SAFE STATES

Workforce Development

Safe States Alliance Supports efforts to improve and enhance workforce development for professionals working in the injury and violence prevention field.

The Safe States Alliance recognizes that a trained and skilled injury and violence prevention workforce is essential for improving injury and violence prevention efforts. Trained and high-caliber staff is a key element of an injury prevention program, contributing to the success of interventions as well as the program's overall strength and longevity. Training is necessary to enlarge the pool of skilled, competent staff, build capacity for injury prevention, and draw talented professionals to the field of injury prevention. Efforts should be undertaken to:

- Assess the needs of the current injury and violence prevention workforce;
- Communicate the value of a skilled workforce to leaders; and
- Equip the workforce with the skills necessary to build and sustain effective injury and violence prevention efforts.

Background:

In 1999, the Institute of Medicine reported in *Reducing the Burden of Injury* that "… there is a yawning gap between what we already know about preventing and ameliorating injuries and what is being done in our communities, work-places and clinics… education is the area in which the field of injury has made the least progress…"[1] Training is cited as a critical factor in closing this gap. Yet, the report states "education is the area in which the field of injury has made the least progress."[1] Other reports have also pointed to the need to train a workforce for effective efforts in reducing injuries and violence.[2,3] Current efforts to reduce the burden of injury and violence are often viewed as inadequate to address this problem. Collectively, injury and violence prevention efforts in health departments, clinical environments, educational facilities and other environments where public health care providers have opportunities to reach the public are low in scale and resources when compared to activities to reduce major chronic and infectious diseases.[4] The lack of resources for injury prevention programs at the state and local level hinders the ability to hire the most experienced practitioners, thus doubly handicapping efforts to compete for both scarce resources and attention. Overcoming these handicaps is exacerbated by the lack of training opportunities for staff.[5]

Further complicating the problem is that in the U.S., at least half of the public health care workforce, particularly at the local level, has no formal education in public health.[6] Additionally, the public health workforce is diminishing over time even as the U.S. population increases. In 2000, the total workforce was 448,000, or 50,000 less than in 1980. More than 100,000 government public health workers – approximately one-quarter of the current public sector workforce – will be eligible to retire by 2012. The Association of Schools of Public Health estimates that by 2020, the nation will be facing a shortfall of more than 250,000 public health workers. Over the next 11 years, schools of public health would have to train three times the current number of graduates to meet projected needs.[7] However, even current public health professionals with formal public health or medical degrees have had little exposure to injury control, because of its virtual absence from curricula.[5] Training in injury prevention and control within academic institutions is limited and inconsistent. Many persons who have training in public health receive their degrees in institutions that did not even offer coursework in injury prevention and control.

A number of institutions still do not provide such training at the graduate level. Those without graduate training in public health have had even fewer opportunities to be trained.
Needs assessments conducted to shed light on the training needs of injury and violence prevention practitioners have found that the national workforce has little background in injury prevention or public health, and are lacking options for training due to both availability and barriers to attendance. Virtually all professionals surveyed believe they need additional training both to enhance their knowledge and skills as well as to remain current in the field.[8] While injury and violence prevention professionals desire training in many areas, the areas most frequently mentioned are: a) program evaluation design, b) techniques for building and managing injury and/or violence prevention programs, c) implementing interventions, and d) in-depth training in specific injury or violence topics such as injuries affecting minority populations, adolescent injury issues, sexual assault and falls.

There has been a significant amount of work done in the past decade to address workforce training for the injury and violence prevention field. The Advisory Committee on Injury Prevention and Control (ACIPC) Working Group on Injury Control and Infrastructure Enhancement identified a set of recommendations for strengthening the infrastructure of the field.[9] Several core competency sets have also been developed to promote training and development in specific fields of injury and violence prevention, including highway, [10] youth violence in emergency department settings,[11]construction work zone safety,[12] and safety of health care professionals from patient violence.[13] Some training programs, though limited, have been developed and include: TEACH-VIP organized by the World Health Organization[14], the PREVENT program developed at the University of North Carolina,[15] the Johns Hopkins University Summer Institute on Principles and Practice of Injury Prevention,[16] and the Indian Health Service Injury Fellowship.[17]

Possibly the most significant and overarching attempt at addressing workforce development for injury and violence prevention practitioners is the development of Core Competencies for Injury and Violence Prevention. Developed by the National Training Initiative, a collaboration of the Safe States Alliance and Society for the Advancement of Violence and Injury Research, these Core Competencies now "define a common understanding of the essential skills and knowledge necessary to excel as injury and violence prevention professionals,"[4] and serve as a roadmap for professional development and training.

Recommendations:

Recommendations to improve workforce development were outlined in the 2008 article*, Improving Infrastructure for Injury and Violence Control*.[5] The Safe States Alliance supports these recommendations:

> ***Each governmental body providing oversight of a health department should recognize the importance of injury control,*** mandating that units exist and be positioned prominently in agencies at all levels (e.g., federal to local) with funding appropriate to the role of injury as a source of morbidity and mortality. In most if not all jurisdictions, this would mean placing injury control units at levels comparable to those focused on infectious disease and/or chronic disease.
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> ***Each funding organization that supports injury or violence prevention work should require that the programs being funded demonstrate that their workforce is properly prepared.*** Conducting surveillance and interventions in injury control must meet the same high standards, with grantees being required to demonstrate the competence of their workers with respect to the core competencies for the field. Likewise, organizational competence can be assessed using methods developed by the Safe States Alliance as part of the State Technical Assessment Team

(STAT) program, designed to help the injury programs of state health departments to comply with a set of standards and indicators.

As with other health problems, ***state and federal agencies should support training initiatives so as to enable development of an injury control workforce capable of understanding injury problems*** through research and surveillance and having the facility to design, implement, and evaluate interventions that rely on sound evidence. To this end, funding should support: (a) targeted stipends for public health students to pursue graduate degrees with a focus on injury and violence in ways that help them to integrate that knowledge with professionals in other related fields (e.g., law, transportation, engineering, medicine, and public policy); (b) pre-doctoral and post-doctoral research for young investigators to keep advancing the science; (c) continuing education opportunities for practitioners already committed to injury control but lacking the necessary training; and (d) opportunities for faculty development through study leave to update competencies in research and practice methods, subject matter expertise, and teaching approaches.

Institutions training public health and other health professionals such as nursing and emergency medical providers should ensure that injury control curricula are featured prominently within the overall curriculum. In order to strengthen partnerships, create a collaborative spirit, increase the knowledge base of all public health providers and best serve the public interest, public health training institutions should facilitate inter-professional injury prevention education. Accrediting bodies such as the Council on Education in Public Health (CEPH) and the Liaison Committee on Medical Education (LCME) in the USA and comparable groups in other nations should require that schools give attention to all major contemporary health issues, enabling graduates to have strong basic knowledge of injury and violence problems and solutions.

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