Governor's EMS and Trauma Advisory Council (GETAC)

Injury Prevention Committee

Position Statement: Workforce Development

Approved by Injury Prevention Committee: May 14, 2014

The Governor's EMS and Trauma Advisory Council's Injury Prevention Committee is dedicated to providing scientifically sound recommendations to prevent injuries in the State of Texas. Based on the findings from leading researchers, medical societies and injury and violence prevention professional associations, the Committee presents the following information on workforce development for injury and violence prevention professionals in Texas.

In Texas, injury is the leading cause of death for people between the ages of 1 and 44.[1] In 2010, injury (both unintentional and intentional) claimed the lives of 13,736 Texas residents.[2] Of the injury-related deaths occurring in Texas in 2010, 67% (9,212) were categorized as unintentional (e.g., motor vehicle crashes, burns, drowning, falls, etc.) and 31% (4,254) were violence- related or suicide.[2] The intent could not be determined for 270 of the injury deaths. From 2006-2010, Texas ranked 22nd in the country, with an age-adjusted fatal injury rate of 58.5 per 100,000 population.[2]

In 2007, the National Training Initiative on Injury and Violence Prevention (NTI) conducted a needs assessment designed to shed light on the training needs of Injury and Violence Prevention (IVP) practitioners in the U.S.[3] Their assessment found that the national workforce had little background in injury prevention or public health, and were lacking options for training due to both availability and barriers to attendance.

In 2009, Dell Children's Medical Center in Austin conducted a similar study to describe the Texas injury and violence prevention workforce and found similar training needs as the national assessment. Only 49% of the Texas survey participants reported having received any injury prevention training. When asked to identify their top training needs, participants most commonly selected program implementation (70%), obtaining funding (53%), collecting and using data effectively (45%) and program evaluation (45%).[4]

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…"[5] 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."[5] Other reports have also pointed to the need to train a workforce for effective efforts in reducing injuries and violence.[6,7]

Current efforts to reduce the burden of injury and violence are often viewed as inadequate to address this problem. Overcoming these handicaps is exacerbated by the lack of training opportunities for staff.[8]

Further complicating the problem is that in the U.S., at least half of the public health workforce, particularly at the local level, has no formal education in public health.[9] However, even current public health professionals with formal public health or medical degrees have had little exposure to injury and violence prevention because of its virtual absence from curricula.[8] Injury and violence prevention professionals without graduate training in public health have had even fewer opportunities to be trained.

There has been a significant amount of work done in the past decade to address workforce training for the injury and violence prevention field. 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,"[10] and serve as a roadmap for professional development and training.

The Safe States Alliance, a national professional association of injury and violence prevention practitioners, recognizes that a trained and skilled injury and violence prevention workforce is essential for improving injury and violence prevention efforts. The Safe States Alliance released a position statement on workforce development in 2014 that says, "trained and high-caliber staff are 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."[11] Safe States calls for efforts 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.

The Injury Prevention Committee of the Governor's EMS and Trauma Advisory Council supports these recommendations, and therefore encourages the State of Texas and injury and violence prevention professionals, organizations, agencies and health care providers across the state of Texas to improve and enhance workforce development for professionals working in the injury and violence prevention field.

References

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