Standards and Indicators for Local Health Department Injury and Violence Prevention Programs
Standards and Indicators for Local Health Department Injury and Violence Prevention Programs

Background
In 2010, a joint workgroup of the National Association of County and City Health Officials (NACCHO) and the Safe States Alliance developed standards for a model local health department (LHD) injury and violence prevention (IVP) program. Standards for LHDs related to IVP have been set with the following goals:

- Increasing the visibility of injury and violence as public health issues;
- Multiplying the number of LHDs that focus on IVP;
- Enhancing the effectiveness of LHD IVP efforts; and
- Spurring the development and dissemination of new tools and resources for LHDs to effectively address the causes of injury and violence.

Injuries and Violence as a Public Health Issue
Injuries are a significant public health problem because of the impact on the health of Americans, including premature death and disability, and the burden placed on the health care system. More than 180,000 deaths are attributed to injury and violence each year. Millions more Americans are injured and survive, only to cope with lifelong disabilities. Nearly 30 million people receive treatment in emergency departments for unintentional and violence-related injuries each year. In fact, injuries account for over 35% of emergency department visits annually.

The Costs of Injuries and Violence
The financial costs of injuries and violence are staggering. In a single year, injury and violence ultimately cost the United States $406 billion. This includes over $80 billion in medical costs (6% of total health expenditures) and $326 billion in lost productivity.

Addressing the Causes of Injuries & Violence
Injury and violence can often be prevented by using a public health approach to address their causes. IVP strategies focus primarily on environmental design, human behavior, education, and legislative and regulatory requirements that support environmental and behavioral change. Furthermore, preventing injuries is extremely cost-effective, and it is imperative that innovative and effective injury and violence prevention programs work to prevent premature deaths throughout the country, particularly among vulnerable populations of children, young families, and older adults.

LHDs should also explore why certain populations bear a disproportionate burden of injury and mortality and what local health departments can do to better address the causes of these inequities. A growing body of literature documents the strong relationship between social and economic inequality and health inequality. For example, racial and ethnic populations suffer disproportionately high rates of unintentional injury, which is attributable in part to differences in socioeconomic status, employment type, and hazardous exposures. Public health is well suited to unite community partners to address the causes of injury- and violence-related inequities that result from core social injustices within economic, social, and political institutions.
Role of Local Health Departments in Injury and Violence Prevention

According to NACCHO and the Campaign for Public Health Foundation, LHDs protect and improve community well-being by preventing disease, illness, and injury and effecting social, economic, and environmental factors fundamental to excellent health. LHDs can work toward these ends through the following activities:

- Tracking and investigating health problems and hazards in the community;
- Preparing for and responding to public health emergencies;
- Developing, applying and enforcing policies, laws and regulations that improve health and ensure safety;
- Leading efforts to mobilize communities around important health issues;
- Linking people to health services; and
- Achieving excellence in public health practice through a trained workforce, evaluation, and evidence-based programs.

Given the public health burden of injuries and violence, LHDs play a critical role in protecting and improving community safety in coordination and collaboration with local, state, and national efforts. Despite the enormous toll of injury and violence, only 39 percent of respondents to the 2010 National Profile of Local Health Departments reported injury prevention activities and only 24 percent reported violence prevention activities. Safe States and NACCHO are committed to increasing the quantity and quality of LHD IVP efforts.

Guide to the Standards and Indicators

Intended Use

The Standards and Indicators (S&I) describe what would exist in a model LHD injury and violence prevention program in rural, suburban, and urban jurisdictions. The standards, indicators, and methods of documentation are not inclusive but are meant to help the LHD IVP program review its current efforts and identify potential areas for strengthening the program and future growth. Likewise, all standards may not be appropriate or applicable to all programs.

Organization of the Document

- The organization of the standards does not reflect level of priority.
- To give further detail, each standard is followed by a list of indicators that describe actions the LHD IVP program could take to achieve the standard.
- The potential methods of documentation section lists examples of the types of documentation that could be presented to demonstrate that the LHD meets with standard and indicators. These examples are not intended to be inclusive of every type of possible documentation.
- The majority of the indicators are the same for LHDs in rural, suburban, and urban jurisdictions. However, guidance is provided in the far right columns to indicate applicable jurisdictions for each indicator.
Standard I: The local health department has a designated, functioning program responsible for providing leadership and coordination for injury and violence prevention efforts.

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| The LHD has designated, qualified staff member(s) responsible for coordinating efforts to address the causes of injury and violence across the lifespan | - Position description(s) for LHD staff member responsible for LHD IVP efforts  
- # of FTEs devoted to efforts to address the causes of injury and violence  
- Organizational chart that includes percent of staff time devoted to IVP and where IVP is integrated into other LHD activities  
- Resume of IVP lead staff, documenting training in public health, injury and violence prevention, and other relevant topics | Yes        |
| The LHD includes a designated IVP program among its programmatic priorities | - LHD organizational chart displaying position of IVP program in the LHD programmatic infrastructure | Yes        |
| The IVP program develops, maintains, and utilizes a succession plan to assure the maintenance of current staffing levels during transitions | - LHD IVP program succession plan                                                                  | Yes        |
Standard II: The local health department injury and violence prevention program staff possess core competencies, qualifications, knowledge, and skills necessary to effectively address the causes of injury and violence across the lifespan.

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| IVP program staff possesses public health, IVP, and related core competencies, qualifications, knowledge, and skills | - Resumes of IVP staff  
- Documentation of level of staff competency in public health, IVP, and related core competencies and skills  
- List of IVP program staff members possessing academic degrees, licenses, and certifications related or applicable to public health and IVP | ✓ ✓ ✓ |
| IVP program staff receives continuing education for public health, IVP, and related core competencies | - Number of skills and competencies training hours completed by staff  
- Curricula, agendas, training materials, and/or certificates from completed training programs  
- List of IVP program staff completing trainings | ✓ ✓ ✓ |
| IVP program staff seeks technical assistance from state health department (SHD) and other experts | - Log of the IVP program’s requests for technical assistance from the SHD or other experts (frequency, number, description, outcomes) | ✓ ✓ ✓ |
| IVP program staff receives ongoing leadership development training and mentorship | - Number of leadership development training hours completed by staff  
- Percentage of IVP program staff completing leadership training  
- Percentage of IVP program staff members connected to a leadership mentor | ✓ ✓ |
| IVP program staff receives ongoing training on issues related to cultural sensitivity and diversity | - Number of cultural sensitivity and diversity training hours completed by staff  
- List of IVP program staff completing cultural sensitivity and diversity training  
- Agendas and other training materials from staff trainings on cultural sensitivity and diversity | ✓ ✓ |
Standard III: The local health department leadership is knowledgeable and supportive of the local health department efforts to address the causes of injury and violence across the lifespan.

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| LHD leadership provides consistent support to IVP staff and efforts to address the causes of injury and violence across the lifespan | • Presence of efforts to address the causes of injury and violence within LHD strategic/operational plan  
• Inclusion of IVP updates in LHD organizational reports and strategic plan updates  
• Presence of efforts to address the causes of injury and violence among local board of health priorities  
• Frequency of presence of efforts to address the causes of injury and violence on board of health agenda  
• Evidence of LHD leadership support of the IVP program and efforts to address the causes of injury and violence  
• Evidence that LHD leadership understands the link between local standards and indicators and accreditation | ✓ ✓ ✓ |
| Local health department leadership and/or the local board of health receive ongoing education about the causes of injury and violence across the lifespan and potential prevention strategies | • Number of IVP education training events held for LHD leadership and/or local board of health  
• Percentage of LHD leadership/members of local board of health attending IVP educational events | ✓ ✓ ✓ |
Standard IV: The local health department focuses efforts on obtaining funding to support and sustain efforts to address the causes of injury and violence across the lifespan.

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<td>The IVP program identifies and keeps track of potential funding sources to support its efforts to address the causes of injury and violence across the lifespan</td>
<td>• List of current grants and contracts applied for and received&lt;br&gt;• List and description of current in-kind support&lt;br&gt;• Number of funding proposals submitted to support IVP efforts&lt;br&gt;• Tracking document with funding sources utilized and others that may be available</td>
<td>✓</td>
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<td>The IVP program maintains funding from diverse sources</td>
<td>• Multi-year budgets&lt;br&gt;• Presence of funding from diverse funding sources</td>
<td>✓</td>
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<td>The IVP program collaborates with community partners to apply for funding opportunities to support efforts to address the causes of injury and violence across the lifespan</td>
<td>• Number of funding proposals submitted in collaboration with partners to support efforts to address the causes of injury and violence</td>
<td>✓</td>
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<td>The IVP program provides resources to community partners to implement efforts to address the causes of injury and violence across the lifespan</td>
<td>• Number of community partners supported with LHD IVP program resources&lt;br&gt;• List of projects funded (including funding amounts)</td>
<td>✓</td>
</tr>
<tr>
<td>The IVP program is supported by local funding (i.e., tax or fee-based)</td>
<td>• Presence of IVP program among LHD core budget line items&lt;br&gt;• Percentage of IVP program budget support through LHD core funding, local tax-base, and/or LHD department fees</td>
<td>✓</td>
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### Standard V: The local health department utilizes data to inform and strengthen its capacity to address the causes of injury and violence across the lifespan.

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| The IVP program identifies and understands the top local causes of injury and violence across the lifespan | • List of leading causes of fatal and non-fatal injuries  
• Reports identifying or tracking leading cause(s) of injury and violence | ✓ Rural ✓ Suburban ✓ Urban |
| The IVP program has access to or ensures the collection, monitoring, and analysis of local data related to the incidence and causes of injury and violence across the lifespan, including community health assessment data | • Data collection instruments  
• Local needs/asset assessments report(s)  
• List of IVP data sets accessed by IVP program  
• IVP program primary IVP data sets  
• Reports, records, or plans to collect, analyze and use data  
• Evidence of IVP program efforts to ensure collection, monitoring, and analysis of the causes of injury and violence  
• IVP program IVP data tracking systems in place  
• Up-to-date list of community IVP issues/priorities | ✓ Rural ✓ Suburban ✓ Urban |
| The IVP program monitors and tracks the incidence of injury and violence across the lifespan, including information on the populations most affected, on an ongoing basis as a means to evaluate progress | • Description of data tracking system(s)  
• Reports identifying or tracking leading cause(s) of injury and violence | ✓ Rural ✓ Suburban |
| The IVP program disseminates local injury and violence data to the community | • Distribution lists for disseminating local data  
• Documentation of recent publications, reports, and presentations pertaining to local injury and violence data  
• Data request log  
• Protocol for data requests | ✓ Rural ✓ Suburban ✓ Urban |
| The IVP program develops universal and consistent IVP data collection methodologies and definitions | • IVP program data collection protocols  
• IVP program data definitions | ✓ Rural |
| The IVP program utilizes data to develop sound IVP programming and evaluate current IVP efforts | • Documentation of how data have been used to establish prevention priorities and programs and conduct evaluation | ✓ Rural ✓ Suburban ✓ Urban |
**Standard VI:** The local health department injury and violence prevention program develops, implements, and evaluates an organizational plan to address the causes of injury and violence across the lifespan.

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| The IVP program, in collaboration and coordination with internal and community partners, develops and implements a comprehensive plan to address the causes of injury and violence across the lifespan in the local service area | ● LHD IVP comprehensive strategic plan  
● Other relevant strategic plans and documents  
● List of internal and community partners involved in the development and implementation of the IVP strategic plan                                                                                     | ✓     ✓     ✓     |
| The IVP program regularly evaluates its progress towards meeting the goals outlined in its IVP strategic plan                                                                                                                                     | ● IVP program strategic plan evaluation plan and results                                                                                                                                  | ✓     ✓     ✓     |
Standard VII: The local health department injury and violence prevention program raises community awareness of the causes of injury and violence and prevention across the lifespan and local prevention efforts.

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| The IVP program develops and implements a communication plan or strategies to raise community awareness of the causes of injury and violence across the lifespan through traditional and non-traditional communication outlets | • Comprehensive, strategic IVP communication/media plan  
• Portfolio of diverse communication and outreach materials  
• List of media contacts  
• Media tracking tool  
• Log of media and outreach activities (number and description)  
• Number and description of presentations made to community partners | ✓ ✓ ✓ |
| The IVP program staff collaborates and coordinates with traditional and non-traditional partners and stakeholders to raise community awareness of the causes and prevention of injury and violence across the lifespan | • Comprehensive, strategic IVP media plan  
• Joint press release  
• Campaign strategy  
• Community-based initiatives | ✓ ✓ ✓ |
| The IVP program develops and tests education, outreach, and public service messages to address the causes of injury and violence across the lifespan | • Portfolio of diverse communication and outreach materials  
• Documentation of message testing | ✓ ✓ ✓ |
| Efforts to address the causes of injury and violence are included as a priority in the local health department communication plan | • Evidence of IVP as priority in overall LHD communication plan | ✓ ✓ ✓ |
| The LHD IVP program collects and disseminates success stories about efforts to address the causes of injury and violence | • Example success stories  
• Log of media and outreach activities (number and description) | ✓ |
Standard VIII: The local health department injury and violence prevention program provides technical assistance and support to community stakeholders to address the causes of injury and violence across the lifespan.

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| The IVP program develops, maintains, and shares IVP resource lists with community partners | • List of community IVP efforts and resources  
• Documentation of dissemination of resource lists in the community | ✓        | ✓        | ✓       |
| The IVP program provides and/or connects stakeholders and community partners to training and technical assistance for population-based, primary prevention efforts to address the causes of injury and violence across the lifespan | • Number and description of training sessions conducted  
• Agendas for training sessions offered  
• Description of resources used to provide technical support  
• Log of technical assistance requests and responses  
• Examples of training programs developed by the IVP program that are institutionalized within other organizations | ✓        | ✓        | ✓       |
Standard IX: The local health department injury and violence prevention program identifies, selects, and implements evidence-informed interventions to address the causes of injury and violence across the lifespan.

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| The IVP program conducts comprehensive, multi-level approaches to address the causes of injury and violence across the lifespan | • List of interventions underway to address injury and violence prevention and targeted populations served  
• Examples of interventions utilized that address multiple levels (e.g., knowledge and skills of individuals, community norms, institutional practices, policies) | ✓ ✓ ✓ |
| The IVP program utilizes best practices and evidence-informed prevention programs and strategies | • Reference to literature reviews, relevant journal articles, and national evidence-based guidelines and standards in intervention plans | ✓ ✓ ✓ |
| The IVP program translates evidence-informed interventions to specific populations | • Descriptions of the target populations served by injury and violence prevention interventions  
• Descriptions of actions taken to confirm that interventions appropriately address the target populations’ knowledge, attitudes and beliefs and are developmentally appropriate | ✓ ✓ ✓ |
| The IVP program develops, implements, and evaluates new promising practices to address the causes of injury and violence | • Description of new interventions and methods and evidence used in the development of the intervention  
• A report of evaluation findings (e.g., formative, process, impact, outcome) | ✓ |

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Standard X: The local health department injury and violence prevention program evaluates the effectiveness of its efforts to address the causes of injury and violence across the lifespan.

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| The IVP develops measures of success and evaluates the effectiveness of its efforts to address the causes of injury and violence across the lifespan | ● Intervention plans demonstrating evaluation design  
● Evaluation reports demonstrating use of existing fidelity measures and tools, including formative, process, impact, and outcome measures | ✓ ✓ ✓ |
| The IVP program monitors and evaluates efforts to address the causes of injury and violence across the lifespan | ● List of monitoring tools utilized  
● Report(s) of evaluation findings and community trends related to injury and violence prevention practices | ✓ |
### Standard XI: The local health department injury and violence prevention program utilizes policy approaches to address the causes of injury and violence across the lifespan in collaboration with partners and stakeholders at the local, state, and national levels.

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| The IVP program participates in the development and implementation of local, state, and/or national policies to address the causes of injury and violence across the lifespan | • Documentation of the role of the IVP program in the adoption of local policies and ordinances  
• Minutes or transcripts from regulatory meetings indicating the involvement of the IVP program in the adoption of regulations  
• Correspondence with policy-makers about legislation and policies  
• List of policy, legislative, and regulatory recommendations recommended by the IVP program  
• Samples of analysis of proposed policies, legislation, and regulations | ✔ ✔ ✔ ✔ |
| IVP program staff participates on relevant boards, commission, and committees that address injury and violence across the lifespan | • Evidence of participation, such as meeting minutes or IVP-related agenda items | ✔ ✔ ✔ ✔ |
| The IVP program collaborates with partners to promote policies, legislation and regulations that address the causes of injury and violence across the lifespan | • Description of the system used to identify, monitor, and communicate relevant policies, legislation, and regulations  
• Description of policy advocacy strategies used by partners in support of IVP policies, legislation, and regulations  
• Meeting agendas that reflect IVP program and partner discussion of policies, legislation, and regulations  
• Documentation of IVP program participation in task forces and coalitions related to policy | ✔ ✔ ✔ ✔ |
| The IVP provides stories, data, and evidence-informed recommendations to policy and decision makers to guide the creation of policies, regulations, and legislation to address the causes of injury and violence across the lifespan | • Examples of data reports, policy briefs, fact sheets, recommendations, and other information provided to policymakers and partners  
• Dissemination plan | ✔ ✔ ✔ ✔ |
| The IVP program has access to and actively engages with policy and decision makers to achieve policy goals to address the causes of injury and violence across the lifespan | • Description of mechanisms or protocols for communication with policy and decision makers  
• Records of meetings with policy makers, decision makers, and relevant staff  
• Examples of materials sent to policy and decision makers  
• Copies of testimony provided or other evidence of participation in | ✔ ✔ ✔ |

*Note: The ✔ symbols indicate the appropriateness of the methods in rural, suburban, and urban settings.*
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<th>hearings and other meetings</th>
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<td>List of legislative recommendations made by the IVP program</td>
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Standard XII: The local health department injury and violence prevention program develops and maintains partnerships with key local, regional, and state organizations to address the causes of injury and violence across the lifespan.

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| The IVP program has a process to identify and develop relationships and explore opportunities for integration with relevant internal and external stakeholders | ● Records of advisory groups, working goals, task forces, coalitions, steering committees, and key stakeholders/partners  
● Description of mechanism used to maintain stakeholder relationships  
● List of integrated efforts to address the causes of injury and violence across the lifespan | ✓ ✓ ✓ |
| The IVP program identifies and utilizes local IVP champions supportive of local efforts to address the causes of injury and violence across the lifespan | ● List of local IVP champions and examples of how they are engaged | ✓ ✓ ✓ |
| The IVP program establishes mechanisms for regular communication with partners | ● List or flow chart of systems and tools used to facilitate communication (e.g., e-mail, electronic mailing list, newsletter)  
● Record of partnership meeting schedule | ✓ ✓ ✓ |
| The IVP program leads or participates in partnerships for which IVP issues are relevant | ● Record of partnership meeting schedule  
● List of partnership members)  
● Documentation of partnership activities and services | ✓ ✓ ✓ |
| The IVP program collaborates with the SHD IVP program | ● Documentation of participation on state coalitions/stakeholder groups relevant to IVP  
● Documentation of IVP program representation at SHD IVP meetings  
● Documentation of the ways the local IVP program is working with the state IVP program and indications of results of those efforts (e.g., sharing program plans, data, developing joint programs)  
● Description of methods used to maintain collaboration/relationship with SHD  
● Copies of collaborative agreements with SHD | ✓ ✓ ✓ |
| The IVP program identifies opportunities to integrate efforts to address the causes of injury and violence across the lifespan within other LHD or other local government programs and services | ● List of activities implemented by LHD programs that currently or could potentially incorporate efforts to address the causes of injury and violence across the lifespan  
● Documentation of participation in internal LHD working groups that meet on a regular basis and address the causes of injury and violence across the lifespan | ✓ ✓ ✓ |
| The IVP program identifies and collaborates with external partners and stakeholders to address the causes of injury and violence across the lifespan | • List of current partners  
• Description of methods used to maintain collaborative relationships/coalitions  
• Injury and violence prevention goals, objectives, and activities identified in the strategic or work plans of partners  
• Documentation of the ways in which the programs are working together and indications of results of those efforts (e.g., sharing program plans, developing joint programs, sharing data, recommending new ideas to improve the programs, sharing staff, requesting funding support) | ✓ | ✓ | ✓ |

| The IVP program establishes mechanisms for regular communication and collaboration with other local health department IVP programs | • Documentation of participation in meetings of local health department IVP programs  
• Description of methods used to maintain collaboration/relationship with other local health department IVP programs  
• Copies of collaborative agreements with other local health department IVP programs | ✓ | ✓ | ✓ |
ABOUT THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS

The National Association of County and City Health Officials (NACCHO) is the national organization representing local health departments. NACCHO supports efforts that protect and improve the health of all people and all communities by promoting national policy, developing resources and programs, seeking health equity, and supporting effective local public health practice and systems. NACCHO is governed by a 27-member Board of Directors, comprising health officials from around the country elected by their peers, and including ex officio members representing the National Association of Counties, of which NACCHO is an affiliate, and the United States Conference of Mayors.

ABOUT THE SAFE STATES ALLIANCE

The Safe States Alliance is a national non-profit 501(c)(3) organization and membership association whose mission is to serve as the national voice in support of state and local injury and violence prevention professionals engaged in building a safer, healthier America. To advance our mission and vision, the Safe States Alliance engages in activities that include: increasing awareness of injury and violence throughout the lifespan as a public health problem; enhancing the capacity of public health agencies and their partners to ensure effective injury and violence prevention programs by disseminating best practices, setting standards for surveillance, conducting program assessments, and facilitating peer-to-peer technical assistance; providing educational opportunities, training, and professional development for those within the injury and violence prevention field; collaborating with other national organizations and federal agencies to achieve shared goals; advocating for public health policies designed to advance injury and violence prevention; convening leaders and serving as the voice of injury and violence prevention programs within state health departments; and representing the diverse professionals that make up the injury and violence prevention field.

ABOUT THE PROJECT

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5 The Core Competencies for Injury & Violence Prevention developed by the SAVIR-Safe States Alliance Joint Committee on Infrastructure Development. Available online at http://www.safestates.org/displaycommon.cfm?an=1&subarticlenbr=41.