1	0	0	20.3
EHT	4	11	1	0	0	1	13.9
HCW	5	12	4	4	0	0	18.0
IP	1	4	0	0	2	2	40.4
OTR	3	4	2	0	3	2	35.4
PD	2	8	0	0	1	0	14.0
PLE	2	3	2	3	0	2	35.4
SAN	5	14	12	1	2	0	20.7
SO	0	4	1	0	0	1	27.2
TOTAL	30	96	37	19	13	11	24.3

15% of respondents spent none of their work time in IP activities. These respondents include persons who are no longer working, or who are no longer working in the position they held at the time they attended the Level I training. 47% of the respondents spent 1 to 20% of their work time in IP activities.

The five most useful topics as rated by overall respondents were found to be IP for Children, Increasing Use of Safety Belts, Increasing Use of Child Restraints, Intervention, and Facts and Statistics. The five topics viewed as least important were Marketing Strategies, Intentional Injuries, Proactive Involvement of Indian Youth, Evaluation of IP Programs, and Grant Writing. These results are shown in Table 3.

Table 3. Topics Considered Most Useful

Topics Presented	No. Respondents	% of Respondents
Injury Prevention for Children	113	56
Increasing Use of Safety Belts	106	52
Increasing Use of Child Restraints	104	51
Intervention-What Works/ What Doesn't	101	49
Facts and Statistics	99	49
Increasing Use of Smoke Detectors	75	37
Group Exercises	57	28
Sobriety Checkpoints	49	24
Coalition Building	46	23
Grant Writing	41	20
Evaluation of IP Programs	40	20
Intentional Injuries	29	14
Marketing Strategies	27	13
Other	3	1

73% of respondents had presented information from the Level I Course to a group of people. The three most frequently presented topics included safety belts, child restraints, and smoke detectors.

On a community or local level, 76% of the respondents have been involved in IP activities. Only 21.4% have been involved in IP on a state or national level. Of the group of persons reporting to spend greater than 40% of their work time on IP activities, 90.7% had been involved in community IP activities. On a state or national level, 44.2% of these people were involved in IP activities. A list of reported community activities for all respondents is found in Appendix IV, and a list of reported state and national activities is found in Appendix V.

43% of respondents were members of IP committees, or committees that had injury prevention as a goal. These included Native Americans for Injury Prevention, a domestic violence team, traffic safety committees, Safe Kids Coalitions, and various task forces. Most respondents (55%) have had contact with their Area IP Specialist to discuss a community intervention project since completion of the Level I Course. Persons reporting to spend greater percentages of their time involved in injury prevention also were more likely to have contact with their IP Specialist. These persons were also more likely to receive additional injury prevention training.

Overall, 35.9% percent of respondents had received additional IP training. Additional training was received by 59.3% of participants of EMB sponsored Level I Courses, and 27.6% of participants of Area sponsored Level I Courses. Additional training included IP Practitioner Level II, IP Fellowship, None for the Road Conferences, highway traffic

safety courses, state sponsored workshops, a children and violence conference, and workshops specifically for child restraint use. The Level I Course was recommended by 97.1% of respondents. Of these, 36.4% recommended the course, and 60.7% highly recommended the course.

Discussion

This survey has several limitations. Not all Level I Course participants were located, nor did all respond to the questionnaire. The degree of non-response bias is proportional to both the fraction of non-respondents in the total sample and the extent of the differences between non-respondents and respondents. Persons that did not respond probably do not devote as much time to injury prevention activities and issues, for example. Lists of Level I course participants were not entirely accurate. 3% of the listed participants of the Level I Course did not actually attend the course. It is not known how many persons completed the training without being listed. Small data sets may not be representative. The survey process may need to be continued for several additional years in order to establish a significant trend. Several open-ended questions were of limited use. They were subject to surveyor's interpretation in paraphrasing and categorizing.

The majority of respondents reported to spend 1 - 20% of their work time involved in IP activities. Standard occupational descriptions do not exist for all positions. However, a designated amount of time to be spent in IP activities could be addressed in many circumstances, such as in the job descriptions for community health representatives and sanitarians. The 15% of persons spending no time in IP activities represents a loss of time, energy and resources that had been identified in their nomination for attendance at the Level I Course.

Compared to the overall group of respondents, persons who spent over 40% of their work time in IP activities had more contact with their Area IP Specialists, were more actively involved in presenting injury prevention issues, and were more likely to receive additional injury prevention training.

The low ranking of several topics that may be vital for the implementation of successful injury prevention programs is disconcerting. Data are inconclusive as to the cause of the low ranking. It may be due to content of the presentation, the presenter's style, or the fact that the participants simply do not view the topics as important.

Recommendations

Shorter courses should be made available for occupational groups or individuals that do not work with injury prevention on a regular basis. These courses could be offered locally, at more frequent intervals, and could offer agendas developed with audience-specific topics. Emphasis should be placed on improving ratings for the five topics least often ranked as most important (Marketing Strategies, Intentional Injuries, Proactive Involvement of Indian Youth, Evaluation of Injury Prevention Programs, and Grant Writing.) Although the Level I Course is in a constant state of revision to maintain pertinence for the participants, the significance of these subjects is currently not apparent in the ranking of useful topics. Avenues should be maintained for active previous Level I participants to contact their Injury Prevention Specialist and to receive additional training.