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## **Injury and Homicide in the Workplace: The Effectiveness of Safety Recommendations**

Dr. Dana Loomis (UNC Department of Epidemiology) and colleagues made news recently with the release of their findings on the effectiveness of recommended safety interventions in preventing fatal violence against workers (published this February in JAMA). This work was prompted by data that implicate homicide as a leading cause of work-related deaths, second only to motor vehicle crashes (Bureau of Labor Statistics, 1999). Past research on workplace violence and injury has identified specific risk factors and has suggested environmental interventions that may reduce workplace violence. For example, the National Institute for Occupational Safety and Health (NIOSH) has recommended increasing the visibility of employees, establishing alarms and surveillance devices to detect potential perpetrators, and training employees to respond safely to emergency situations. Evidence has implicated robbery in a large portion of workplace homicides, thus many of the recommendations were initially developed to prevent robbery and have been examined only in the context of preventing robbery.

In their ground-breaking study, Loomis and other IPRC colleagues compared North Carolina businesses at which an occupational homicide had occurred between  
*See Homicide in the Workplace, page 3*

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## **Focus on Methodology: Child Self-Reports of Abuse and Neglect**

In 1999, there were an estimated 826,000 victims of child maltreatment across the US. This estimate comes from the National Child Abuse and Neglect Data System (NCANDS) and is based on the number of referrals for child abuse or neglect that were substantiated by state child protective service (CPS) agencies in that calendar year. Yet official statistics such as this are known to represent only the tip of the child maltreatment iceberg, because the abuse or neglect of children often remains hidden from the public eye. Studies of the etiology and consequences of child maltreatment have been limited by the inadequacy of methods for the valid measurement of the key variables of interest, e.g., the types of maltreatment experienced by a child, and the characteristics of the maltreatment including age of the child at the time, frequency, duration, severity, and perpetrator identity.

*See Abuse and Neglect, page 5*

## Let's Celebrate and Look Forward: Injury Moves From Infancy to Adolescence



*UNC IPRC Director  
Carol Runyan, MPH, PhD*

This summer marks the tenth anniversary of the National Center for Injury Prevention and Control (NCIPC) with a series of activities highlighting the NCIPC's accomplishments. At UNC IPRC, we passed the 15-year mark on January 1, 2002 as one of the original five injury control research centers funded by the CDC. It seems an appropriate time to reflect on our own achievements.

In the first three years of the Center's operation, our focus was largely on problems of significance in North Carolina. As we developed, we first expanded our scope to a regional emphasis and then turned our attentions more to national priorities. Today, we find that we are increasingly drawn to the challenges of injury prevention beyond the US borders and Center-affiliated faculty are working with colleagues in the Middle East, Russia, Latin America, New Zealand, Africa, and Asia. Yet our primary focus remains at the national and state levels. We have established important relationships with practitioners in the Indian Health Service and in state and local health departments throughout the U.S. while continuing to work with numerous colleagues in the Southeast and in the state.

With the Center's change in administrative status within the University in 1994, we were able to grow rapidly, extending beyond the core funding provided by NCIPC. We now have a well-established program of research in occupational injury, including innovative work on workplace violence, young workers, and injuries to those in the fishing industry. We are studying violence, including multiple studies examining varied aspects of violence against women. We are also doing groundbreaking research on child maltreatment and cutting edge work in sports and recreational injury. Our work on injuries in the home is contributing to a national agenda on home safety. State policy makers have used research from the Center to inform deliberations about residential fire safety, purchase of fireworks, safety of young workers, surveillance of occupational injuries, and child care safety, among others. Other professionals have used our work as they have undertaken efforts to address domestic violence, improve services for child abuse victims, make school sports safer, and assist families with new babies with home safety. We have expanded our capabilities in providing biostatistical and methodological support to faculty and students and are continuing to improve our ability to use state and national data to address unanswered questions. We also have redoubled our efforts to encourage students to engage with the Center and the field.

We are proud of our accomplishments and being part of a national effort that is succeeding in reducing injuries, but we are also aware of the many challenges that lie ahead. Broadly, we must keep asking important questions, answering them with rigorous methodologies, and then publishing our results in peer-reviewed journals. However, it is not enough to stop here. We need to be sure that we are also effectively disseminating what we learn to multiple audiences so that practitioners and policymakers can put our research findings to immediate use. The field continues to need excellent research on interventions and effective evaluation of programs and policies. We are dedicated to giving this area high priority. Another priority to which we have committed, along with state and federal partners, is the development of a national injury control training plan, recognizing that the shortage of trained injury professionals is an impediment to the growth of the field. Continuing challenges involve addressing the disparities in risk and the need to foster a culture that values safety. Also, though public health's overall visibility has grown with attention to bioterrorism, injury control is still not fully recognized on the public health agenda or as a key element in addressing terrorist threats. Likewise, new attention has focused on injuries in the health care setting via medical error at the same time that the field grapples with issues of improving injury surveillance and balancing needs of prevention with those of acute care and rehabilitation. All these issues require new alliances within and between the research and the practice communities.

Though there is no shortage of challenges, we have amassed a wealth of experience and expertise to draw on as we continue to build the field into the next decade. It is easy to point to what we have not yet accomplished, but critically important to recognize how far we have come and what capabilities we have to move the field forward. In that spirit, we should all join in celebrating the progress in our field, both at UNC and at NCIPC, and look forward to the future with anticipation, energy and confidence.

# Homicide in the Workplace

*continued from page 1*

1994 and 1998 with businesses that had not experienced a homicide, and examined the presence of recommended environmental and administrative violence-reduction measures. The occupational homicides were identified using the comprehensive North Carolina medical examiner's records, which allowed the researchers to determine the businesses at which the homicides occurred. Control workplaces were sampled from business telephone listings. Owners, managers, or other knowledgeable staff members were interviewed via telephone from both case and control workplaces. Use of the workplace itself as the study unit was a crucial factor in allowing the researchers to examine such workplace features as policies and security devices, as opposed to examining the behaviors or attributes of individual workers.

The results of the study suggested that the recommended measures were only somewhat effective in preventing fatal violence against workers. The environmental measure that was found to be most effective in reducing risk of worker homicide was bright exterior lighting. Effective administrative measures included preventing workers from being alone at night, and keeping doors closed during work hours. Businesses that combined several administrative measures had lower levels of homicide risk. Furthermore, the results indicated that forty percent of the homicides occurred in the context of disputes. This finding is important

given that most prior studies have not differentiated between homicides due to robbery and those due to other causes and, as previously mentioned, most recommended violence reduction measures are designed for robbery contexts.

Loomis's latest study builds on other workplace violence projects conducted at IPRC, including Loomis and colleagues' 2002 study on workplace and community determinants of homicide on the job. This study was the first to examine employer and community-level factors that influence the risk of occupational homicide. In 2000, the study team published the results of a population-based study, which examined workplace homicides between 1977 and 1991 (Moracco et al., 2000).

The team's work to evaluate the effectiveness of recommended safety measures highlights the need for interventions to be tested rigorously before being recommended to businesses.

Additionally, Loomis urges the examination of both robbery-related and dispute-related homicides to understand the need for interventions to prevent each of these situations. A greater understanding of dispute-related homicides is needed to determine what types of measures could be effective in preventing these incidents.

New funds have recently been appropriated to the National Institute for Occupational Safety and Health (NIOSH) for workplace violence interventions, prompted by the

results of a recent workshop sponsored by the University of Iowa Injury Prevention Research Center. This workshop examined workplace violence issues and developed recommendations for research intervention strategies and developed an agenda for workplace violence research. The workshop papers appeared in a special issue of the *American Journal of Preventive Medicine* (Volume 20, February, 2001) which includes a synthesis paper by team member, Carol Runyan.

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## Injuries and Retired Athletes

The University of North Carolina at Chapel Hill's new Center for the Study of Retired Athletes (CSRA) is advancing the field of sports research by taking advantage of a unique and informative data source: retired athletes. Established in 2001, the CSRA conducts epidemiological investigations of injury types, rates, mechanisms, and outcomes affecting both amateur and professional athletes. This Center will work closely with UNC IPRC and other laboratories on the UNC-CH campus that study the health status of individuals who have sports-related physical and/or mental conditions. Data collection will include measurement from surveys, and radiography, blood analysis, static and dynamic posturography, neuropsychological evaluation and other sophisticated diagnostic screening tools. Investigations will focus on etiology and prevention.

CSRA's first project, a survey conducted on retired National Football League (NFL) players, suggests that former NFL players have significantly worse health than the general population. Data were collected from 2,250 retired NFL players who responded to a 2001 General Health Survey developed by IPRC core faculty member and CSRA Research Director, Dr. Kevin Guskiewicz. The survey was mailed to approximately 3,600 retired NFL players with the purpose of gaining a better understanding of injuries and medical conditions that they have experienced since retirement.

The average age of the 2,250 respondents was 54 years, with an average of 6.7 years of NFL playing experience. Their professional football careers ranged from one to eighteen years, but Guskiewicz says that survey results show that "regardless of how long they played, there are likely to

be scars reminding them of the price they paid for fame."

Preliminary analyses revealed that a striking 20% of the retired players reported suffering at least one anterior cruciate ligament (ACL) tear during their career and the majority of these individuals reported some lingering effect from the injury that affects their daily activities. Over 20% of the respondents said they had undergone knee cartilage surgery since their retirement, and 10% reported surgery for back-related problems. Nearly 40% of the survey respondents currently have osteoarthritis, with retired offensive and defensive linemen having the highest incidence.



*IPRC Core Faculty Member, Dr. Kevin Guskiewicz (right) works with a study participant.*

Other findings revealed that, on average, the retired players' mental health status (including clinical depression and Alzheimer's disease) was consistent with that of their age-matched male counterparts. However there does appear to be a link between recurrent concussion and clinical depression, which will be further investigated at the Center. The data continue to be analyzed by Guskiewicz, who is also the Director of the Sport Medicine Research Laboratory at UNC-CH, and colleagues, Dr. Stephen Marshall

*See Retired Athletes, page 10*

# Abuse and Neglect

*continued from page 1*

The Consortium for Longitudinal Studies of Child Abuse and Neglect (LongSCAN), coordinated through the UNC Injury Prevention Research Center (Desmond Runyan, MD, DrPH, Principal Investigator) since 1990, has struggled with this measurement problem and has responded with an innovative, yet obvious, strategy for ascertaining the extent and nature of maltreatment experienced by the 1400 children being followed in this multi-site, 20-year research program. The strategy is to ask the children themselves, through the use of an Audio-Computer Assisted Self Interview (A-CASI). Up until age 12, LongSCAN's methods of tracking the maltreatment histories of the children enrolled as study participants in the first five years of life have included reviews of CPS records, reviews of state central registry data, parent reports of sexual abuse or CPS involvement, and parent self-report of harsh discipline methods used with their children. However beginning at the age 12 interview, each child is being asked explicit questions about experiences of neglect, witnessed violence, and physical, sexual, and emotional maltreatment as part of a longer interview privately administered to the child via a programmed laptop computer and headphones.

Asking children to provide a self-report of maltreatment raises serious ethical and methodological issues. These issues have been a primary concern of the LongSCAN investigators since the inception of the consortium and have been discussed in several publications (listed at end of article). The A-CASI method of interview was chosen because other researchers have

successfully used it to ask adolescents potentially sensitive or embarrassing questions about drug use or sexual behavior. In addition, the method affords enhanced privacy for in-home interviews where it is possible that questions and answers might be overheard. This age 12 A-CASI has now been fielded in four LongSCAN sites and has proven to be both technologically feasible and well accepted by the 12-year old interviewees.

Yet a central question related to children's self-report of maltreatment using A-CASI remains: how sensitive and specific is the A-CASI method of self-report as compared to a face-to-face interview using the same structured interview questions? IPRC researchers, Mark Everson, PhD, and Liz Knight, MSW, are in the midst of a two-year pilot study, the Adolescent Interview Project, designed to assess the relative sensitivity and specificity of these different methods in measuring the abuse histories of 12- to 18-year-old patients being treated at an in-patient psychiatric facility. These adolescents were chosen for several reasons. Many adolescents remain at the facility for a minimum of two weeks, long enough to test both interview methods and to allow clinical staff to complete diagnostic work, including assessing a child's history of trauma. Since about 80% of them have a maltreatment history that is well documented, the validity of the A-CASI and face-to-face methodology can be tested using clinician report and medical records review. Little is known about the impact upon victims of being asked extensive and structured questions about their

maltreatment history. Asking such questions may trigger disturbing memories or even flashbacks, and in-patient care affords a safe environment for the participants should these memories recur.



*Youth involved in LongSCAN and the Adolescent Interview Project are interviewed via an interactive protocol administered by a laptop and headphones.*

After a patient has completed the unit's diagnostic work-up and has been recruited into the study, the adolescent's primary clinician is interviewed about the adolescent's maltreatment history. In addition, the researchers review participants' medical records to ascertain other notations of abuse history. Adolescents on this unit often have extensive histories of CPS and mental health intervention, and so the medical records provide a rich source of data related to trauma and service provision prior to the current admission. The data from the clinicians' reports and from the medical record are combined to form the "gold standard" against which the sensitivity and specificity of the other two measures will be computed and compared.

The results of the Adolescent Interview Project will have implications not only for future research on child

*See Abuse and Neglect, page 10*

## The IPRC Spotlight On... Dr. Stephen W. Marshall



Stephen W. Marshall, Ph.D.

If you are fortunate enough to meet Dr. Stephen Marshall, you'll find him sizing things up, thinking of a better way to do anything and everything. That quality has helped him in his chosen field of inquiry, injury epidemiology. One of three faculty scientists in the IPRC Biostatistics and Computer Support Core, he helps other researchers think about optimal research methods and statistical approaches for their projects. In addition to lending his expertise to individual projects, Marshall has a passion for analysis and continuous improvement that leads him to work on advancing the methodology used in injury research. This makes his talent vital to both the IPRC and the field of injury control.

Dr. Marshall came to injury control via an *unexpected* career path. His first encounter with the field was in his native New Zealand, where he collaborated with Dr. Colin Cryer on a project involving injury to forestry workers. Following that experience, he did extensive work on a cohort study in which he modeled the effectiveness of

protective equipment for rugby players. This national study has had significant impact on the sport as the results are being used by the rugby union in the training of its coaches and outreach to its players. After completing this landmark study, Marshall traveled to the US and in 1994 began a graduate program in Epidemiology at UNC. He was recruited to work at IPRC as a graduate research assistant in the Biostatistics Unit where his work helped to increase the statistical services IPRC provided researchers. Since receiving his doctorate, he has joined the UNC faculty as an assistant professor in both the Departments of Epidemiology and Orthopedics. He continues his association with IPRC as a core faculty member and, in that role, works with IPRC administration and other faculty to develop strategies related to further growth and development of the Center. Having moved from being student to core faculty, Marshall has become a good example of IPRC's dedication to the development of injury researchers.

In addition to his interest in novel statistical approaches to injury research, Marshall feels that there is a great need to advance the cause of injury prevention through more direct means. Marshall states, "We know who is at greatest risk of certain kinds of injury," then asks, "but why are they at risk, and more importantly, how do we prevent injuries from occurring again

and again?" In his view, the answer to this question lies partly in connecting "with the heart and science of the [injury] problem. It's too easy as scientists to cut ourselves off and to be isolated from the realities of injuries. The injury problem is an enormous one and we cannot solve it on our own. To think so would be foolish."

Marshall believes that researchers have to work in concert with practitioners and the public in the community for effective injury prevention and control. For example, in his study of balance training in older adults, Marshall works with some of the study subjects himself to show them how to do the flexibility exercises that may help them avoid

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*... the answer to this lies partly in connecting "with the heart and science of the [injury] problem. It's too easy as scientists to cut ourselves off and to be isolated from the realities of injuries. The injury problem is an enormous one and we cannot solve it on our own. To think so would be foolish."*

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injury. In addition to leading this "in class" exercise, Marshall gives the group members an instructional video and book with illustrations and detail on how to perform the movements. These verbal and graphic reinforcers play a significant part in the effectiveness of this intervention.

This study is innovative because it compares balance-training interventions with a cognitive challenge to balance-training interventions without a cognitive challenge. The inclusion of a cognitive component is important because in everyday life people often attend to multiple tasks at a single time (the dual task paradigm).

In addition to his work on the balance study, Marshall has helped to forge a solid collaborative relationship between the Exercise and Sports Science Department and IPRC. The collaboration includes Dr. Fred Mueller, Principal Investigator of the USA High School Athletic Injury Study. They worked together to develop estimates for the incidence and severity of high school athletic injuries. In this study, various injury prevention interventions were tested as well. More recently, Marshall has teamed with Dr. Kevin Guskiewicz to work on sports concussion studies. When Guskiewicz was asked to comment on Marshall's contribution, he related, "He truly understands the important issues related to cerebral concussion. There is nobody anywhere in the country that I would rather have by my side [while] trying to answer these very important questions." Guskiewicz also states that "Marshall not only likes crunching numbers, like other statisticians, but



truly enjoys getting out into the field to better understand the substance of the research." They have had a successful working relationship for the past four years.

Marshall and his associates have been prolific in injury epidemiology research and its dissemination, having published

over thirty papers in refereed journals over the past nine years. These articles primarily pertain to sports and occupational injury. He also supports injury control research in other ways.



This year he and Drs. Anna Waller and Beth Moracco (other IPRC core faculty members) are in charge of producing the program for the Injury Control and Emergency Health Services

Section (ICEHS) for the American Public Health Association (APHA). This team arranged for the review of more than 160 abstracts on injury, made final decisions based on those reviews, and organized the papers into oral or poster presentations. Marshall also edits a newsletter, the ICEHS Electronic News, which is electronically distributed each month to all members of this section of APHA.

When asked to speculate about the future of injury control, Marshall expressed his belief that great strides will be made by incorporating some of the principles of the field of biomechanics in injury control studies. Biomechanics is the fundamental science of injury and can be used to determine what happens at the time of injury. The impact of utilizing these biomechanical principles could be similar to the impact



of utilizing of cell biology principles to understand the behavior of cancer cells.

Marshall resides in Chapel Hill with his wife and colleague, Dr. Anna Waller.

They have two children.

### Publications

Dr. Marshall has published on a variety of injury topics including sports injury, occupational injury, residential fires, playground equipment, and firearms. A complete list of his publications can be accessed through the Community of Science Website at:

<http://expertise.cos.com>

**Photos and Drawings.** Photos show Marshall instructing participants how to properly perform the stretching exercises in their program. Drawings are courtesy of the National Institute on Aging. For more information, visit: <http://www.nia.nih.gov/exercisevideo/>

## Addressing Burn Fatality Rates in Russia

Dr. Michael Peck, director of the Jaycee Burn Center at the University of North Carolina Hospitals, and member of IPRC's senior advisory committee, has joined forces with colleagues in Russia to address their growing problem with burn injuries. According to the World Health Organization (WHO), Russia has experienced a dramatic increase in deaths from burns since 1992, the year it gained its independence from the Soviet Union. The data also indicate a high concentration of burn-related deaths among workers, a potential threat to Russia's fragile economy. For this reason Peck is helping doctors and health administrators from Saratov and Moscow to develop methods to improve prevention, treatment, and rehabilitation of burn injuries.

Peck believes that the burn death rate in Russia can be reduced by using techniques with demonstrated efficacy used in other parts of the world. In a trip to Russia during February of this year, Peck met with Saratov colleagues, government officials, and representatives from hospitals and burn centers in Moscow. In this meeting with stakeholders, a multi-faceted burn-prevention program was planned that will encompass 4 primary steps: (1) Collect and analyze data, especially as to the most common causes of fire and burn deaths; (2) design a prevention program in close collaboration with local government and health officials; (3) implement the program, again in conjunction with government and community groups; and (4) assess the value of the program after it has been in place for a period of time.

The first phase, data collection through retrospective chart review, is already underway. The UNC Injury

Prevention Research Center will work with Peck and his research team to provide data management and analytical support once data collection is complete. Peck will provide on-going support to the larger project by sharing expertise in burn care and donating needed computer and medical supplies. Financial support is expected from Jaycee Burn Center and Physicians for Peace donations. As the project grows, other funding sources will be sought.

Peck wants to be sure that all potential aspects of prevention are taken into account (education, legislation, enforcement, and environmental or engineering modifications) in the design of prevention programs. Similarly, he is recommending to his Russian counterparts that they consider pre-injury, injury, and post-injury phases. Most important, however, is the commitment of local practitioners, officials, and civic groups to take primary responsibility for the design and implementation of any interventions. Peck stresses, "It is important that this be a Russian initiative supported by Americans, not the other way around."

On his next trip to Russia, Peck will bring several colleagues to help in developing primary, secondary, and tertiary burn prevention programs. He will also continue to share information with young doctors and residents about techniques for burn care management used in the United States that would readily transfer to Russian settings. Great health care is always a marriage of good policy, good science, and good clinical practice. Peck and his Russian colleagues are working toward this goal as they try to determine the right formula for preventing fatal and non-fatal injuries from burns. \*

## NCIPC Celebrates a Decade of Progress

The CDC instituted the National Center for Injury Prevention and Control on June 25, 1992 to apply its scientific expertise to the public health problem of injury prevention. The NCIPC recently celebrated a decade of progress with a series of regional conferences that were designed to strengthen existing partnerships, to involve more organizations and individuals in the injury prevention movement, and to raise public awareness of the urgent need for injury prevention in the United States. This celebration capped three decades of work to bring the public health perspective to the national dilemma of injury control and prevention in America.

Locations and themes of the four conferences were:

### **Denver, Colorado (June 6)**

*Partnerships in Prevention: Keeping Citizens Safe on the Roads*

### **Los Angeles, California (June 13)**

*Preventing Family Violence*

### **Boston, Massachusetts (June 19)**

*Networking to Prevent Injuries*

### **Baltimore, Maryland (June 20)**

*Models of Safety*

At this time of celebration, The NCIPC challenges us all to "join in building on the foundation of this past decade to create a future in which Americans will no longer number death and disability from unintentional and violent injury among the top 10 threats to health and life in the United States."

## IPRC Hires Bridge Builder

The UNC Injury Prevention Research Center is pleased to announce that Karen Demby, PhD, has joined our staff



*Karen Demby, Ph.D.*

as Coordinator of Student and Outreach Services. In her new role, Demby will oversee public and media relations, and

all Center publications including the IPRC web page. She will manage technical assistance activities and outreach activities to students and practitioners. In this capacity, Demby has become the editor of the *IPRC News*, published quarterly by the Center. Since her arrival, she has collaborated to initiate a new monthly internal newsletter, *IPRConnections*, with the goal of keeping all UNC faculty, staff, and students who are involved in injury research and practice apprised of new developments and updated on on-going research projects at UNC IPRC. Her other outreach activities include representing IPRC in the Southeastern Regional Injury Control Network (SERICN) and in the local Safe Communities coalition. UNC IPRC has always placed a priority on bridging research and

practice and one of Demby's objectives in her new role is to be a "bridge builder."

"In my role at IPRC, I want to create and nurture links between the Center and faculty, students, and practitioners—including those who have not done injury work before. Injury is an important public health problem and I want to encourage both researchers and practitioners to improve efforts at injury prevention."

Demby is new to injury prevention, but is not new to the health field, to nurturing students and research, or to building bridges. She worked for the past seven years in the School of Medicine, coordinating an NIH-funded training program that provides opportunities for medical student research. In addition, she helped develop and coordinate several programs designed to encourage underrepresented minority and disadvantaged middle and high school students to consider pursuing health careers. As a researcher, Demby has worked in the fields of pharmacy and toxicology as a Senior Staff Fellow for the National Institutes of Health. She has authored several scientific papers and a book chapter. \*

## Position Available

### Project Director, for the new National Injury Training Initiative

The National Association of Injury Control Research Centers (NAICRC) and the State and Territorial Injury Prevention Director's Association (STIPDA) are working with federal partners to develop an initiative to bolster the infrastructure of state and local injury prevention and control programs throughout the US by addressing the documented need for training. One of the first steps in the process is to determine core competencies that public health injury practitioners need to develop programs and policies that will reduce morbidity and mortality that can occur as a result of injury. Currently there is funding from NCIPC and the Maternal and Child Health Bureau that allows for a planning year to bring together resources contained within NAICRC, STIPDA, and NCIPC along with those of other collaborators including: the Indian Health Service, the Education Development Center, and the Children's Safety Network. These groups will finalize work on core competencies and develop recommendations for a comprehensive injury training program. The person in this position will coordinate planning efforts and contribute to the overall attainment of program objectives. The position will be located at the UNC Injury Prevention Research Center in Chapel Hill, North Carolina.

A complete description of the position and instructions on how to apply can be found on the IPRC website: [www.sph.unc.edu/iprc/new/new.html](http://www.sph.unc.edu/iprc/new/new.html) \*

## About the UNC Injury Prevention Research Center...

Founded in 1987, the University of North Carolina Injury Prevention Research Center is one of 11 "Centers of Excellence" funded by the National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Our mission is to build the field of injury prevention and control through a combination of interdisciplinary scholarly approaches to research, intervention, and evaluation as well as through the training of the next generation of researchers and practitioners. IPRC operates as a "center without walls" facilitating injury collaboration and research on our own campus as well as with researchers and practitioners throughout the US, and increasingly throughout the world.

## Small Grants Awarded to Doctoral Candidates

Each year, UNC IPRC awards small grants to graduate or professional students at the University of North Carolina at Chapel Hill who wish to conduct injury prevention and control research. Following is a list of 2002-2003 awardees and their projects:

**Renee Johnson.** Department of Health Behavior and Health Education. *“Couples’ Decision-Making About Household Firearm Ownership and Storage Practices.”* Advisor: Carol Runyan, MPH, Ph.D.

**Scott Ross.** Department of Allied Health Sciences. *“A Comparison Between Static and Dynamic Postural Stability in Functionally Stable and Unstable Ankles.”* Advisor: Kevin Guskiewicz, Ph.D.

**Maria Mirabelli.** Department of Epidemiology. *“Heat-Related Death Among Farm Workers in North Carolina.”* Advisor: David Richardson, Ph.D.

For more information about the IPRC Student Small Grants Program, contact Wanda Hunter, Assistant Director for Teaching and Service at (919) 966-9413 or [whunter@med.unc.edu](mailto:whunter@med.unc.edu)

## Retired Athletes, from page 4

and Jingzhen Yang at UNC IPRC. The findings will be presented at this year’s National Football League Players Association (NFLPA) Annual Convention in Phoenix and also submitted for publication.

Dr. Julian Bailes, Chair of Neurosurgery at West Virginia School of Medicine, is working with Guskiewicz as the Medical Director of the new CSRA. They are supported by Frank Woschitz and Dee Becker of the National Football League Player’s Association (NFLPA). Retired players John Bunting and Bill Curry also sit on the Center’s Advisory Board, providing valuable input. Together they have assembled a group of leading researchers and clinicians with diverse specialties including: cardiology, nutrition, exercise physiology, neuropsychology, neurosurgery, psychiatry, psychology, orthopaedics, geriatrics, gerontology, epidemiology, clinical athletic training, physical therapy, and applied biomechanics. While CSRA’s current focus is research, the center will ultimately include a service component as well.

*For more information on CSRA, see <http://www.unc.edu/depts/athtrain/ra.html>. \**

## Abuse & Neglect, from page 5

maltreatment, but also for clinical and investigative work in the field. The final outgrowth of this study may be the development of an instrument that can be used in mental health, social work, legal, or law enforcement practice to facilitate and standardize the process of taking children’s histories of maltreatment.

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Other LongSCAN articles related to measurement of maltreatment:

- Amaya-Jackson, L; Socolar, RRS; Hunter, WM; Runyan, DK; Colindres, R (2000). Directly questioning children and adolescents about maltreatment: A review of survey measures used. *Journal of Interpersonal Violence*, 15(7), 725-759.
- Black M & Ponirakis, A (2000). Computer-administered interviews with children about maltreatment: Methodological, developmental, and ethical Issues. *Journal of Interpersonal Violence*, 15(7) 682-695.
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- Kotch, J (2000). Ethical issues in longitudinal child maltreatment research. *Journal of Interpersonal Violence*, 15 (7), 696-709.
- Runyan, DK (2000). The ethical, legal, and methodological implications of directly asking children about abuse. *Journal of Interpersonal Violence*, 15 (7), 675-681.
- Runyan DK; Curtis P; Hunter WM; Black MM; Kotch JB; Bangdiwala S; and Dubowitz H (1998). LONGSCAN: A consortium for longitudinal studies of maltreatment and the lifecourse of children. *Aggression and Violent Behavior* 3(3): 275-285. \*

## Do you have a question on an injury topic?

UNC IPRC provides technical assistance at no charge on many injury prevention topics, including requests for data and data sources. If we don’t have the answer, we will try to forward your questions to those who do.

Just visit our website: <http://www.sph.unc.edu/iprc/aboutinjury/request.html>. Once there you can send an email detailing your request.

## Selected IPRC Publications, 2001

- Bangdiwala, SI. (2001). Statistical considerations for the design, conduct and analysis of the efficacy of safe community interventions. *Injury Control and Safety Promotion*, 8(2), 91-98.
- Barrios, LC; Runyan, CW; Downs, SM; Bowling, JM. (2001). Pediatric injury prevention counseling: An observational study of process and content. *Patient Education and Counseling*, 43(3), 141-149.
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- Cole, TB. (2001). Preventing firearm injuries. *JAMA* (letter) 285.
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- Coyne-Beasley, T; Johnson, RM. (2001). Law enforcement officers' opinions about gun locks: Anchors on life jackets. *Injury Prevention*, 7, 200-204.
- Coyne-Beasley, T; Johnson, RM; Charles, LE; Schoenbach, VJ. (2001). Firearm storage practices of officers in a law enforcement agency in the South. *American Journal of Preventive Medicine*, 21J(2).
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- Guskiewicz, KM; Marshall, SW; Broglio, SP; Cantu, RC; Kirkendall, DT. (2001). No evidence of impaired neurocognitive performance in collegiate soccer players. *Medicine and Science in Sports and Exercise*, 33(5), S1047.
- Guskiewicz, KM; Ross, SE; Marshall, SW. (2001). Postural stability and neuropsychological deficits after concussion in collegiate athletes. *Journal of Athletic Training*, 36(3), 263-273.
- Keenan, H; Runyan DK. (2001). Shaken baby syndrome. *North Carolina Medical Journal*, 6:2-4.
- Loomis, D; Wolf, SH; Runyan, CW; Marshall, S; Butts, JD. (2001). Homicide on the job: Workplace and community determinants. *American Journal of Epidemiology*, 154(5), 410-417.
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- Marshall, SW. (2001). Do back belts prevent back injury? *JAMA*, (letter) 285(9), 1151.
- Peek-Asa, C; Runyan, CW; Zwerling C. (2001). The role of surveillance and evaluation research in the reduction of violence against workers. *American Journal of Preventive Medicine*, 20(2), 141-148.
- Radhakrishna, A; Bou-Saada, I; Hunter, WM; Catellier, D; Kotch, J. (2001). Are father surrogates a risk factor for child maltreatment? *Child Maltreatment*, 6(4), 281-289.
- Runyan, CW. (2001). Moving forward with research on the prevention of violence against workers. *American Journal of Preventive Medicine*, 20(2), 169-172.
- Smith, GS; Keyl, PM; Hadley, JA; Bartley, CL; Foss, RD; Tolbert, WG; McKnight, AJ. (2001). Drinking and recreational boating fatalities: A population-based case-control study. *JAMA*, 286, 2974-2980.
- Taussig, HN; Clymen, RB; Landsverk, JA. (2001). Children who return from foster care: A six-year prospective study of behavioral and emotional outcomes in adolescence. *Pediatrics*, 108(1), E10.
- Zakocs, RC; Earp, JAL; Runyan, CW. (2001). State gun control advocacy tactics and resources. *American Journal of Preventive Medicine*, 20(4), 251-257.

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Please take a moment to complete this mailing update. Please check the appropriate box, clip this form, and mail to: IPRC News, UNC Injury Prevention Research Center, CB#7505 Chase Hall, Chapel Hill, NC 27599-7505.

If you prefer, e-mail Karen Demby (Karen\_Demby@med.unc.edu) with questions, comments, or new contact information.

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# Upcoming Events

**July 24-27**

**Brain Injury Association Annual Symposium**

Minneapolis, MN  
(703) 236-6000 (phone)  
(703) 236-6001 (fax)  
[www.biausa.org/2002SymposiumInfo.htm](http://www.biausa.org/2002SymposiumInfo.htm)

**August 4-7**

**Victimization of Children & Youth: An International Research Conference**

Sheraton Harborside Hotel and Conference Center  
Portsmouth, NH  
(603) 862-1888 (phone)  
(603) 862-1122 (fax)  
[www.unh.edu/frl/](http://www.unh.edu/frl/)

**September 9-13**

**Injury Research Methods Seminar**

Harborview IPRC  
University of Washington Extension  
(800) 543-2320 (toll-free)  
email: [certif2@ese.Washington.edu](mailto:certif2@ese.Washington.edu)  
[www.outreach.Washington.edu/extinfo/health/epidemiology.asp](http://www.outreach.Washington.edu/extinfo/health/epidemiology.asp)

**September 12-15**

**Fourth National Conference on Shaken Baby Syndrome**

The National Center on Shaken Baby Syndrome  
(801) 627-3399 (phone)  
(801) 627-3321 (fax)  
email: [registration@dontshake.com](mailto:registration@dontshake.com)  
[www.dontshake.com](http://www.dontshake.com)

**September 22-24**

**American College of Epidemiology Annual Scientific Sessions**

Sheraton Old Town Hotel  
Albuquerque, New Mexico  
(919) 787-5181 (phone)  
(919) 787-4916 (fax)  
email: [info@acepidemiology.org](mailto:info@acepidemiology.org)  
[www.acepidemiology.org/meetings/2002albuquerque/](http://www.acepidemiology.org/meetings/2002albuquerque/)

**September 23-25**

**California Conference on Childhood Injury Control**

California Center for Childhood Injury Prevention  
Radisson Hotel, Sacramento, California  
email: [kmjones@projects.sdsu.edu](mailto:kmjones@projects.sdsu.edu)  
[www.cccip.org/conf02.htm](http://www.cccip.org/conf02.htm)

**September 24-28**

**Family Violence and Sexual Assault Institute 7th International Conference on Family Violence**

Town & Country Hotel and Convention Center, San Diego, CA  
(858) 623-2777 (phone)  
email: [jmarciano@alliant.edu](mailto:jmarciano@alliant.edu)  
[www.fvsai.org/FVSAI\\_conference.htm](http://www.fvsai.org/FVSAI_conference.htm)

**September 26-27, 2002**

**Childhood Injury Prevention Conference**

The Adams Mark, San Antonio Riverwalk  
San Antonio, TX  
(210) 567-7826 (phone)  
email: [pricema@uthscsa.edu](mailto:pricema@uthscsa.edu)  
[www.injuryconference.org](http://www.injuryconference.org)

**October 3-5, 2002**

**The Pacific Coast Brain Injury Conference**

A National Conference on Brain Injury  
Hyatt Regency Vancouver,  
Vancouver, BC Canada  
(604) 944-2652 (phone)  
email: [pbic@attcanada.ca](mailto:pbic@attcanada.ca)  
[www.biabc.org](http://www.biabc.org)



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