

Core competencies for injury and violence prevention

In 2000, the State and Territorial Injury Prevention Directors' Association (STIPDA) and the National Association of Injury Control Research Centers (NAICRC), later reorganized to form SAVIR, formed the Joint Committee on Infrastructure Development with the goal of developing the infrastructure for the field. The group unanimously agreed that there was a significant need to address the training gap in our field, leading to a focus as the National Training Initiative for Injury and Violence Prevention (NTI). In the ensuing eight years, NTI has been instrumental in identifying training needs through several needs assessment activities, identifying existing training programs, and developing new training, including the PREVENT Program operated by UNC (<http://www.prevent.unc.edu>). The cornerstone of all these efforts was the development of a set of core competencies for injury and violence prevention.

Developed through a multi-stage process that included review of existing competencies from the field of public health¹⁻⁴ and coupled with a careful review of the functions of public health agencies in injury control, as developed by STIPDA in the Safe States document and its companion STAT Review Guide,⁵ the

group developed a set of competencies to identify the key skill areas for injury and violence professionals, with an emphasis on the public health environment.⁶ The complete draft of competencies was then reviewed by an expert panel consisting of 53 practitioners and academics representing federal, state, and tribal settings as well as those based in hospitals and private organizations. Their task was to review and critique the proposed competencies, identifying missing areas or areas in need of stronger focus or clarification. In addition, the competencies were divided to designate proficiency levels, with the expectation that all persons working in the field should be proficient at the basic level, with higher levels of proficiency expected collectively among members of team. The final set of competencies is available on the NTI website (<http://www.injured.org>).⁷ An article explaining the process of developing the competencies appears in the *American Journal of Public Health*.⁶

More recently, a self-assessment tool was created at UNC IPRC to provide a mechanism to test individuals' competence at the basic level of proficiency on eight of the nine competencies (excluding the competency addressing specific injury content areas). The "test" was created

and pilot tested with 300 volunteer practitioners, identified mostly via the membership of STIPDA, Indian Health Service injury professionals, and those who have participated in the PREVENT Program. Based on a careful analysis using item response theory methods, the final instrument was devised and is now available at the NTI website.⁷ As additional persons use the instrument, it will be retested and refined to ensure that its psychometric properties remain strong and appropriate to the users. The competencies are listed in box 1.⁷

Carol W Runyan^{1,2}, Shelli Stephens Stidham³

¹University of North Carolina Injury Prevention Research Center, Chapel Hill, North Carolina, USA

²University of North Carolina Gillings School of Global Public Health, Chapel Hill, North Carolina, USA

³Injury Prevention Center of Greater Dallas, Dallas, Texas, USA

Correspondence to: Professor Carol W Runyan, Injury Prevention Research Center, 137 East Franklin Street, Suite 500, University of North Carolina, Chapel Hill, NC 27599-7505, USA; carol_runyan@unc.edu

Acknowledgements: We acknowledge the work of the entire National Training Initiative Core Competency Committee that prepared the core competencies under the subcommittee chairmanship of T Songer. See the list of contributors to this initiative at: <http://www.injured.org>

Competing interests: None.

Injury Prevention 2009;**15**:141.
doi:10.1136/ip.2009.021758

REFERENCES

1. **Runyan C**, Gunther-Mohr C, Orton S, *et al*. PREVENT: a program of the National Training Initiative on Injury and Violence Prevention. *Am J Prev Med* 2005 **29**:252-8.
2. **Public Health Foundation, Council on Linkages between Academia and Public Health Practice**. Core competencies for public health professionals. June 1999. http://www.trainingfinder.org/competencies/list_nolevels.htm (accessed 30 Sep 2007).
3. **US Department of Health & Human Services, Public Health Service, Office of Disease Prevention and Health Promotion**. *The public health workforce: an agenda for the 21st century*. Washington, DC: US Government Printing Office, 1997.
4. **Association of Teachers in Maternal and Child Health**. Competencies for maternal and child health. February 2001. <http://www.atmch.org/TeachingTools/mchcomps.pdf> (accessed 30 Sep 2007).
5. **STIPDA**. *The STAT review guide*. Atlanta, GA: State and Territorial Injury Prevention Directors Association, October 2001.
6. **Songer T**, Stephens-Stidham S, Peek-Asa C, *et al*. Core competencies for injury and violence prevention. *Am J Publ Health*. In press.
7. **Anon**. National Training Initiative for Injury and Violence Prevention. <http://www.injured.org> (accessed 12 Oct 2008).

Box 1 Core competencies for injury and violence prevention in public health practice

1. Ability to describe and explain injury and/or violence as a major social and health problem.
2. Ability to access, interpret, use and present injury and/or violence data.
3. Ability to design and implement injury and/or violence prevention activities.
4. Ability to evaluate injury and/or violence prevention activities.
5. Ability to build and manage an injury and/or violence prevention program.
6. Ability to disseminate information related to injury and/or violence prevention to the community, other professionals, key policy makers and leaders through diverse communication networks.
7. Ability to stimulate change related to injury and/or violence prevention through policy, enforcement, advocacy and education.
8. Ability to maintain and further develop competency as an injury and/or violence prevention professional.
9. Demonstrate the knowledge, skills and best practices necessary to address at least one specific injury and/or violence topic and be able to serve as a resource regarding that area.