

NAICRC-STIPDA SPECIAL EDITION

National Training Initiative on Injury and Violence Prevention

IPRC NEWS

Building the Injury Training Infrastructure

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NAICRC and STIPDA Join Forces: The National Training Initiative for Injury and Violence Prevention

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Public health professionals are increasingly recognizing that injury-related mortality and morbidity significantly burden the people and resources of the United States creating 25 million annual injuries, 142,000 annual deaths, and \$180 billion in annual health and social costs. What is surprising, given the magnitude of the problem, is the lack of training available to give professionals the prevention tools they need to make their communities safer.

To bridge this gap in educational resources, the National Association of Injury Control Research Centers (NAICRC) and the State and Territorial Injury Prevention Directors' Association (STIPDA) formed a joint committee in 2000 to plan and implement a national training agenda

for state and local health department staff to promote fluency in injury control and prevention. Out of this partnership, the National Training Initiative for Injury and Violence Prevention (NTI) was born. Considering the organizations' respective missions, the partnership is logical.

NAICRC consists of directors, faculty, and staff at 12 federally funded, university-housed research centers in the United States (see: www.naicrc.org). To support public health professionals, NAICRC disseminates research findings, promotes educational opportunities, maintains a database of research projects, and provides a list of online lectures and distance learning courses. STIPDA, whose membership includes public



Photo taken at the 2nd NTI face-to-face meeting held February 24-28, 2004, in Chapel Hill, NC. Pictured: (Standing): Nancy Bill, Bill Flexner (facilitator), Alex Kelter, Carol Runyan, Tom Songer, Amber Williams, Susan Hardman, Carolyn Fowler, Mariana Garrettson, Lloyd Potter, Carol Gunther-Mohr, (Seated): David Scharf, Shelli Stephens-Stidham, Jim Enders, and Corinne Peek-Asa. Not Pictured: Marilena Amoni, Stephanie Bryn, Lynda Doll, Wanda Hunter, David Zane.

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From the NAICRC-STIPDA Guest Editors

Translating Research to Practice: The Respective Contributions of NAICRC and STIPDA

This edition's editorial features the perspectives of Carol Runyan and Susan Hardman, co-chairs of the NAICRC-STIPDA Joint Committee on Infrastructure Development. Here is what each has to say about the contribution to the NTI by each other's organization.

NAICRC's Critical Role in NTI

By Susan Hardman, STIPDA Representative

NAICRC, as the organization that represents injury and violence prevention and control researchers, provides an important contribution to the NTI. NAICRC members have played an integral role in the development of the overall infrastructure of the NTI, as well as in the strong and committed leadership of the core competencies' development process. NAICRC representatives have brought their expertise to the development and implementation of the training resource survey and continue to bring an invaluable perspective to the development of a tool to assist practitioners in identifying training opportunities.

Optimal injury prevention and control training for practitioners will only be successful if the researchers and the practitioners work together to assure that "science informs practice" and vice versa. Therefore, strong participation by the research community is key to assuring high quality science based training will be made available. The NTI has been extremely successful due to the commitment of NAICRC representatives, STIPDA, and their partners in responding to the needs of practitioners in the field. As professionals in a relatively new public health field, practitioners need science-based best practices to assist them in their continued challenge to gain resources for their programs and garner attention for injury and violence prevention initiatives.

NAICRC representatives are critical players in advancing the field and providing practitioners with the necessary information to support their programs. The NTI is in its early stages, but a strong, committed relationship between NAICRC and STIPDA has been forged that will assure success in moving the training initiative forward.

STIPDA's Important and Continuing Role in NTI

By Carol Runyan, NAICRC Representative

As an organization of practitioners, STIPDA has been a critical partner in the development of the NTI; yet many challenges lie ahead. STIPDA members have seen firsthand the difficulty of organizing injury prevention efforts with a limited practitioner workforce. They have helped characterize the critical deficits in being able to identify trained personnel who are ready to tackle the key areas of injury and violence prevention.

STIPDA members have worked tirelessly to help create the core competencies, identify expert reviewers, and consider input from multiple perspectives. They have helped the team understand the practical issues associated with doing the work addressed in the competencies, helping to create a balance between the ideal and the practical. STIPDA representatives have played integral roles in developing and implementing the training resource survey and in considering how to use it as a tool to help fellow practitioners identify training opportunities.

Despite our substantial progress to date, many challenges lie ahead and STIPDA's role remains essential. Legislatures and health department leadership do not fully embrace injury and violence prevention as a critical element of the public health agenda. This requires continuing and vigorous attention if we are to achieve a steady line in public health budgets. And, as attention to injury and violence prevention requires reaching well beyond the traditional boundaries of public health, challenges exist for STIPDA and others to find common ground in addressing community-based efforts focusing on primary prevention of injury and violence.

The collaboration of STIPDA and NAICRC is strong and will enable us to continue moving ahead with the ambitious agenda of the Joint Committee on Infrastructure Development, of which the NTI is only the first initiative.

Joining Forces, from page 1

health injury professionals from all 50 states and four U.S. Territories, provides training to injury professionals by hosting an annual conference and connecting professionals with key publications. By banding together, the organizations are better able to overcome key barriers to injury prevention.

“The uniqueness of our collaboration is that we bring the research into practice,” said Susan Hardman, co-chair of the two organization’s Joint Committee for Infrastructure Development and a director at the New York State Department of Health. “Very often, researchers do great work but find it difficult to translate it into useful terms for practitioners.”

Multi-Organizational Involvement

While NAICRC and STIPDA are the founders of the NTI, the membership extends to a wide variety of organizations and individuals, including:

- ? The Maternal and Child Health Bureau (MCHB)
- ???National Center for Injury Prevention and Control (NCIPC)
- ???Children’s Safety Network (CSN)
- ???Indian Health Service – Injury Prevention Program (IHS-IPP)
- ???National Highway Traffic Safety Administration (NHTSA)

The involvement of multiple organizations and individuals is crucial, as they all have experience and connections that help build and facilitate training for practitioners. *(Please see this issue’s Profile for more information on the Joint Committee’s partnership.)*

Identifying Training Needs

Surveys of injury practitioners consistently identify training as an

important and often unmet need. For example, a 1999 Institute of Medicine report, *Reducing the Burden of Injury*, identified “a yawning gap” between professional knowledge of injury prevention and the programs implemented by practitioners in communities and worksites. Surveys have also found that practitioners are most concerned about training in areas such as:

- ???Injury surveillance and prevention
- ???Program implementation and evaluation
- ???Topic-specific competency (violence, drowning, poisoning, etc.)
- ???Local/state partnerships
- ???Translation of research into practical action-steps.

Taking these needs into consideration, one of the NTI’s first undertakings has been to draft a guide to core competencies in injury prevention that outlines the crucial skills and knowledge that new training should provide. The NTI also serves as an umbrella, connecting practitioners to training and hosting a wealth of resources at the primary Web site, www.InjuryEd.org.

The Road Ahead

The Joint Committee has many tasks yet to accomplish, including publishing the finalized core competencies and developing more innovative training opportunities that empower the prevention community with essential tools and skills. In the meantime, injury prevention and control researchers can know that their work is reaching wider audiences, and practitioners can rest assured that trainers are paying close attention to their needs and developing innovative approaches to address them.

Essentials of Injury Prevention: Training Resources and Core Competencies

The vision and goals of the National Training Initiative (NTI) seek to address the well documented need for injury and violence prevention training. The vision: reduce mortality and morbidity from injury and violence in the United States and its territories by developing the infrastructure and core capacity of state and local prevention programs.

By working with state and local programs already involved in injury and violence prevention, the NTI is quickly and effectively enlarging the pool of trained prevention practitioners.

NTI’s strategy is governed by the following key ideas:

- Training is a means to an end, not an end in itself.
- Training must teach the attitudes, knowledge, skills, and experience necessary to practice injury and violence prevention.
- Practitioners comprise a large and heterogeneous audience.
- Training must be accessible, affordable, relevant, practical, and of consistently high quality.
- Training should be competency and stakeholder driven.
- NTI should not and does not have resources to “reinvent the wheel.”

IPRC News is a free publication of the University of North Carolina Injury Prevention Research Center. The mission of the Center 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.

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Essentials, from page 3

To develop new training and identify existing resources, the NTI gathered information by searching the Web sites of other injury prevention organizations to identify what training opportunities already existed. Next, the staff implemented an online training resources questionnaire in which they asked practitioners to identify and evaluate the training they had completed, developed, and desired.

Training Resources Questionnaire

Response to this survey confirmed the need for training that was both topic-specific and related to core skills in injury prevention. The data also highlighted the presence of a non-traditional audience—professionals who have no formal injury or violence prevention training, such as that offered at many schools of public health. Most of the existing training mentioned by the survey respondents included ad-hoc face-to-face opportunities. Few training opportunities mentioned were offered on a consistent basis.

The questionnaire is still open and the NTI staff is striving to increase the response, especially from state, tribal, and local prevention programs and from practitioners working in fire and emergency services. Once the questionnaire is closed, staff will analyze the complete data, which will address topics such as training frequency, venue, and modality.

Web Site

The NTI Web site, www.injured.org, has served four purposes since its development in early 2003: 1) It is the central location for NTI information; 2) it connects practitioners to resources and information; 3) it publicizes ongoing projects, such as the training resources

questionnaire and the public comment period for the core competencies for injury and violence prevention; and 4) it touts the accomplishments of the Joint Committee for Infrastructure Development, such as presentations on the initiative.

The NTI will be continually updating the site's existing training opportunities and will begin matching these opportunities to the core competencies being drafted.

It also will encourage contributions of training material contributions to the clearinghouse and develop complimentary, competency-based resources and training that explores barriers and facilitators to creating an effective injury and violence training infrastructure.

Core Competencies

The core competencies for injury and violence prevention have incorporated the opinions and expertise of a wide variety of experts. When NTI began formulating the competencies in fall of 2002, a core competency working group identified common themes within numerous needs assessments, existing competencies, and training curriculums.

The working group and the Joint Committee then revised the competencies for more than a year before recruiting an expert panel to provide feedback. During the fall of 2003, a group of 52 injury and violence experts — from both research and practice — reviewed the draft competencies and provided detailed feedback to the Joint Committee.

The working group held weekly meetings for almost one year to analyze and respond to the expert panel comments. Every concern raised by the expert panel was discussed, and common themes were actively addressed in

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revisions. The final round of revisions began in September 2004 when NTI opened the core competencies for public comment and review. The Joint Committee accepted comments until mid-October. The working group is currently revising the competencies for the last time. These competencies will systematically guide training development and are meant to be the foundation for future training workshops conducted by NTI and other organizations. Thus, it is imperative that they accurately reflect the diversity and needs of the field.

Challenges and Guiding Principles

The fundamental challenges that the NTI working group faced were the competencies' intended audience and the appropriate level of specificity. While the competencies were developed with a primary focus on public health practitioners, the working group recognized that they should be applicable to all those working to reduce injury and violence, such as law enforcement and emergency medical services.

Consequently, the group took great care to limit the use of public health jargon.

Throughout the writing process, the NTI working group considered what the competencies should and should not include. Certain guiding principles dictated the nature and content of the competencies:

- 1) Competencies are best acquired through multiple means. Training alone may not be sufficient to achieve competency. Additional work experience that complements training may be necessary.
- 2) While all workforce development should be competency-based, there is no expectation that a uniform curriculum is necessary to accomplish this goal. Each training opportunity is unique, and the curriculum should be matched to the needs of the audience.

Draft Core Competencies for Injury and Violence Prevention

- Ability to describe and explain injury and/or violence as a major social and health problem.
- Ability to access, interpret, use, and present injury and/or violence data.
- Ability to design and implement injury and/or violence prevention activities.
- Ability to evaluate injury and/or violence prevention activities.
- Ability to build and manage an injury and/or violence prevention program.
- Ability to disseminate information related to injury and/or violence prevention to the community, other professionals, key policy makers, and leaders through diverse communication networks.
- Ability to stimulate change related to injury and/or violence prevention through policy, enforcement, advocacy, and education.
- Ability to maintain and further develop competency as an injury and/or violence prevention professional.
- Ability to demonstrate the knowledge, skills, and best practices necessary to address at least one specific injury and/or violence topic (e.g. motor vehicle occupant injury, intimate partner violence, fire and burns, suicide, drowning, child injury, etc.) and be able to serve as a resource regarding that area.

- 3) Competencies may apply broadly to injury and violence prevention professionals or be specific to a small subset. The developers of curricula should specify the professional audience and functional level intended in the training materials.
- 4) Core competencies for injury and violence prevention will intersect and overlap with other existing competencies developed for practicing professionals.
- 5) Competencies need to be routinely updated both as science and practices evolve, and as injury morbidity and mortality trends change.

Proficiency Levels

The guiding principles hint at an important aspect of the core competencies: injury and violence prevention professionals are not expected to achieve competency in all learning objectives. Different positions will require different proficiency levels and have a stronger focus on certain competencies and learning objectives. A senior manager would need to be competent in areas not required of a health educator or program assistant, and vice versa. Additionally, the proficiency levels will vary depending on the field. The public health workforce, for example, will have different proficiency needs than those who work in emergency medical services.

PREVENT: Training and Assistance to Professionals

One of the most exciting programs being offered through the National Training Initiative for Injury and Violence Prevention (NTI) is PREVENT. The PREVENT Program (Preventing Violence through Education, Networking and Technical Assistance) began in 2003 with a \$3.5 million cooperative agreement between the National Center for Injury Prevention and Control (NCIPC) and the University of North Carolina Injury Prevention Research Center (UNC IPRC).

UNC IPRC works in collaboration with the North Carolina Institute of Public Health (NCIPH) to administer the PREVENT project. The PREVENT Program's mission is to enhance the national capacity of practitioners, leaders, and their organizations to prevent violence through providing effective education, developing networks, and facilitating technical assistance. The focus of the program is on using evidence-based approaches for primary prevention of all types of violence, including intimate partner and domestic violence, sexual violence, youth violence, child maltreatment, and suicide.

The PREVENT team, advised by a national steering committee comprised of 13 members, brings together a diverse set of leaders in violence prevention. This group provides ongoing guidance about program priorities and directions, as well as assistance in identifying trainers and coaches and in marketing the program. They are also involved in helping to interpret both impact and process evaluation findings as the project team makes adjustments.

The Steering Committee is jointly chaired by representatives of NAICRC (Dr. Corinne Peek-Asa) and STIPDA (Ms. Deborah Ruggles). Internally, the project is led by a principal investigator (Dr. Carol Runyan) and two co-principal investigators (Drs. Sandra Martin and Tamera Coyne-Beasley). Two co-project directors are responsible for day to day operations (Ms. Carol Gunther-Mohr and Dr. Stephen Orton) while Dr. Karl Umble oversees the evaluation. They are assisted by program staff from both UNC IPRC and the NCIPH.

In addition, the team maintains regular communication with both the larger NTI program and the NCIPC. PREVENT hopes to reach thousands of violence practitioners through in-person and distance training as well as through coaching of community-level teams. The first PREVENT workshops were held in three cities during fall 2004 and provided training to 163 people working in violence prevention from 27 states.

The first Leadership Institute started in January 2005, with the initial four days of intensive training focused on team building, data gathering, and planning and evaluation. Attendees consists of eleven teams from across the US who are working together and with experienced coaches for six months on team-specific projects. The

teams will return to Chapel Hill in August for two more days of training and networking and to report on their projects. Distance education modules are being prepared and will soon be available at: www.prevent.unc.edu.

Initial evaluations from the workshops and institute suggest that the participants were very pleased overall, finding the training to be useful in orienting them to the principles of primary prevention, program planning, and evaluation. Feedback will also be used to guide improvements for future training sessions. Ongoing evaluation will examine how participants use the training to approach violence prevention.

Gunther-Mohr Co-Directs PREVENT

Carol Gunther-Mohr is now co-directing the PREVENT project full-time after stepping down as director of the NTI in June 2004. Over the course of her two years as director, she was principal investigator for a grant to provide training to the Southeastern Regional Injury Control Network members and colleagues through an Ag-Injury Workshop. The training session, sponsored by the National



Gunther-Mohr

Children's Center for Rural and Agricultural Health, was designed to create effective partnerships between practitioners from state injury programs and practitioners from state agricultural extension offices. Together, these groups would more ably address agricultural safety for children in the southeastern United States. This training session served as a foundation for the provision of training practitioners.

Gunther-Mohr also assisted the development of the core competencies for Injury and violence prevention and led the development of training resources for the project.

She was instrumental in pulling together the team to work on the PREVENT project and made a substantial contribution in writing the grant proposal.

The IPRC Spotlight On... The NTI Partner Organizations

This issue's guest editorial discusses the important role that NAICRC and STIPDA play in the Joint Committee and NTI. This article profiles the other key member organizations that compose the Joint Committee and NTI, highlighting the individuals behind the scenes and detailing how these groups can serve injury professionals.

Maternal and Child Health Bureau (MCHB) MCHB's focus is on family health, and its goal is to assure the comprehensive physical, psychological, and social needs of children, adolescents, parents, and families. Specifically, the MCHB 2003-2007 strategic plan aims to eliminate health disparities, assure the highest quality of care, and facilitate access to care for these individuals. Unlike NAICRC and STIPDA, MCHB is not a member-based organization: The Bureau is a part of the U.S. Department of Health and Human Services' Health Resources and Services Administration. Stephanie Bryn, a program director at MCHB, is an active member of the Joint Committee and NTI. For injury professionals, MCHB provides publications, tip and fact sheets, technical assistance, funding opportunities, and access to resource centers and networks. Four of the Bureau's seven major programs are focused on injury prevention: the Title V Block Grants to States, Emergency Medical Services for Children Program, Traumatic Brain Injury Program, and Poison Control Centers Program.

National Center for Injury Prevention and Control (NCIPC) NCIPC's goal is straightforward: Reduce morbidity, mortality, and costs associated with injury. A part of the U.S. Centers for Disease Control and Prevention in Atlanta, NCIPC employs professionals in the areas of injury prevention, violence prevention, and injury/disability outcomes and programs. The Center is the lead federal agency for injury prevention and works closely with state and local health departments, research institutions, and other organizations. Two key NTI members—Lynda Doll and Jim Enders—are NCIPC staff members. NCIPC provides publications, fact sheets (general injury, unintentional injury, violence, etc.), research grants, funding opportunities, and data and statistics for public health and injury prevention professionals.

Children's Safety Network (CSN) CSN is a network of resource centers, funded by the Maternal and Child Health Bureau, which collaborates with maternal/child health, public health, and injury prevention practitioners. The primary CSN centers include the National Injury and Violence Prevention Resource Center, the National Children's Center for Rural and Agricultural Health and Safety, and the Economics and Data Analysis Resource Center. Lloyd Potter, the director of CSN, is an active member of NTI. The network provides technical assistance and information, facilitates injury prevention programs, and conducts analytical and policy activities to improve prevention. Additionally, CSN supplies injury professionals with best practices and fact sheets on specific topics, network publications, professional training, and state public health department profiles. It also connects practitioners with experts in their regions and assists in strengthening existing prevention programs.

Indian Health Service – Injury Prevention Program (IHS-IPP) IHS-IPP is dedicated to raising the health status of American Indians and Alaskan Natives by decreasing the incidence of severe injuries and increasing the ability of tribes to address their injury problems. IHS is an agency within the U.S. Department of Health and Human Services, and the Injury Prevention Program is a specific IHS project. The organization's professionals are organized into 12 tribal regions and implement prevention and control programs in their areas. Nancy Bill and Kelly Taylor are the IHS-IPP representatives actively engaged in NTI. Specific IHS-IPP activities include the Sleep Safe Program (fire mortality prevention), Ride Safe Program (motor vehicle injury prevention), and SNAP Program (child passenger safety). Moreover, the program has several resources available to practitioners, including publications on injury prevention activities and course materials for prevention training.

National Highway Traffic Safety Administration (NHTSA) NHTSA is under the jurisdiction of the U.S. Department of Transportation and has local and regional offices around the country. Its mission is to reduce deaths, injuries, and economic losses resulting from motor vehicle crashes. By working with state and local agencies, NHTSA conducts highway safety programs to address issues such as drunk driving, seatbelt usage, child passenger safety, and aggressive driving. Two NHTSA members—Marilena Amoni and Maria Vagega—are involved in NTI. Of interest to injury professionals, NHTSA sponsors and implements numerous injury prevention programs in every state and supplies fact sheets, publications, best practices, program models, and funding opportunities.

IPRC Faculty and Staff Transitions

The Center is proud to welcome **J'Ingrid Mathis** as the new director of the National Training Initiative for Injury and Violence Prevention. Mathis follows on the heels of Carol Gunther-Mohr, who initialized work on the project. The program, now in its third year, has spawned the PREVENT program and is poised to release the first core competencies for injury and violence prevention for use in designing and evaluating training for injury prevention practitioners.



Mathis

Serving previously as a senior management analyst at the Administration for Children and Families, U.S. Department of Health and Human Services, Mathis was directly responsible for organizational initiatives pertaining to workforce management. In this capacity she identified competency-based workforce requirements key to the organization's success in meeting objectives for national social service programs and led the development of the organization's strategic hiring plan based on filling

competency gaps.

Prior to her work in the federal government, J'Ingrid managed a multi-layered and broad-scoped workforce development initiative in partnership with Southwestern Connecticut's Regional Workforce Development Board and the U.S. Department of Labor. Her work as program manager resulted in the initiative being named a model program and receiving recognition from the U.S. Departments of Labor and Health and Human Services and from the U.S. Small Business Administration for programmatic, technical, and managerial achievements. Originally from Arkansas, she earned a BA in Psychology (with distinction) from Yale University and an MSW from Columbia University.

Kara McGee joined IPRC in May of 2004 as key research liaison between UNC IPRC and the Home Safety Council. As liaison, she provides technical assistance to the Home Safety Council to assure that their programs are scientifically sound and evidence-based. She also works on research projects related to home safety issues. McGee most recently worked as a research assistant for the Department of Pediatrics, Division of Adolescent Medicine, at the University of Miami School of Medicine. While there, she developed a strategy to create a countywide injury surveillance system for Dade County. This was on the heels of a two-year stint as a technical officer for the World Health Organization in the Department of Injuries and Violence Prevention in the Division of Unintentional Injury Prevention. Through her office in Geneva, she provided technical assistance primarily to countries in South Asia to support the development of injury surveillance systems. McGee was educated at the UNC School of Public Health in the Department of Maternal and Child Health and her MSPH was conferred in 2001. McGee is certified as a physician's assistant and continues to work as a clinician.



McGee

Jose Sandoval joined IPRC in May 2004, replacing Dave Perkis as biostatistical core manager. He coordinates the activities of four faculty biostatisticians who provide statistical consultation to faculty members at UNC who wish to engage in injury prevention research. Previously, Sandoval worked at the Odum Institute for Research in Social Science and the Carolina Population Center, both on the UNC campus. At the Institute, Sandoval served as research associate, then as educational coordinator. In the latter role, he was initially responsible for teaching introductory courses in statistical analysis such as Statistical Analysis System and S P S S. Later, as data coordinator/data librarian, he facilitated data dissemination for social sciences research and provided data for researchers in the Departments of Sociology, Economics, Psychology, Political Science, and Journalism. At the Population Center, he worked as an analyst/programmer on a longitudinal study to assess health and behavioral issues of 20,000 middle and high school students.



Cook

Sandoval, a native of Chile, has a degree in economics as well as an MSc and an MPhil, two degrees related to the history of science and science policy. He utilized this training well, first in his native Chile and then in Trinidad and Tobago. In

Chile, he estimated expenses for the public sector R&D and new technology. In Trinidad and Tobago, he taught public finance and history of economic thought.

Jenny Cook, hired in January to serve as an information/communication specialist, is the newest member of the IPRC team. Her duties include coordinating media releases, generating Web site content, and assisting in the writing and editing of various IPRC publications. Primarily, she will be focusing her efforts on assisting the PREVENT team.



Cook has worked as a writer and editor for health care organizations in Washington, D.C., including the American Society for Internal Medicine, The American Association of Health Plans and The Advisory Board. In this last position she served as editor of The National Journal's *American Health Line*, an online, daily news compendium of health care politics and policy. Prior to joining IPRC, she worked as a research associate with Best Practices, LLC, a pharmaceutical consulting firm based in

Chapel Hill.

Cook earned her BA in print journalism and literature from The American Univeristy and is currently enrolled in UNC's Certificate in Core Public Health Concepts program.

Wanda Hunter, long time member of the UNC IPRC community, retired in August 2004 from her position as assistant director for teaching and service. Though active in research for the Center since the late 1980's, Hunter joined the leadership team of the Center in 2000 to provide oversight to the outreach mission of the Center and to help IPRC achieve its mission to bridge research and practice. As a key member of the NAICRC-STIPDA Joint Committee for Infrastructure Development, she also served as one of the initial co-principal investigators of the PREVENT program.



Hunter's other activities at the Center over many years included: evaluating the process utilized by the State Technical Assistance Teams operated by STIPDA; serving as an investigator with the WorldSAFE Study (World Studies of Abuse in the Family Environment) a multi-country population based study of intrafamilial violence; and serving as co-investigator for the LongSCAN (Longitudinal Studies in Child Abuse and Neglect) Collaborating Center based at UNC IPRC, which coordinates research projects on the etiology and impact of child maltreatment at five sites based around the country. She also was involved in various liaison activities with the NC Department of Public Health and led an effort with North Carolina Prevent Child Abuse (NCPCA) organizations to examine strategies to prevent shaken baby syndrome. Since leaving IPRC, Hunter has continued her commitment to the field in her current role as a full-time injury and violence prevention consultant, including serving as a coach for the PREVENT program and consulting work with the North Carolina Department of Health and Human Services on child abuse prevention.

About the UNC Injury Prevention Research Center

Founded in 1987, the University of North Carolina Injury Prevention Research Center is one of 12 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.

IPRC Student Awards for 2004

The 2004 recipient of the Susan P. Baker Paper Prize is **Heather Keenan**,



MDCM, MPH, PhD, for her submission *A population-based study of inflicted traumatic brain injury in young children*. This work was conducted under

the direction of Dr. Stephan Marshall, Department of Epidemiology at the UNC School of Public Health, as part of her requirements for completion of her doctoral degree. In recognition of her achievement, the UNC Injury Prevention Research Center has presented Keenan with a plaque and a check for \$250.

Keenan's paper is the first population-based study to report estimates and demographics of serious inflicted TBI among US children less than two years old. "The study is important because it gives us scope" says Maryalice Nocera, the study's project manager.

Establishing scope is necessary to design effective injury prevention strategies.

Having completed her doctoral program in the Department of Epidemiology, Keenan is now working in the Department of Pediatrics at the University of Utah and collaborates with the Intermountain Injury Control Research Center in Salt Lake City.

The award, named in honor of professor Susan P. Baker, an internationally renowned epidemiologist and important leader in the injury prevention field for several decades, recognizes outstanding injury research by any undergraduate, graduate, or professional student enrolled during the past academic year in a degree-granting program in the state of North Carolina. Papers submitted in

consideration for the prize are distributed to a panel of injury prevention experts who rate each submission on clarity of purpose, scientific merit, and significance to the field. This year, papers submitted addressed topics related to violence against women, sports and recreational injuries, and injuries resulting from trauma.

Three students were awarded grants through our Student Small Grants mechanism in 2004. This grant program, now in its thirteenth year, has supported more than 30 student projects in injury and violence prevention. The recipients of the grant are:



Cathy Brown, MA, ATC-L, a doctoral student in the interdisciplinary program in Human Movement Sciences is working with Richard Mynark, assistant professor in exercise and sports science. Her project, *Measuring time to stabilization after perturbation in recreational athletes with and without functional ankle instability* is one project of many in the department that addresses the problem of functional ankle instability.

Theresa Cruz, MPH, is a second year doctoral student in the Department of Epidemiology in the School of Public Health. She is working with Stephen Marshall, assistant professor of Epidemiology and Orthopedics to complete her project,



Recording race and ethnicity on North Carolina death certificates: Using in-depth interviews with funeral directors. This is her dissertation project



Shankar Viswanathan, MS, a

doctoral student in the Department of Biostatistics, decided to complete a student small grants project in addition to his dissertation work. In the summer of 2004, Shankar traveled to India to collect data for the project *Epidemiology of Cleistanthus Collinus (Oduvan) poisoning patients – A case series*. This study investigates suicides in which plants that grow in southern India were used. He is working with Shrikant Bangdiwala, research professor in the Department of Biostatistics.

Our 2003 student small grant awardees presented their research results on April 19, 2004, to an interested group of faculty, students, and staff. James Cavanaugh has completed his PhD in human movements science, an interdisciplinary major centered in the Department of Allied Health Sciences in the UNC School of Medicine. He obtained a postdoctoral position as an associate investigator through the Durham Veteran's Administration. He is working with Miriam Morey, PhD, an exercise physiologist whose clinical trials experience with older adults forms the backbone of his training. Robin Queen has also received her PhD, hers from the Department of Biomedical Engineering. She has accepted a position at Duke University as coordinator of sports biomechanics the Michael W. Krzyzewski Human Performance

2004 IPRC Publications

- Bena, JF; Bailer, AJ; Loomis, D; Richardson, D; Marshall, S (2004). Effects of data limitations when modeling fatal occupational injury rates. *American Journal of Industrial Medicine*, 46:271-283.
- Casteel, C; Peek-Asa, C; Lacsamana, C; Vasquez, L; Kraus, JF (2004). Evaluation of a falls prevention program. *American Journal of Health Behavior*, 28:S1-S6.
- Eckenrode, J; Runyan, D (2004). The prevention of child abuse and neglect. *Annales Nestlé*, 62:32-42.
- Halpern, CT; Young, ML; Waller, MW; Martin, SL; Kupper, LL (2004). Prevalence of partner violence in same-sex romantic and sexual relationships in a national sample of adolescents. *American Journal of Public Health*, 35(2):124-131.
- Johnson, RM; Coyne-Beasley, T; Runyan, CW (2004). Firearm ownership and storage practices, U.S. households, 1992-2002: a systemic review. *American Journal of Preventive Medicine*, 27(2):173-182.
- Keenan, H; Runyan, DK; Marshall, S; Nocera, M; Merten, S (2004). A population-based study of inflicted traumatic brain injury in young children. *Journal of the American Medical Association*, 290: 621-626.
- Keenan, HT; Marshall, SW; Nocera M; Runyan DK (2004). Increased incidence of inflicted traumatic brain injury in children after a natural disaster. *American Journal of Preventive Medicine*, 26:189-193.
- Keenan, HT; Runyan, DK; Marshall, SW; Nocera, MA; Merten, DF (2004). A population-based comparison of clinical and outcome characteristics of young children with serious inflicted and noninflicted traumatic brain injury. *Pediatrics*, 114: 633-639.
- Keenan, HT; Bratton, SL (2004). All-terrain vehicle legislation for children: a comparison of a state with and without a helmet law. *Pediatrics*, 113: 330-334.
- Maiti, J; Chatterjee, S; Bangdiwala, SI (2004). Determinants of work injuries in mines - an application of structural equation modeling. *Injury Control and Safety Promotion*, 11:29-37.
- Marshall, SW; Kucera, K; Loomis, D; McDonald, MA (2004). Work related injuries in small scale commercial fishing. *Injury Prevention*, 10:217-221.
- Moracco, KE; Brown, CL; Martin, SL; Chang, JC; Dulli, L.; Turner, T; Bou-Saada, IG (2004). Mental health issues among female clients of domestic violence programs in North Carolina. *Psychiatric Services*, 55:1036-104.
- Peedicayil, A; Sadowski, LS; Jeyaseelan, L; Viswanathan, S; Jain, D; Suresh, S; Bangdiwala, SI; IndiaSAFE Group (2004). Spousal physical violence against women during pregnancy. *International Journal of Obstetrics and Gynecology*, 111:682-687.
- Peek-Asa, C; Casteel, C; Meneshian, L; Erickson, RJ; Kraus, JF (2004). Compliance to a workplace violence prevention program in small businesses. *American Journal of Preventive Medicine*, 26:276-283.
- Randolph, KA; Rose, RA; Fraser, MW, Orthner, DK (2004). Promoting school success among at risk youth. *Journal of Poverty*, 8:1-22.
- Schulz, MR; Marshall, SW; Yang, J; Mueller, FO; Weaver, NL; Bowling, JM (2004). A prospective cohort study of injury incidence and risk factors in North Carolina high school competitive cheerleaders. *American Journal of Sports Medicine*, 32(2):396-405.
- Schulz, MR; Marshall, SW; Mueller, FO; Yang, J; Weaver, NL; Kalsbeek, WD; Bowling, M (2004). Incidence and risk factors for concussion in high school athletes, North Carolina 1996-1999. *American Journal of Epidemiology*, 160: 937-944.
- Thompson, R; Henkel, V; Coyne, J (2004). Suicidal ideation in primary care: ask a vague question, get a confusing answer. *Psychosomatic Medicine*, 66:455-456.

Student Awards, continued

Laboratory. Thelma Mielenz is continuing to work on her project Pilot study for a randomized control trial of two methods of stabilization exercises to prevent recurrence of acute lower back pain and expects to complete work on this pilot study sometime this year. She has accepted a faculty position in the Department of Allied Health Sciences in the UNC School of Medicine.

Jingzhen (Ginger) Yang was one of two recipients of the Best Paper Award for the Student Paper Competition that was offered by the American Public Health Association, Injury Control Emergency

Health Services section (ICEHS), at their last meeting. Two Best Paper awards were bestowed due to the high quality of the submissions. The award was presented at the ICEHS dinner held during the APHA meeting and exposition in Washington, D.C. Dr. Yang now serves as an assistant professor on the faculty at the University of Iowa College of Public Health, in the Department of Community and Behavioral Health.

Renee Johnson, has received a Yerby Fellowship at the Harvard School of Public Health (HSPH). The Yerby

Postdoctoral Fellowship Program, based at the Division of Public Health Practice, aims to increase the number of under-represented minorities who enter academia. Each fellow works with mentors at HSPH, refining their skills in research, grant writing, teaching, course development, and oral presentation. Part of the program's mission is to train postdoctoral fellows to be faculty members and then to retain them at HSPH.

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Upcoming Conferences and Activities

April 18-23, 2005

15th National Conference on Child Abuse and Neglect
Boston, MA

Register: <http://nccanch.acf.hhs.gov/profess/conferences/cbconference/index.cfm>

April 29-May 1, 2005

National Trauma Conference
American Trauma Society
Arlington, VA

Information: http://www.amtrauma.org/conference/annual_conference.html

June 1-4, 2005

American College of Sports Medicine – 52nd Annual Meeting
Nashville, TN

Register: <http://www.acsm.org/meetings/annualmeeting.htm>

June 5-8, 2005

University of Oakland Injury and Violence Prevention Conference
Injury and Violence Prevention Target 2010: What Works?
Rochester, MI

Register: <http://www2.oakland.edu/oakland/ouportal/index.asp?site=69>

June 6-10, 2005

National Fire Protection Association (NFPA) World Safety Conference & Exposition
Las Vegas, NV

Register: <http://www.nfpa.org/ProfessionalDev/EventsCalendar/>

July 31- August 4, 2005

49th American Driver & Traffic Safety Education Association Conference
Honolulu, HI

Register: http://adtsea.iup.edu/adtsea/Conf/2005_hawaii/2005_conf.htm

September 17-20, 2005

Epidemiology & Advocacy in the Real World
American College of Epidemiologists
New Orleans, LA

Register: <http://www.acepidemiology2.org>

October 2-5, 2005

19th Annual California Conference on Childhood Injury Control
San Diego, CA

Information: <http://www.cipp.org>

