Injury & Violence Prevention Glossary

Developed by the SAVIR[§]-STIPDA Joint Committee on Infrastructure Development

This glossary was created to provide clarity to terms that could be ambivalent or unclear to potential readers of the Core Competencies for Injury and Violence Prevention. Many words are defined in specific reference to their use in injury and violence prevention. Multiple texts were consulted[i], and the definitions were reviewed by the SAVIR-STIPDA Joint Committee for Infrastructure Development.

Acute Exposure—Referring to a brief, intense, short-term, traumatic exposure leading to an injury (e.g., MV crash, gunshot, assault).

Advocacy—Working for political, regulatory or organizational change on behalf of a particular interest group or population.

Assets and Needs Assessment—The process of determining a community's perceptions of its needs or quality of life, and its aspirations for the common good through broad participation and the application of multiple information-gathering activities designed to expand understanding of the community.

At Risk—The quality of being vulnerable to certain negative health conditions because of physical, social, emotional or economic factors.

Best Practices—The elements and activities of intervention design, planning and implementation that are recommended on the basis of the best knowledge currently available.

Causality—Relating to the causes and the effects or outcomes they produce.

Chronic Exposure—Referring to prolonged or long-term exposure, often with specific reference to low-intensity, that may lead to injury (e.g., carpal tunnel syndrome).

Community—A group of people residing in the same locality or sharing a common interest, characteristic or unifying trait.

Competencies—An observable and measurable skill or level of knowledge that can be obtained through training or applied practice.

Conceptual Model—A visual framework that illustrates how different factors work together to cause (or prevent) a problem.

[§] Formerly the National Association of Injury Control Research Centers, NAICRC.

Cost Effectiveness—A means to determine the costs and effectiveness of an activity (e.g., injury intervention) to assess the relative degree to which desired objectives or outcomes are obtained. See also **Effectiveness**.

Culturally Appropriate—A set of values, behaviors, attitudes and practices reflected in the work of an organization or program that enables it to be effective across cultures; includes the ability of the program to honor and respect the beliefs, language, interpersonal styles and behaviors of individuals and families receiving services.

Cultural Factors—The thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, faith or social group.

Education/Behavior Change—Any combination of learning experiences designed to facilitate voluntary adaptations of behavior conducive to health. This is one strategy for preventing injuries and violence. See also **Legislative/Enforcement** and **Technology/Engineering**.

Effectiveness—The extent to which a specific (injury) intervention, procedure, or regimen does what it is intended to do for a defined population.

Evaluation—A process that attempts to determine as systematically and objectively as possible the relevance, effectiveness and impact of activities in light of their objectives.

Evidence-Based—Health endeavor in which there is informed, explicit and judicious use of evidence that has been derived from any of a variety of science and social science research methods.

Haddon Matrix—A conceptual model that systematically breaks down the injury problem into temporal as well as epidemiological components with the goal of identifying injury prevention countermeasures.

Incidence—A measure of the frequency of injury occurrence in a defined population based on the number of new cases over a given period of time (usually one year).

Initiative—A broad and frequently innovative effort, which can include programs, projects and/or campaigns, designed to bring about a change in behavior, policy or health.

Injury—Any unintentional or intentional damage to the body resulting from acute exposure to thermal, mechanical, electrical or chemical energy that exceeds a threshold of tolerance in the body or from the absence of such essentials as heat or oxygen.

Intentional Injuries—Injuries that result from purposeful human action whether directed at oneself (self-directed) or others (assaultive), sometimes referred to as violent injuries.

International Classification of Diseases (ICD)—A classification of the nature and external cause of illness and injuries developed by the World Health Organization.

Intervention—An action or program that aims to bring about identifiable outcomes.

Legislative/Enforcement—Statutory requirements and prohibitions designed to reduce risk. This is one strategy for preventing injuries and violence. See also **Education/Behavior Change** and **Technology/Engineering**.

Lobbying—Activities aimed at influencing public officials, especially members of a legislative body, in order to produce a desired action.

Marketing Plan—The plan for promoting and disseminating an organization's ideas, services and mission.

Mechanisms—Categorizing injuries by the factors involved in the development of the injury. For example, the injury was caused by a motor vehicle crash, a firearm, a fall, or drowining, etc. In these examples, the crash, firearm, fall and drowning represent mechanisms which contributed to the injury.

Morbidity—The relative frequency of illness or injury, or the illness or injury rate, in a community or population. In this setting, it includes non-fatal events of injury or violence.

Mortality—The relative frequency of death, or the death rate, in a community or population.

Performance Indicators—Quantifiable measurements that reflect a program or organization's progress towards established goals and objectives.

Physical Environment Factors—Physical surroundings (such as highway layout and construction), specific mechanisms for injury (such as automobile design features) and the social environment (such as attitudes toward drinking and driving).

Population—All the inhabitants of a given city, county, region, state or country.

Policy—The set of objectives and rules guiding the activities of an organization, administration, tribe, city, county, state or country and providing authority for allocation of resources.

Prevention—A strategy or approach that reduces the likelihood of risk of onset, or delays the onset of adverse health problems or reduces the harm resulting from conditions or behaviors. See also **Primary, Secondary, and Tertiary Prevention**.

Primary Data—Original or new information collected specifically for the needs of your project.

Primary Prevention—Approaches that take place before the injury and/or violent event and that prevent the injury, such as modifications to roadways that prevent crashes.

Program—A set of planned activities designed to reduce injury and/or violence.

Protective Factors—Factors that make it less likely that individuals will develop an injury, disease or disorder; protective factors may encompass biological, psychological or social factors in the individual, family and environment.

Qualitative Data—Observations or information obtained from questions that explore respondents' attitudes, thoughts, opinions, feelings and emotions.

Quantitative Data—Numerical information related to or obtained from individuals. This information is used to examine differences between groups of individuals or communities.

Resources—Personnel, equipment, financing, space, and time requirements to develop and conduct a project and/or implement a program.

Risk Factors—Characteristics of individuals (genetic, behavioral, environmental exposures, and sociocultural living conditions) that increase the probability that they will experience an injury or disease.

Secondary Data—Existing information that can be used for your project.

Secondary Prevention—Approaches that take place during or immediately after the injury and/or violent event and reduce the severity of the impact (such as seat belts, air bags or bullet resistant barriers).

Social Ecological Model—A conceptual model that describes the multiple levels of intervention, beginning with individual level change and culminating with policy/societal/system change.

Socio-Economical Factors—Income, education, occupation, social class and other factors that characterize social or economic standing in a group of individuals.

Social Class—A stratum of a population or society composed of individuals of equal standing (e.g., all those with a high school education or higher, children 16 and under).

Stakeholders—Entities, including organizations, groups and individuals that are affected by and contribute to decisions, consultations and policies.

Tertiary prevention—Approaches which deal with the lasting consequences of injury and/or violence, such as emergency care, victim's assistance programs or rehabilitation.

Technology/Engineering—Changes in products and technology with the goal of separating people from destructive energy release or minimizing unwanted energy release. This is one strategy for preventing injuries and violence. See also **Education/Behavior Change** and **Legislative/Enforcement**.

Unintentional Injuries— An injury that is judged to have occurred without anyone intending harm be done; in many settings these are termed "accidental injuries".

Violence—The threatened or actual physical force or power initiated by an individual that results in, or has a high likelihood of resulting in physical or psychological injury or death.

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