CDC Objective #3, Build a Coalition to Support the Injury Surveillance System and Prevention Activities, with location of relevant IHS materials noted in Blue.

Comments from Group:

- The topic may have some benefit, particularly if the focus is on obtaining general approval/support from programs or individuals for a surveillance system. Must acknowledge, though, that in “real world” responsibility for gathering, reviewing records usually falls on one group or person.
- Partnership building is key to assessing local situation.
- Marketing program to tribal partners
- Outreach for community and school buy-in
- Tools: Internal Service Agreements help solidify partnerships within an organization. MOUs
- Getting tribes to make local data collection and analysis a priority.
- Partnerships are a must, as well as reviewing best practices in surveillance that can serve as a model
- Marketing program to tribal partners and outreach for communities - Put this in the intro. "This is the whole reason we are doing this folks."
- Linkage studies.
  - WA state has done state/tribal linkages with data records
    - Not live linkage
    - Have access to personal identifiers
    - Match folks up in data bases - active tribal registry/anyone seen at IHS facility in area
    - Helps identify misclassified cases (ex: missing race)
    - Live link data would be even better
    - Partnerships are possible and valuable, though take time to foster.
  - Linkage studies ongoing in CA
- Partnership building is key to assessing local situation
- Internal Service Agreements
- Issue of tribal approval for release of data -- all tribes have an approval process and sometimes it is very strict.
- DataMart - will be great when completed. Who has access to it is issue.

Session III. Build a Coalition to Support the Injury Surveillance System and Prevention Activities

1. Identify partners to include in the coalition.

Data Collection Strategies.ppt. Slide 18 (Importance of partnerships mentioned);
Billings Injuries as a PH Problem.ppt. Slide 31 (Tribal communities can more easily identify potential coalition partners);
1.1 Determine recruiting strategies to involve Coalition Partners

2. Identify local, national, or international organizations working in injury prevention and control in the region.

3. Determine the existing political, social, and legal framework within which the surveillance system and prevention strategies will be established.

   Effective Strategies for Alcohol Presentation.ppt. Slide 18 (Policy and law enforcement);
   Injuries as Public Health Problem Presentation.ppt. Slide 20 (Ex of programs that effectively used knowledge of local AI/AN norms). Slide 23 (Use of interviews, focus groups, observational surveys to understand public attitudes).
INJURY SURVEILLANCE TRAINING MANUAL

PARTICIPANT GUIDE

SESSION III

BUILD A COALITION TO SUPPORT THE INJURY SURVEILLANCE SYSTEM AND PREVENTION ACTIVITIES

Developed with the support of the National Center for Injury Prevention and Control Division of International Health, Epidemiology Program Office Centers for Disease Control and Prevention Atlanta, GA
SESSION III
BUILD A COALITION TO SUPPORT THE INJURY SURVEILLANCE SYSTEM AND PREVENTION ACTIVITIES

Learning Objectives

- Identify partners to include in the coalition and recruiting strategies for involving them.
- Identify local, national, and international organizations working in injury prevention and control in the region.
- Define the existing social, legal, and political framework in which an injury surveillance system and prevention activities may be established.

Introduction

Exercise: Answer the following questions:

1. What does “coalition” mean to you?
2. What are some other names for coalition?
3. Do you think it is important to have a coalition to support the injury surveillance and prevention activities?

A coalition is an alliance of organizations working together to achieve a common purpose. A successful injury surveillance system requires the cooperation and effort of many individuals from different sectors. The expertise of professionals from multiple disciplines must be integrated to develop the most effective and efficient solutions for specific injury problems. For certain types of injuries, such as traffic injuries, drownings, or sports injuries, departments or organizations other than those involved with public health may be more efficient in coordinating prevention activities by multiple organizations. Public health epidemiologists can provide technical assistance to these groups in the development of surveillance and research.
Although circumstances vary from one community to the next, these issues must be addressed to ensure that the coalition will include the necessary partners, address pertinent health issues, and implement one or more successful programs or interventions. Some of these keys to success include:

- Commitment of lead agency;
- Effective core planning group;
- Planned recruitment of coalition members;
- Functional coalition structure;
- Clearly defined staff roles;
- Formally accepted mission and goals;
- Respected leadership;
- In-depth education of coalition members;
- Ownership and commitment by coalition members;
- Successful implementation of a pilot project;
- Recognition of coalition members.

1. **Identify Partners to Include in the Coalition**

In addition to helping define prevention strategies, a coalition can provide the surveillance system with political and financial support. The stakeholders, authorities, data sources, communities, religious groups, nongovernment offices (NGOs), and other community groups organized around prevention should be represented in this group.

Also involve authorities that approve funding, lead programs and projects, and launch control laws. Health personnel are especially sensitive about prevention issues because they are directly affected by the consequences. Justice and security officials also have a vested interest because they attend to victims as well. Personnel in transportation offices who respond to traffic accidents may also want to participate in the coalition. Elementary and high school teachers are important to involve in this process because they face violence-related problems every day. Involving community organizations and mass media will be helpful in the development of prevention strategies and the dissemination of information.

**Example:**
Table 1 identifies potential partners to include in an intersectorial coalition for creation of an injury surveillance system (guidelines for the epidemiological surveillance of violence and injuries). At least 10 sectors have been identified, along with the institutions and participants’ profiles.
Community Cultures/Values

- Extended families
- Knowledge of community infrastructure
- Local, non-appointed influential people
- Traditional values and teachings

Tribal communities can have added benefits in addressing local injury problems.

- The extended family connections in many tribal communities often make for far better understanding and awareness of local injury factors.
- As opposed to a big city that has a large bureaucratic structure, members of tribal communities can more readily identify those persons and agencies that can be enlisted to participate in local injury prevention measures.
- In addition to elected or appointed community leaders, many tribal communities contain traditionalists or spiritual leaders who can also influence community action in support of injury prevention initiatives.
- And it is the traditional values and teachings of most tribes that directly support the preservation of life and culture, which commonly supports many potential injury prevention measures.

When you as a public health professional, or community member understand the values and culture of the community you work/live in, this helps you partner with the community to design and implement injury prevention projects.
Data collection efforts can be difficult and complex. Forming a data committee (or some form of partnership) is important in your surveillance endeavors.

Partnerships are important to all of our work in IP, including data collection.

Establish partnership with organizations that collect data and with community entities interested in receiving injury data. Some questions to consider in identifying data committee members (see slide bullets).

Provide listing of potential data committee members from Gallagher pg. 330, Exhibit 12-1.

Example of formal data committee: EXAMPLE: IHS data sharing with state.
In Level I the focus was on starting a coalition using the 8-step guide developed by the Prevention Institute. (review briefly the first 6 steps). In this course we will focus on step 7 of the 8-step guide- maintaining the vitality of the coalition. The topic of improving the effectiveness of the coalition through evaluation will be introduced.
Table 1. Potential Partners in an Intersectoral Coalition for Creation of an Injury Surveillance System

<table>
<thead>
<tr>
<th>Sector</th>
<th>Institutions</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Ministry of Health&lt;br&gt;Hospitals&lt;br&gt;Health Centers&lt;br&gt;Health Posts</td>
<td>Epidemiologists, doctors, nurses, health educators, health promoters, paramedics, and other health workers</td>
</tr>
<tr>
<td>Justice</td>
<td>Forensic Medicine Offices (Coroner/Medical Examiner)&lt;br&gt;Courts&lt;br&gt;Public Defenders’ Offices&lt;br&gt;Prosecutors’ Offices&lt;br&gt;Family Services or Counseling</td>
<td>Forensic pathologists, judges, public defenders, prosecutors or their assistants, directors or professional staff of family services or family counseling</td>
</tr>
<tr>
<td>Security</td>
<td>Police (Homicide Investigation Office)&lt;br&gt;Security Companies</td>
<td>Regional or local police chiefs, statistical officers</td>
</tr>
<tr>
<td>Transportation</td>
<td>Transportation Departments and Offices</td>
<td>Department directors or traffic police, statistical officers</td>
</tr>
<tr>
<td>Administration</td>
<td>Planning Departments&lt;br&gt;National and Provincial Statistical Departments</td>
<td>Statisticians, geographers</td>
</tr>
<tr>
<td>Education</td>
<td>Universities&lt;br&gt;Colleges&lt;br&gt;Schools</td>
<td>Researchers, professors, and student leaders</td>
</tr>
<tr>
<td>Community</td>
<td>Community Organizations&lt;br&gt;Youth and Mothers’ Organizations</td>
<td>Community leaders, youth leaders, community groups</td>
</tr>
<tr>
<td>Private Organizations</td>
<td>Nongovernmental Organizations&lt;br&gt;Human Rights Groups&lt;br&gt;Insurance Aagencies</td>
<td>Spokespersons and leaders of private organizations, statisticians</td>
</tr>
<tr>
<td>Political</td>
<td>National, Regional, and Local Authorities</td>
<td>Staff in the president’s, governor’s, or mayor’s offices</td>
</tr>
<tr>
<td>Media</td>
<td>Television, Radio, Newspapers</td>
<td>Journalists and personnel working in mass media</td>
</tr>
</tbody>
</table>


1.1 Determine Recruiting Strategies to Involve Coalition Partners

A good strategy to begin the recruiting process is to hold a meeting with stakeholders and potential partners to involve in the coalition. The meeting may be held before or at the initiation of the surveillance system to promote support among participating agencies, to recruit expertise, and to address objections and concerns that stakeholders may have before these become obstacles (e.g., why they should be interested in the surveillance system and how it will benefit them or the community). The stakeholder informational meeting can occur in a variety of settings. For example, it could be part of a larger conference about violence or could be a dedicated meeting. A neutral location for the meeting, such as a local college or hotel conference room, is a good idea. Potential investors must be included in this meeting as well. All attendees should be provided with injury data showing the big
picture: the lives that can be be saved and the social and economic costs that can be avoided. Provide concrete examples from a local community and ask the question, “Could this personal tragedy have been avoided?” Suggest the steps to develop an injury surveillance system and the prevention activities.3

Aside from government staff, invite knowledgeable people who are interested in recommended data sources and injury issues (e.g., law enforcement, criminal justice, health, and mental health). They can become valuable advocates for the surveillance system. A possible agenda for this meeting may be developed from the discussion topics which follow:

• Describe what is known and not known about the problem of injuries in your city or community. Use the injury data prepared in Session II to show the problem’s magnitude.

• Discuss the opportunities an injury surveillance system offers to combat myths and misunderstandings, to learn about the size of the problem, and to develop, define, and monitor prevention strategies.

• Describe potential challenges, obstacles to success, and key contacts and resources.

• Establish a list of next steps for participants, including the development of an advisory board.4

Each participant in the coalition must have a clear role on the team. Politicians are often involved in funding for prevention programs and must approve legislation on prevention. Because politicians are usually not epidemiologists or public health officers, they are often driven more by economic pressures than by the human health issues and suffering that motivate health professionals. Thus, health and other sectors should collaborate with economists to clearly and forcefully document the short- and long-term economic impact of injuries. This will involve analysis of the direct and indirect costs of premature mortality and morbidity, including temporary and permanent disabilities.

Success Story:
In 1987, in Oklahoma City, the State Department of Health launched surveillance of burn injuries. The absence of a functional smoke alarm was identified as a major risk factor for fire fatalities. A partnership was formed among a number of community agencies and volunteers, including the state and local health departments, the local chapter of the American Red Cross, and the Oklahoma City Fire Department. The Lifesavers Program was established in 1990. Free smoke alarms were distributed in the area. Fire-related injury rates decreased 81% in the target population.4 Some recruitment strategies used to involve the partners follow:

• Identification of institutions or organizations with similar goals that were working in the target community. For instance, the Red Cross gives temporary shelter to people who have lost their homes; consequently, it is important that the Red Cross participate in prevention activities.

Injury Surveillance Training Manual Particpant Guide — Session III
- Preparation of an educational plan for partners based on statistical data, including what steps can be followed to prevent fire fatalities.
- Identification of opinion leaders (e.g., clerics, actors, and professional athletes) who can motivate community participation in the program.

2. **Identify Local, National, or International Organizations Working in Injury Prevention and Control in the Region**

Since injury prevention is often most successful at the local level, where specific injury problems can be addressed, coalition building at all levels, including the local level, is crucial to strengthening the response to the injury problem. Financial and technical assistance is needed from federal and state government agencies and from the private for-profit and nonprofit sectors. Injury prevention is a goal that offers common ground for parties who might not otherwise agree about issues involving injuries, especially firearm violence or motor vehicle-related injuries.

There may be organizations working at the local level in injury prevention such as health care providers, police, educators, social workers, employers, and government officials. Small-scale pilot programs and research projects are usually developed at the local level to try out new ideas.

At the national level, a variety of government ministries—not just those concerned with law enforcement, social services, and health, but others as well—can make important contributions to preventing injury. Education ministries, for instance, are an obvious partner, given the importance of intervention in schools. Religious leaders and organizations have a role to play through their pastoral work and, in appropriate cases, can mediate problems.

At the global level, a variety of international donors, bilateral programs, nongovernmental organizations, and religious organizations are already involved in violence prevention activities around the world. These include the World Health Organization, United Nations, World Bank, Interamerican Development Bank, High Commissioner for Refugees, the United Nations Children’s Fund, and others.

**Success Story:**

In the United States, a successful local community organization effort in injury control is the Injury-Free Coalition for Kids initiative, which started with the Harlem Hospital Injury Prevention Program in New York City. In the mid-1980s, injury surveillance was used to identify the causes of injury to children and adolescents living in the low-income neighborhoods surrounding Harlem Hospital. In response to compelling evidence of an injury problem, a multidisciplinary lay-professional coalition was formed to develop and implement prevention programs.
The coalition included health professionals, parents, and community members. Strategies included development of safe play areas and provision of supervised activities for children. From 1983 to 1995, hospital admissions due to injury decreased by 55% overall (46% for pedestrian injuries; 50% for playground injuries; 46% for violence-related injuries).7

Exercise: Answer the following questions:

1. What institutions in your region are working in injury prevention and control?
2. What kinds of programs or projects do they have?

3. **Determine the Existing Political, Social, and Legal Framework Within Which the Surveillance System and Prevention Strategies Will be Established**

To establish an injury surveillance system or an injury prevention program, political considerations such as the importance of the problem to the authorities, the political situation in the country or region, and the timing of elections must be considered. These factors could positively or negatively influence the establishment of a surveillance system. It is important to know the legal framework. For example, are helmet and seat belt laws and drinking and driving bans needed in the region prior to initiating the surveillance system or the prevention program? Finally, it is important to understand the social norms in the area where the surveillance system will be established, like knowing if is socially acceptable for a person to drive a car after drinking alcohol. If it is acceptable, then the measure of blood alcohol concentration (BAC) levels of injured persons may be an important element to include in the surveillance system.

Exercise: Identify aspects of the political, legal, and social environment that can affect the ability to establish the injury surveillance system and injury prevention activities.

1. Is it socially acceptable for a husband to hit his wife?
2. What is the relationship between the mayor and the health authorities, security authorities, and communities?
3. Are motorcyclists and cyclists required to wear helmets?
4. How is drunk driving viewed?
5. Is there a regulation that applies to gun ownership?
6. Are authorities interested in establishing an injury surveillance system in their jurisdiction?
7. In which category would you include this photo? Why would someone display this bumper sticker?
**Instructor Notes:** use this slide to summarize the effective and promising strategies for addressing alcohol-related injury.

**Alcohol Policy:** there is substantial research of effective policy changes that can be implemented by Tribes and communities that can reduce alcohol consumption, and more safely control the sale of alcohol in Indian country. This can be a very polarizing issue however, but tribes can accomplish policy changes if the desire for change is there. A good example is from the experience of the Alkali Lake Band in Canada.

**Law Enforcement:** this holds the greatest body of evidence on effective strategies to reduce DUI, and tribes should be implementing legislation and enforcing the law.

**Transportation Policy:** Less is know about reducing driving, but this could be a promising strategy for some communities, such as ride sharing, designated driver programs, and community transportation to reduce driving in risky environments.

**Injury Prevention:** We know enough to Act. Strategies such as occupant restraint laws, pedestrian lighting/walkway projects, protective custody, etc., are proven effective.
Injury Prevention Cost Savings
Projects in Indian Country

- Navajo Nation – occupant restraint usage
- Whiteriver, AZ – pedestrian crash reduction
- White Mountain Apache – livestock control
- Y-K Delta, AK – drowning prevention

A cost outcome (cost benefit and cost effectiveness) analyses of 4 transportation injury prevention efforts was undertaken by the Pacific Institute for Research and Evaluation. The article is included in your binder.

Pre and post intervention data were analyzed to estimate the projects’ impact on injury reduction. The four transportation injury prevention efforts were the (1) the passage and implementation of a primary safety belt law; (2) the street light project designed to reduce pedestrian crashes in Whiteriver, Arizona; (3) a motor vehicle-livestock crash reduction project on the Fort Apache Reservation (Whiteriver, Arizona); and (4) a drowning prevention project in the Y-K Delta in Alaska.

This paper was the first to analyze the economic consequences of safety intervention in AI/AN jurisdictions. The analyses performed was a pretty technical process as it calculated both costs (project and operating) and savings (in terms of estimated reduction in medical and public program expenses, estimated decrease in lost productivity, and estimated quality adjusted life years saved.) All four projects yielded positive benefit cost ratios. In short, they saved money while saving lives and they suggest that many other injuries can be prevented cost effectively by similar interventions.

Note to Instructors: Provide the following background information to participants about each of the projects.

Navajo Nation Occupant Restraint - In 1988, the Navajo Nation passed a primary seat belt law. The law permitted officers to stop vehicles for seat belt use violations alone. The transition period between passage of the law and full enforcement saw an intensive public information campaign promoting the new law and the benefits of seat belt use.

Whiteriver Pedestrian Crash Reduction - A cluster of pedestrian fatalities was identified within a 1.1 mile stretch of roadway in downtown Whiteriver. 28 streetlights were installed. IHS funded a demonstration lighting project, AZ DOT widened the road. Recently, BIA funded reinstallation and upgrade of the lights.

White River Livestock -Data showed that 1/3 of all collisions were animal related in Whiteriver and the surrounding area. A law regarding the impoundment of livestock already existed, but allowed exemptions for tribal members. The Tribal Council amended the law and hired a livestock coordinator who picked up and impounded the livestock.

Y-K Delta Drowning – The Yukon Kushokwim Health Corporation launched a drowning prevention project aimed at reducing drowning deaths in Y-K rivers. A float coat program was implemented which initially was unsuccessful. After changing the marketing strategy (message and incorporating consumer preferences such as color and style), the purchase of float coats increased dramatically.

Ask participants where they could see Cost Savings from each of these projects? (possible answers: fatalities, damage to vehicles, vehicle insurance, less severe injuries)

Note to Instructors: remind participants to read the article to obtain additional information that may be useful to their injury prevention efforts back at home.

IHS Day 1, Injuries as a PH Problem, Injuries as a PH Problem PPT, slide 20
4. Summary

Now that you have completed this session, you should be able to:

- Identify partners to include in the coalition and recruiting strategies for involving them;
- Identify local, national, and international organizations working in injury prevention and control in the region;
- Define the existing social, legal, and political framework in which an injury surveillance system and prevention strategies may be established.

The next step, in Session IV, will be to determine the appropriate methodology for developing and maintaining the surveillance system.
REFERENCES


