

Injury Community Planning Group Needs Assessment  
Pennsylvania Department of Health

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This report contains results that are not necessarily representative of the population assessed.

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## Summary

**Background:** In August 2005, the Pennsylvania Department of Health received a five-year grant from the Centers for Disease Control and Prevention (CDC) to assess and build the capacity to prevent and control injuries and injury-related deaths in Pennsylvania. One of the grant objectives is to develop a comprehensive injury and violence prevention and control plan for Pennsylvania. To meet this objective, the Pennsylvania Department of Health formed a statewide Injury Community Planning Group (ICPG). The ICPG, in turn, has drafted a set of goals and objectives to pursue for injury prevention and control in Pennsylvania. One issue recognized by the ICPG was the lack of information on the current level of expertise of injury prevention professionals in the state and their subsequent need for additional training. Thus, a training needs assessment was commissioned and conducted under the direction of Dr. Thomas J. Songer, Assistant Professor at the University of Pittsburgh, with assistance from Ms. J'Ingrid Mathis, Director of the National Training Initiative for Injury and Violence Prevention.

**Goals of the Needs Assessment:** This needs assessment was conducted to guide the ICPG in: understanding the skill levels of the current community of injury and violence prevention professionals in Pennsylvania; understanding the perceived needs to expand these skills; prioritizing training opportunities; and identifying potential barriers to the Commonwealth's capacity building efforts.

**Methodology:** Data for this needs assessment were collected through a web-based survey.

**Participants:** Over 196 individuals from diverse injury and violence prevention initiatives were invited to participate in this assessment. These initiatives covered state and local government agencies, state health improvement partnerships, trauma center injury prevention coordinators, child health groups and advocacy and victims organizations. Ninety-eight professionals, representing about 50 percent of the individuals contacted, participated in the web-based survey. The majority of participants indicated that they spend less than 50 percent of their time on injury and violence prevention efforts. Their job responsibilities include program management, program coordination, community education, medical care, policy and advocacy and social work. Some supervise other injury and violence professionals, but the majority reported having no supervisory authority. Additionally, most of the participants have completed some form of training in injury, but they generally lack formal academic training in the field.

### Findings:

Need for Training—The need for training in the injury and violence prevention field is great. Virtually all professionals believe they need additional training, both to enhance their knowledge and skills as well as to remain current in the field.

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Desired Training Topics—Injury and violence prevention professionals in Pennsylvania desire training in many areas. The areas most frequently cited are:

1. Finding and using evidence to guide program development;
2. Implementing injury and violence interventions;
3. Developing techniques for building, managing and evaluating injury and violence prevention programs; and
4. Designing injury and violence prevention interventions.

Preferred Training Methods— Pennsylvania injury and violence prevention professionals prefer many methods of training. The methods which appear to be most appealing to the respondents included workshops attached to other meetings, internet-based training through webinars and technical assistance via access to injury experts.

Barriers to Participating in Training—Pennsylvania injury and violence prevention professionals encounter multiple barriers to participating in training. The most cited barriers include travel over large distances to attend a learning session, the inability to be away from work for longer than 1-2 days and the financial cost of learning.

Reasons to Attend Training—Despite barriers, there are factors that motivate injury and violence prevention professionals in Pennsylvania want to attend training. Specific preferences noted by the respondents included having short, one-day, training sessions, using specific instructors or instructor types and the time of year when the training is offered.

## **I. Introduction**

### **A. Overview**

In August 2005, the Pennsylvania Department of Health received a five-year grant from the Centers for Disease Control and Prevention (CDC) to assess and build the capacity to prevent and control injuries and injury-related deaths in Pennsylvania. As one of the grant objectives, the Pennsylvania Department of Health identified and convened a statewide Injury Community Planning Group (ICPG). The ICPG was used as the means to develop community-based goals and objectives for injury/violence prevention and control in the state. One need recognized by ICPG was the lack of information on the ability of current professionals in the state to carry out prevention initiatives. Thus, a training needs assessment was commissioned and conducted under the direction of Dr. Thomas J. Songer, Assistant Professor at the University of Pittsburgh, with assistance from Ms. J'Ingrid Mathis, Director of the National Training Initiative for Injury and Violence Prevention.

### **B. Overview of the Injury Community Planning Group Needs Assessment**

This needs assessment was conducted to guide the ICPG in: understanding the skill levels of the current community of injury and violence prevention professionals in Pennsylvania; understanding the perceived needs to expand these skills; prioritizing training opportunities; and identifying potential barriers to the Commonwealth's capacity building efforts.

Specific aims are to assess and describe the:

- 1) Need for training among Pennsylvania injury and violence prevention (IVP) professionals, as compared to training needs of IVP professionals across the nation;
- 2) Topic areas in which Pennsylvania IVP professionals require additional training, as compared to topic areas identified nationally;
- 3) Preferred training methods (e.g., workshop, web-based, advisor/coach, CD-ROM or video-based instruction, etc.);
- 4) Barriers and obstacles to participating in training programs, as compared to nationally identified barriers; and
- 5) Characteristics of Pennsylvania IVP professionals, including injury, educational background, place of work and supervisory status.

## **II. Methodology**

Data for the needs assessment was collected through a web-based survey using Survey Monkey, an electronic survey tool. The survey was open to respondents for two months, beginning June 1, 2008, and ending July 31,

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2008. All responses maintained the anonymity of the respondents. A copy of the web-based survey is provided in Appendix B.

The results are based on a response rate and do not represent the views of all stakeholders.

**A. Recruitment**

Selected individuals affiliated with the ICPG, injury/violence prevention organizations or the state government were recruited to participate in the web-based survey. These individuals were selected based upon their direct involvement with injury or violence prevention activities, or their potential future involvement in injury and violence prevention activities. Table 1 illustrates the breakdown of the groups to which invited individuals belonged.

<u>Group Affiliation</u>	<u>Number Invited</u>
Trauma Center Injury Prevention Coordinators	20
State of Pennsylvania District Health Consultants	6
Selected State Government and Academic Officials with Injury/Violence Responsibilities	7
SHIP Partnerships	29
SafeKids Members	14+
County Government Officials	22
Head Start Members	6
Child Health Agencies/Organizations	15
Advocacy and Victims Agencies	8
Child Death Review Team Members	68
<b>Total</b>	<b>195+</b>

A total of 196 individuals were directly invited to participate. Some additional individuals may have also responded to the survey, as the invitation was circulated to additional individuals through the invited participants. The number of additional persons notified of the survey is not known, but this number is not likely to be large. The direct invitation for participation in the survey was sent through electronic mail. This email message provided a brief description of the survey’s purpose, along with a web link to the survey. A copy of the invitation letter is included in Appendix A.

Of the 196 direct invitations, 12 messages were returned as “delivery failures,” meaning that the invitation did not reach its intended destination. Overall, 98 individuals responded and completed the web-based survey. This rate of participation represents about 50 percent of those who were contacted and invited to respond.

**B. Format of Web-Based Survey**

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The web-based survey consisted of 37 questions that were designed to capture the need for training, potential training topics, preferred training modes, barriers to participating in training, desired training characteristics and general characteristics about the respondents (e.g., injury or violence educational background, place of work, job title and supervisory status). The survey primarily posed closed-ended questions, but also allowed several opportunities for open-ended responses. The survey took approximately ten minutes to complete. Participants responded anonymously.

**C. Analysis**

Responses from the survey were downloaded from Survey Monkey in a condensed, actual response format onto an Excel spreadsheet. With the exception of a limited number of open-ended questions and multiple choice options, the majority of the questions in the survey asked respondents to rate their needs on a 10-point Likert scale. In this scale, the numerical value of 1 was used to represent the low end of the scale (e.g., “Not at all”), and 10 was used to represent the high end of the scale (e.g., “Very much” or “A great deal” or “Very desirable”). Responses to these questions were analyzed in two different formats. First, we examined the mean value of the response (from 1 to 10) for a given question. Second, we identified the percent who indicated a specific value (“training is not needed at all”, “training is needed very much”, etc.), as well as the percent who indicated a value of 7 or above [used in the report to note respondents with a moderate to high level of interest in a subject]. Qualitative data analysis techniques (e.g., review and grouping by content and/or theme) were used to analyze the responses to open-ended questions.

**III. Results**

Findings are reported in six subtopic areas which correspond to the aims of the needs assessment. These are:

- 1) characteristics of the respondents;
- 2) stated need for training;
- 3) training topics;
- 4) preferred training methods;
- 5) barriers and obstacles to participating in training activities; and
- 6) reasons to attend training.

**A. Characteristics of the Respondents**

Ninety-eight professionals representing a variety of injury and violence prevention programs and organizations completed the survey. All individuals were asked to provide information about their place of work, job title and responsibilities, percentage of time spent working on an injury and violence prevention effort, supervisory status and previous

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injury and violence-related training. A summary of these characteristics in the respondents follows.

Place of work: Respondents represented a variety of agencies and organizations. More than one-third—41 percent—worked in local or state government agencies. Twenty-five percent worked in community-based organizations, and 20 percent worked in a hospital or healthcare system. The remaining 14 percent represented schools or school systems (2 percent), grass roots advocacy groups (2 percent), foundation or not-for-profit community group funding (3 percent) or other types of organizations (7 percent).

Job titles: The majority of respondents—46 percent—were program managers/directors. Program coordinators comprised 18 percent, and 11 percent of respondents were nurses. Program specialists and health educators each comprised 7 percent of respondents. The remaining 9 percent had various job titles, including police officer, legal advocate, assistant to the director and consultant. Despite the prevalence of managers and directors, the majority of respondents (71 percent) reported that they did not supervise other injury/violence prevention professionals. This is consistent with findings from a 2007 training needs assessment in which the majority of respondents—63 percent—reported not having supervisory responsibilities.<sup>1</sup>

Percentage of time spent working on injury or violence prevention efforts: The majority of the respondents were involved in injury or violence prevention activities as part-time workers. In the group, 67 percent of the respondents spent 50 percent or less of their time working on IVP efforts. The remaining 33 percent spent between 51 percent and 100 percent of their time working on IVP initiatives.

Prior training in injury or violence: When asked about prior injury- or violence-related training, the majority of respondents—80 percent—indicated that they had completed a certification in an injury- or violence-related field (20 percent) or a short course on injury (59 percent). Few respondents had formal academic training in the field, with just 5 percent completing a bachelor's degree and 3 percent holding a masters degree. These findings differ from those reported in the 2007 national training needs survey. In that survey, almost one-half of the respondents (46 percent) had a bachelor's degree or higher (21 percent bachelor's degree, 23 percent master's degree and 2 percent doctoral degree). Bachelor and advanced degrees were in various areas, including public health, social work, nursing, economics, public administration, psychology and

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<sup>1</sup> Mathis J, Berlin S and Smith-Fischer, M (2007). The National Training Initiative for Injury and Violence Prevention Needs Assessment. Chapel Hill, NC: UNC Injury Prevention Research Center

engineering. Seven percent of respondents had an Associate's Degree. The remaining 47 percent of respondents had either a certification in an injury-related field or had participated in injury control short courses, or both.

### **B. Need for Training**

The first question in the survey was a general question which sought to elicit the views of the respondents on how strongly they felt about the need for additional training in IVP. The responses to this question were widespread, with some feeling that training was not needed at all and others expressing a need for a great deal of training. Overall, the majority of respondents—69 percent—indicated a moderate need for training, 7 percent felt it was not needed at all and 23 percent of respondents felt it was greatly needed. These results differ from those obtained in a similar 2007 training needs survey of a national sample of injury and violence professionals<sup>2</sup>. In that survey, virtually all of the injury and violence prevention respondents (98 percent) indicated a need for some type of training in injury control.

### **C. Desired Training Topics**

Several questions in the survey asked respondents to rate their need for training in specific areas of IVP. The areas chosen represent the basic core competencies outlined for IVP professionals, including: introduction to the injury and violence problem; use of injury and violence data; design of injury and violence prevention activities; injury and violence prevention implementation strategies; building, managing, and evaluating injury and violence programs; finding and using evidence to develop injury and violence programs; communication and dissemination of injury and violence prevention information; policy and advocacy; and in-depth training in a specific injury or violence topic. Respondents were asked to rate, on a scale of 1 ("Not at all needed") to 10 ("Very much needed"), how much they needed training in these areas. Table 2 depicts the average rating of need for training in these knowledge and skill areas, as compared to results from the 2007 national training needs survey of injury and violence professionals.

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<sup>2</sup> Mathis J, Berlin S and Smith-Fischer, M (2007). The National Training Initiative for Injury and Violence Prevention Needs Assessment. Chapel Hill, NC: UNC Injury Prevention Research Center

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<b>Table 2. Training Needs for Respondent (Rating Scale: 1-10)</b>		
<b>Topic</b>	<b>Respondent Mean</b>	<b>2007 National Survey Respondent Mean</b>
How to design injury/violence prevention activities	6.80	N/A
How to implement an injury/violence intervention in a community	6.86	5.98
Techniques for building, managing, and evaluating an injury/violence program	6.85	6.25
Finding and using evidence to guide program development	7.0	5.99
How to communicate and disseminate injury/violence prevention information to communities, other professionals, policy makers and leaders.	6.45	5.76
Policy, enforcement, advocacy, and education strategies	6.66	5.79
In-depth training in a specific injury/violence topic	6.31	5.99

In general, Pennsylvania IVP professionals indicated a greater need for training in IVP topic areas than did national IVP professionals. Unlike respondents of the 2007 national training needs survey, Pennsylvania injury and violence professionals noted a specific need for training focused on finding and using evidence to guide program development. This need was closely followed by the need for training in how to implement an IVP intervention in a community and techniques for building, managing and evaluating an IVP program—the training area that was identified as most needed by the sample of national IVP professionals.

When comparing training needs by place of work, some unique differences emerged. For example, Pennsylvania IVP professionals who work in *community-based organizations* (CBOs) indicated the greatest need for training in how to design IVP activities, followed by learning about IVP data, implementing IVP interventions and how to find and use evidence to guide program development (the latter three were all equally ranked as the second most needed training topic area). Pennsylvania *hospital and health care IVP employees* most need training in how to communicate and disseminate IVP information, followed by training in learning about IVP data, how to find and use evidence to guide program

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development and training on policy, enforcement, advocacy and education strategies (the latter three were all equally ranked as the second most needed training topic area). IVP professionals working in *state and local government* ranked two topic areas—training in how to build, manage, and evaluate an IVP program and training on how to find and use evidence to guide program development—as the most needed training areas. Training on how to implement IVP interventions was the second most needed training area.

Similarly, training needs differed by the percentage of time Pennsylvania IVP professionals spend working on an IVP effort. Those who work part-time [1 – 50 percent of their time] on IVP efforts—the majority of survey respondents—felt they needed training in how to design IVP prevention activities, followed by training in how to find and use evidence to guide program development. Those who worked full-time [51 – 100 percent of their time] on IVP efforts indicated training needs most in how to find and use evidence to guide program development, followed by training in how to communicate and disseminate IVP information.

When queried about interest in learning about other injury/violence topics, the majority of total respondents expressed a need for training primarily in violence topics rather than unintentional injury topics, with the exception of training on childhood injury and poisoning. However, differences emerge when comparing topic interests of state and local government, health care and CBO employees. Table 3 illustrates these differences. The top five most desired IVP topic areas are highlighted within each type of organization (e.g., government, health care and CBO).

<b>Injury/Violence Topic Area</b>	<b>Percent of Total Respondents</b>	<b>Percent of Government Employees</b>	<b>Percent of Health Care Employees</b>	<b>Percent of CBO Employees</b>
1. Suicide/attempted suicide	53%	60%	31%	44%
2. Youth violence	53%	63%	50%	33%
3. Childhood injury	48%	43%	50%	50%
4. Poisoning	48%	49%	50%	44%
5. Sexual assault/rape	46%	51%	38%	33%
6. Domestic violence	46%	49%	31%	44%
7. Sports and recreation injury	45%	40%	63%	39%
8. Gun violence	44%	40%	50%	33%
9. Farm injury	40%	31%	44%	33%
10. Child abuse	39%	43%	19%	39%
11. Fire/burns	39%	40%	38%	39%
12. Falls	39%	31%	38%	44%
13. Motor vehicle	36%	34%	25%	44%

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injuries				
14. Drowning	34%	23%	44%	39%
15. Pedestrian safety	32%	26%	31%	44%
16. Child passenger safety	32%	32%	25%	44%

**D. Preferred Training Methods**

The survey also asked respondents about their preferences for future training efforts that might be offered. Overall, the responses indicated that workshops within fifty miles of work were the most popular training option. This was followed in preference order by training workshops linked with another event, such as the SafeKids annual meeting or the Pennsylvania Public Health Association conference. Rounding out the top five preferred training methods were access to an experienced injury practitioner (who could be called for advice) and internet courses that could be done on one’s own time, as well as tuned into live. These training mode preferences are consistent with findings from the 2007 national training needs survey.

Respondents also offered suggestions for other desired training methods. These include site-based training in schools or community settings, ready-to-use free programs, shadowing/internships, weekend retreats, short but frequently held roundtable trainings and train-the-trainers models.

**E. Barriers to Participating in Training**

Respondents were also asked to identify any potential barriers that would limit their participation in future training activities. The respondents cited several barriers to participating in training. Travel at a distance, which in many instances is related to limited funding, is of major concern to most respondents, as is being away from work for multiple days. The top five barriers, in decreasing order of frequency cited, were:

- 1) Having to travel out of state (77 percent of respondents)\*;
- 2) Being away from work for three days or more (77 percent of respondents);
- 3) Focusing on topics not directly related to work (73 percent of respondents);
- 4) Incurring total expense to attend of \$500 or more (68 percent of respondents); and
- 5) Traveling more than 100 miles to training (66 percent).

**F. Reasons to Attend Training**

Finally, the survey also queried participants about what factors would make their attendance at future training activities more attractive. In other words, what specific factors would make them want to attend training, if

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\* Each respondent identified multiple barriers; therefore percentages will not add up to 100 percent.

offered. The single factor identified by respondents as most influential in their choice to attend training was the length of the training (e.g., once day vs. multiple days). Seventy-five percent of respondents concurred in this. Specific instructors or instructor types and the time of year of the training were equally identified (52 percent of respondents) as the second most influential factor in the desire to attend training. Forty-two percent of respondents cited the sponsor of the training as an influential factor in their attending.

#### **IV. Discussion**

Injury and violence prevention professionals in Pennsylvania are a varied group, possessing a range of injury educational backgrounds and representing multiple disciplines within various organizations. Despite individual differences in education and experience, these professionals are virtually united in their need for additional training. Some central themes related to the need for training in injury and violence prevention in the Commonwealth of Pennsylvania are summarized below.

**Injury and violence prevention professionals are interested in receiving training on a broad range of injury and violence topics.** Most professionals recognize a need for training in how to find and use evidence for the development of injury and violence programs. Concerns about travel and time away from work, however, suggest a need to provide such training in a way that will be accepted as realistic for those who work in resource-limited environments.

Injury and violence prevention professionals in Pennsylvania are also keenly interested in training that is focused on violence prevention (specifically suicide, youth violence and domestic violence), as well as specific types of unintentional injury, including childhood injury and poisoning. Training that takes these interest areas into account, while also considering the organizational differences in priority, would significantly benefit Pennsylvania's IVP community.

**Training that is practical and blends a variety of methods is essential.** Injury and violence prevention programs are often under-funded, under-staffed, and labor-intensive. To ensure that there is a gain—be it mission-oriented, economic, social or developmental—to the prospective attendee and his or her organization, training must be practical and applicable to the work of those who attend. It must also strike a balance between educating and developing those with some modicum of training in the field versus more experienced practitioners. An opportunity exists to meet these objectives by offering training that blends various methods and considers different learning styles, as well as differences in work settings. For example, internet-based training that includes an on-site session at an annual conference or meeting

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would likely appeal to a significant number of Pennsylvania IVP professionals.

**Injury and violence prevention professionals encounter several barriers to participating in training.** Difficulty traveling out of state, time away from work and training that does not directly relate to one's work are major barriers to participating in training. Absence of continuing education units and lack of supervisor support are also barriers that professionals face. Offering training with the presence of these barriers is a challenge. However, opportunities exist to mitigate their impact on professionals' ability to attend training. For example, stipends might be offered to reduce participant costs, portions of the training might be conducted remotely to offset the need to travel and continuing education units might be offered.

There is clearly a strong need for injury and violence prevention training among professionals of varying backgrounds, knowledge and expertise across a range of work settings. Opportunities exist to provide effective training that meets the educational and developmental needs of injury and violence prevention professionals in Pennsylvania and results in more positive outcomes for the field.

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**Appendix A: Invitation Electronic Mail Message Sent to Selected Individuals**

Dear ,

I am writing to you as the co-chair of the Injury Community Planning Group (ICPG). I am writing because of your prior involvement in injury and/or violence prevention activities.

The Injury Community Planning Group has been working with the State of Pennsylvania Department of Health for the last 2 years to identify a coordinated and comprehensive plan for injury and violence prevention in the state. More details on its activities are available online at this link:

[http://www.dsf.health.state.pa.us/health/lib/health/810409\\_Health\\_Injury\\_Plan\\_Proof.pdf](http://www.dsf.health.state.pa.us/health/lib/health/810409_Health_Injury_Plan_Proof.pdf)

One important issue for the ICPG is the recognition that there is a need for more activities related to injury and violence prevention in the state. Meeting this goal will require a well-trained workforce to carry out these activities. While it is clear that more training activities are needed for this purpose, it is not yet known what the priorities for training should be.

**I am writing to ask for your help in answering a survey on training needs in injury or violence prevention in the State of Pennsylvania. I would like to ask if you could take the time in the next week to go through the survey and answer the 37 questions based upon your background and experience. The survey has questions about the areas where you feel you could use more training, and what you think are the best approaches to getting that training. The anonymous survey takes about 10-15 minutes to complete and can be found at this link:**

**[http://www.surveymonkey.com:80/s.aspx?sm=J7MP\\_2fZh9QG\\_2feTIfcXGgB3w\\_3d\\_3d](http://www.surveymonkey.com:80/s.aspx?sm=J7MP_2fZh9QG_2feTIfcXGgB3w_3d_3d).**

Your participation in the survey is important. Your responses, and those of your colleagues, will be used by the ICPG to develop training activities and programs for the state.

Thank you for considering this request. I will be happy to answer any questions that you may have. Feel free to write me a message at [tjs@pitt.edu](mailto:tjs@pitt.edu) or to call at 412 802 6500.

Wishing you continued success in your activities.

Sincerely yours,

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Phone: 1 412 802 6500  
Fax: 1 412 802 6505

## Appendix B: Web-Based Survey

Untitled Page

Dear Colleague:

The Pennsylvania Department of Health through its Injury Community Planning Group (ICPG) is working to identify and document training needs of injury prevention professionals in Pennsylvania. This effort is one part of a plan to develop future training programs to increase the knowledge, skills, and abilities of individuals involved in activities that influence injury prevention in the state. The following questions will be used by the Department of Health and the Injury Community Planning Group (ICPG) to identify priority areas where training should be focused in Pennsylvania. Please help us by taking a few minutes to fill out this anonymous questionnaire. Your input is extremely important to us. Thank you for your help!

Terms

A few words on the questions that follow:

Several terms and words are used in this survey that may have different meanings to different individuals. When you read the following questions, the following terms are meant to convey the listed meanings.

**Training:** Additional education in a given area. It may be given through several modes; including courses at universities, but also education provided outside of university settings, such as 1-day seminars, Internet-based learning programs, etc.

**Injury or Violence Prevention Activity:** An action developed and implemented with the objective of reducing the frequency and/or severity of a particular injury or form of violence.

**Injury or Violence Prevention Program:** A broad-based effort implemented to reduce injury or violence. A program may involve one or more individuals in its implementation. A program may also involve one or more activities implemented in the community [whose objective is to reduce injury and/or violence].

**ICPG (Injury Community Planning Group):** A group formed by the Pennsylvania Department of Health with the purpose of

1. identifying priority areas in injury and violence prevention in the state.
2. developing objectives for injury and violence prevention in the state.
3. guiding program implementation and evaluation.

Intro

### **1. In general, how much do you feel that you need additional training in injury and/or violence prevention?**

1 Not at all needed

2

3

4

5

6

7

8

9

10 Very much needed

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Training Topics

The next set of questions address topic areas that are important components of injury or violence prevention practice. Please rate how much you feel you need additional training in each topic area listed.

**2. Training to learn about the basics of injury and/or violence as an important problem (e.g. Injury 101).**

- 1 Not at all needed
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Very much needed

**3. Training to learn about injury/violence data. How to collect information about the frequency of injury or violence, and how to access, interpret, and use this data.**

- 1 Not at all needed
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Very much needed

**4. Training to learn how to design injury/violence prevention activities.**

- 1 Not at all needed
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Very much needed

**5. Training to learn how to implement an injury/violence prevention intervention in a community (including assessing community needs and strengths, and building community support for a program/intervention).**

- 1 Not at all needed
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

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10 Very much needed

**6. Training to learn how to build, manage, and evaluate an injury/violence prevention program.**

1 Not at all needed

2

3

4

5

6

7

8

9

10 Very much needed

**7. Training to learn how to find and use evidence to guide program development (for example, where to find good program examples, how to determine if the evidence is sound).**

1 Not at all needed

2

3

4

5

6

7

8

9

10 Very much needed

**8. Training to learn how to communicate and disseminate injury/violence prevention information to communities, other professionals, policy makers and leaders.**

1 Not at all needed

2

3

4

5

6

7

8

9

10 Very much needed

**9. Training to learn more about policy, enforcement, advocacy and education strategies for injury/violence prevention.**

1 Not at all needed

2

3

4

5

6

7

8

9

10 Very much needed

**10. In-depth training to learn about a specific injury/violence topic (see list below).**

- 1 Not at all needed
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Very much needed

**11. Please indicate which of the following injury/violence topics you need to learn more about (Mark all that apply):**

- Child passenger safety
- Sexual assault/rape
- Child abuse
- Motor vehicle injuries
- Suicide/attempted suicide
- Fire/burns
- Poisoning
- Drowning
- Gun violence
- Falls
- Sports and recreation injury
- Childhood injury
- Youth violence
- Farm injury
- Pedestrian safety
- Domestic violence

**12. Please list any other injury/violence topics you need to know more about.**

Training Method

In the next set of questions, we hope to learn more about your opinions on the best way to provide training in the areas that you identified previously. For each question, please rate how desirable each of the training methods would be to you.

**13. Training workshops within 50 miles of your work.**

- 1 Not at all desirable
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Very desirable

**14. Training workshops that may be very distant (more than 50 miles) from your work site.**

- 1 Not at all desirable
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Very desirable

**15. Training workshops linked with another event (e.g., Public Health Institute, annual SAFEKIDS meeting, Pennsylvania Public Health Association conference).**

- 1 Not at all desirable
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Very desirable

**16. An Internet course that you could do on your own time.**

- 1 Not at all desirable
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Very desirable

**17. Internet lectures that you tune into live at a specific time in your office.**

- 1 Not at all desirable
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Very desirable

**18. A video conference accessible within 50 miles of your work.**

- 1 Not at all desirable
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Very desirable

**19. Taped lectures that you can watch on your own DVD/VCR.**

- 1 Not at all desirable
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Very desirable

**20. CD-ROM course.**

- 1 Not at all desirable
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Very desirable

**21. Having available an experienced injury or violence practitioner whom you could call for advice.**

- 1 Not at all desirable
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Very desirable

**22. Other desired forms of training?**

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Barriers

Assuming that a program on a topic(s) of interest to you were offered, what types of issues would keep you from participating in this training?

**23. Time away from work (Check all that apply):**

- Being away from work for 1 day
- Being away from work for 2 days
- Being away from work for 3 days or more

**24. Distance to training (Check all that apply):**

- Distance to training of 50 miles
- Distance to training of 100 miles
- Having to travel out of state

**25. Expenses (Check all that apply):**  
**[Total Expenses = course fee and travel expenses combined]**

- Total expenses to attend of more than \$25
- Total expenses to attend of \$75
- Total expenses to attend of \$150
- Total expenses to attend of \$500 or more
- Lack of funding

**26. Other reasons (check all that apply):**

- Lack of support from my superiors
- Accessing a computer suitable to receive an Internet course
- CEU's not offered
- Topics not directly related to my work
- Other (please specify)

Reasons to attend training

What kinds of things would make you want to attend training? Please indicate how much each of following would influence your decision to attend a training using a scale of 1 to 10.

**27. Sponsor of the training.**

- 1 No influence
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Great deal of influence

**28. Specific instructors or instructor types.**

- 1 No influence
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Great deal of influence

**29. Time of year the training is offered.**

- 1 No influence
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Great deal of influence

**30. Length of training (e.g., one day vs. multiple days).**

- 1 No influence
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Great deal of influence

**31. Other. Please Specify.**

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Employment

The following questions ask about your background. They will be used to identify how training needs vary by or within different groups. They will also be used to help the Department of Health to tailor the types of training offered in the future.

**32. What percentage of your time is spent working on an injury and/or violence prevention effort?**

- 1-25%
- 26-50%
- 51-74%
- 75-100%

**33. Please indicate the injury or violence-related training you have had before. Check all that apply:**

- Doctoral degree with an injury or violence focus
- Masters degree with an injury or violence focus
- Bachelors degree or Associates degree with an injury or violence focus
- Certification in an injury or violence-related field
- A Short course in injury prevention
- Indian Health Service Training or Fellowship
- University course(s) in injury or violence
- Other (please specify)

**34. Which of the following best describes the organization, agency or group with which you work?**

- Community-based organization (non-governmental) that primarily provides direct service
- Grassroots advocacy group (does not provide direct services)
- School or school system
- Local or municipal government agency
- State government agency
- University or college or community college
- Hospital, health system, or healthcare provider
- Media or marketing organization
- Faith-based organization
- Foundation or non-for-profit community group funding injury/violence prevention activities
- Other (please specify)

**35. Please state your job title and/ or the major responsibilities.**

**36. Do you supervise other injury/violence prevention professionals?**

- Yes
- No

**37. Please give us any other advice about developing training suitable for you or your colleagues.**