

Injury Center Connection

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Inside this Issue

New CDC Injury Center Director Announced!

<i>Policy in Action</i>	3
<i>Grantee Corner</i>	5
<i>Recent Injury Publications</i>	7
<i>Staff Kudos</i>	9

CDC Director, Dr. Tom Frieden announced Wednesday, July 21, 2010 that Dr. Linda Degutis, DrPH, MSN, has been selected to serve as Director of CDC's National Center for Injury Prevention and Control effective early November.



Her expertise crosses a broad spectrum of public health and injury disciplines. Dr. Degutis is currently an Associate Professor in the Department of Emergency Medicine and School of Public Health, and Associate Clinical Professor of Nursing at Yale University. She is the Research Director for Emergency Medicine, and directs the Yale Center for Public Health Preparedness, as well as the Connecticut Partnership for Public Health Workforce Development in the School of Public Health. From 1998-2002, she was the Director of the New Haven Regional Injury Prevention and Control Program. She is a Past President of the American Public Health Association, as well as Past Chair of its Executive Board, and Chair of the Injury Control and Emergency Health Services Section. At the state level, Dr. Degutis served as the Chair of the Connecticut Coalition to Stop Underage Drinking, which focuses on environmental and policy change, and served on various committees and workgroups that focused on trauma system development in Connecticut. In addition, Dr. Degutis serves on the Institute of Medicine's Advisory Board for the Robert Wood Johnson Health Policy Fellowship Program and the Executive Boards of Advocates for Highway and Auto Safety and the American Trauma Society.

Dr. Degutis' research interests have centered on issues related to alcohol and injury, with a particular focus on interventions and policy issues. She is known internationally for her work in public health, injury, substance abuse and policy, and has served as the principal investigator or co-investigator for grants on a wide range of topics including: alcohol interventions; screening, brief intervention, and referral to treatment (SBIRT); public health preparedness; public health workforce training; public health systems research; and interventions for opioid addiction.

Please join us in welcoming Dr. Degutis to her new position. We are very excited about the experience, leadership, and vision she will bring to the Injury Center.



Room For Debate: Do We Tolerate Too Many Traffic Deaths?

Dr. Grant Baldwin, director of the Division of Unintentional Injury Prevention, recently participated in a discussion of traffic safety in the United States via the *New York Times'* online opinion forum, Room for Debate. He joined a number of other motor vehicle safety experts to address the question of what can be done to reduce the number of highway deaths. Read the online discussion—and share your own thoughts—[here](#).

National Center for Injury Prevention and Control



Congressional Update

Since March 2010, NCIPC has participated in briefings with the following Congressional members and/or offices: Congressman George Miller (D-CA), Senator Arlen Specter (D-PA), Senator Dan Inouye (D-HI), and Senator Kay Hagan (D-NC). Topics covered included traumatic brain injury, the Rape Prevention and Education program, child maltreatment prevention, and the choking game.

Additionally, NCIPC leadership and leadership from the American Public Health Association briefed Representative Jim Moran (D-VA) in June on NCIPC activities and priorities.

Lastly, NCIPC representatives briefed staff from the House Committee on Education and Labor Briefing in May about catastrophic sports injuries and traumatic brain injuries in schools. This session was attended by a number of staff from various Congressional offices.



2011 Appropriations

On July 15, the House Labor-HHS-Education Appropriations Subcommittee approved its FY 2011 spending bill and sent it to the full Committee. The bill totals \$176.4 billion in discretionary spending, of which \$76.7 billion is for HHS, an increase \$271 million over the President's Budget Request and \$3.77 billion above FY 2010. Detailed funding levels and report language will be released around the time of Full Committee markup, which was not yet scheduled at the time of this newsletter's release. The bill provides \$6.78 billion in discretionary funds for CDC, an increase of \$170 million above the President's Request and \$32 million above the FY 2010 appropriation. Additionally, the bill directs \$594 million to CDC from the Prevention and Public Health Fund (PPHF) created by the Patient Protection and Affordable Care Act.

The FY 2011 appropriations process is underway but timing of passage of the appropriations bills, including Labor-HHS, is unclear. Given the tight calendar and crowded legislative agenda, many analysts predict a series of continuing resolutions and/or a year-end omnibus.

Tell us what you think...

**We welcome your feedback on
the Injury Center Connection.**

Please contact Valerie Daniel at Valerie.Daniel@cdc.hhs.gov

Policy in Action

From Science to Policy: Lessons from the Field in Alcohol-Impaired Driving



By August 2005, all U.S. states had implemented laws that established 0.08% as the minimum illegal blood-alcohol concentration (BAC) for drivers of motor vehicles. This legislation, which CDC's Injury Center and the Guide to Community Preventive Services supported with a body of scientific evidence, saves approximately 500 lives in the United States each year.

A new case study by CDC Injury Center scientists, published in the June 2010 issue of the [Annals of Epidemiology](#), examines how scientific evidence supporting the effectiveness of 0.08% BAC laws was successfully translated into law. By describing the process by which evidence was used to inform the policy-making process, this case study outlines lessons learned that can help others turn scientific evidence into policy.

Visit [Reducing Alcohol-impaired Driving: 0.08% Blood Alcohol Concentration \(BAC\) Laws](#) to learn more about the scientific evidence that supports 0.08% BAC legislation.

Partnership Corner

Working with SAMHSA on Nonmedical Use of Prescription Drugs



To learn more about the effects of nonmedical use of prescription drugs, scientists from the Injury Center and the Substance Abuse and Mental Health Services Administration (SAMHSA) recently worked together to analyze data from SAMHSA's Drug Abuse Warning Network (DAWN). The Injury Center had previously highlighted increasing rates of overdose deaths involving prescription drugs in the United States; DAWN provides more recent data on emergency department (ED) visits involving abuse and other forms of nonmedical use of prescription drugs.

They found that the estimated number of ED visits for nonmedical use of opioid pain medications rose more than 100 percent from 2004 to 2008 and nearly 30 percent from 2007 to 2008. The highest numbers were recorded for oxycodone, hydrocodone, and methadone, all of which showed significant increases. These findings indicate increasing numbers of patients seen in EDs because of the nonmedical use of prescription drugs in the United States through 2008, despite recent efforts to control the problem.

Their analysis was published in a recent MMWR article entitled, "[Emergency Department Visits Involving Nonmedical Use of Selected Prescription Drugs – United States, 2004-2008](#)." CDC and SAMHSA together announced the findings through a joint HHS news release June 17, 2010 that also provided information on the recent Injury Center issue brief on [Unintentional Drug Poisoning in the United States](#). CDC also worked with the President's Office of National Drug Control Policy (ONDCP) on the news release.

UNITY's Urban Agenda Brings Together Leading Thinkers and Practitioners to Prevent Violence

Violence ranks among the current top concerns for some cities around the U.S. – with cities identifying youth violence as one of the most pressing areas to address. That is the response from a sampling of city leaders, urban planners, law enforcement officials, and public health officials who attended the Urban Networks to Increase Thriving Youth (UNITY) Network Convening, held in May. The group came together to release the *Urban Agenda to Prevent Violence*, a plan for investment in sustainable approaches to preventing youth violence.

The Centers for Disease Control and Prevention (CDC) funds the *Agenda*, which calls for cities to invest in developing, implementing, coordinating and evaluating effective and sustainable approaches to preventing community and gang violence. The *Agenda* calls attention to city and neighborhood-level strategies designed to have the greatest impact, grounded in research, and informed by community.

"This approach works," says Minneapolis Police Department Lieutenant Michael Sullivan, "It's working right here, right now, in my city, where we reduced violence by 40 percent in just two years—and then brought it down another 20 percent. And we didn't do it by increasing arrests. We did it by giving young people opportunities to thrive."

The *Urban Agenda* recommends:

- **Investing in cities** to implement effective and sustainable approaches to prevent community and gang violence, with attention to city and neighborhood-level violence prevention strategies designed to have the greatest impact, including school-based violence prevention, reducing children's exposure to violence, and street outreach.
- **Supporting local planning and implementation** through training and capacity building, a national communications campaign, and data, research, and evaluation.
- **Encouraging collaboration** at federal and state levels to support local, urban efforts to prevent violence. This includes creating a mechanism for collaboration in federal and state governments and enhancing public health's capacity to address the ongoing public health crisis of violence.

UNITY's *Urban Agenda* is a key part of CDC's efforts to bring together leading thinkers and practitioners from business, government, academia, and nonprofits to share ideas and brainstorm solutions to youth violence prevention challenges. The UNITY *Urban Agenda* complements and informs CDC's national youth-violence prevention initiative, STRYVE — Striving To Reduce Youth Violence Everywhere. View the *Urban Agenda to Prevent Violence* and other UNITY projects at www.preventioninstitute.org/unity.

See **Partnership Corner** on page 6 for more stories.

Grantee Corner

Putting Our Heads Together: Massachusetts' Strategy for Preventing Youth Sports Concussions

Sports are a great way for teens to stay healthy while learning important team-building skills. However, whether on a field, course, ice, or track, there are unacceptable risks, especially when it comes to the brain. When an athlete continues to play with a concussion he or she runs the risk of having long-term problems. It can even be fatal.

Recently, the Massachusetts Department of Public Health, a CDC Injury Center CORE grantee, built a coalition of doctors, athletic directors and advocates and put their heads together to help reduce the risks and keep youth athletes safe from concussion in their state through education and policy activities.

To kick off their education and policy efforts, Massachusetts Department of Public Health garnered help from fellow Massachusetts residents, Dr. Robert Cantu and Mr. Christopher Nowinski, co-founders of the Sports Legacy Institute at Boston University, to help lead the charge and spread awareness of the dangers of concussion in youth sports.



As a result in January 2009, Cantu and Nowinski along with Lewis Howe, the current Massachusetts' CORE Injury Program Coordinator, launched a campaign in Massachusetts to educate coaches, athletic trainers, parents, and athletes about the risks and dangers of sports-related concussions.

Using CDC's "Heads Up" Concussion in High School and Youth Sports initiatives, the campaign initially focused on coaches and athletes of contact sports, including football, hockey, soccer, and lacrosse. The education activities were conducted at schools, in hospitals, on playing fields, at conferences, and any place where the target audiences gathered.

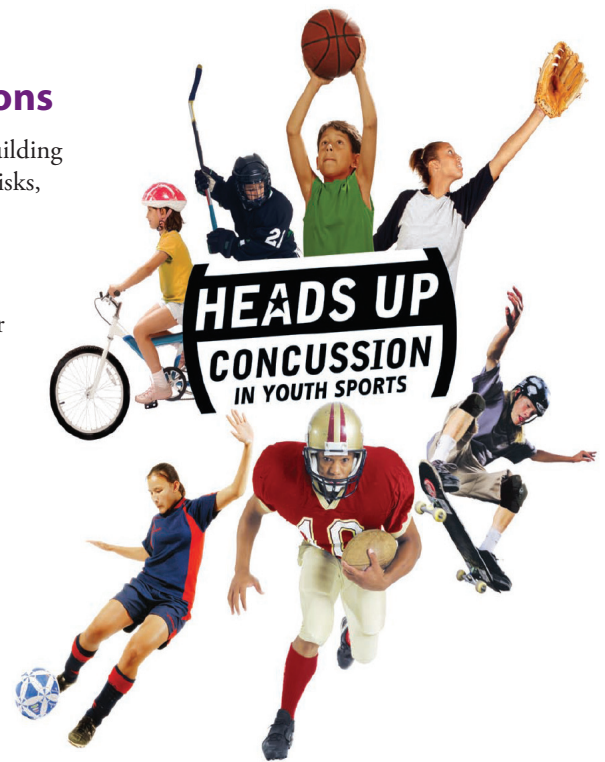
These efforts are paying off, the work completed through this partnership and campaign over the past 16 months has already helped educate thousands of parents, coaches and athletes in Massachusetts, resulted in media attention, and the distribution of more than 1,800 "Heads Up" tool kits.

In addition, building on this momentum, Cantu and Nowinski and other partners led the fight for legislation in Massachusetts to advance youth sports concussion prevention and response. This year, Massachusetts Prevent Injuries Now! Network testified at hearings on youth sports concussion legislation (Senate Bill 2267), which would require all high school coaches, athletic trainers, and volunteer parents in the state, to be educated on sports concussion prevention awareness, using CDC's "Heads Up" materials as a guide. The Bill received a hearing on September 15, 2009. Currently the bill is awaiting action before the full state Senate, after receiving a favorable report from the Joint Committee on Public Safety in February 2010.

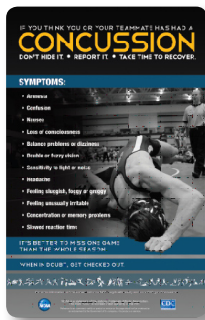
"It is now very politically expedient to be on the side of safety when it comes to sports concussions, progress that would have been unthinkable two years ago." Lewis Howe, CORE Injury Program Coordinator, Massachusetts Department of Public Health.

Massachusetts Department of Public Health is one of CDC's Injury Center CORE grantees. This program helps state health departments to identify leading public health issues, build partnerships, and develop programs/initiatives to address these problems affecting their communities.

For more information on CDC's CORE program, visit: www.cdc.gov/injury/stateprograms/.



See **Grantee Corner** on page 6 for more stories.



CDC's Injury Center Partners with NCAA in New "Heads Up to Colleges and Universities Initiative"

CDC's Injury Center recently partnered with the National Collegiate Athletic Association (NCAA) to develop sports-specific concussion awareness and management educational materials help improve prevention, recognition, and response to concussion among college and university athletes. This initiative includes posters for every NCAA sport, fact sheets for coaches and athletes, and content for the handbooks for coaches and athletic trainers. This spring, NCAA disseminated two posters and the fact sheets for coaches and athletes to each member campus along with updated concussion response guidelines. High resolution materials are available for downloading and printing at www.ncaa.org.

USA Football Launches New Concussion Awareness Video in collaboration with CDC's Injury Center

In April 2010, CDC's Injury Center partnered with USA Football to create a new video on concussion for coaches as part of their coaching fundamentals training course.

The video discusses concussion prevention, recognition, and response and is available at no cost online at www.usafootball.com.

USA Football leads the development of football for all youth, high school, and other amateur players. USA Football is the official youth football development partner of the NFL, its 32 teams and the NFL Players Association and manages U.S. national teams for international competition.

To learn more about concussion and CDC's Heads Up initiatives, visit: www.cdc.gov/Concussion.

Grantee Corner *(continued from page 5)*

Knit Caps Raise Awareness of Shaken Baby Syndrome and Period of PURPLE Crying: Keeping Babies Safe in North Carolina Campaign

Thousands of North Carolina newborns were given knitted purple caps during the month of April, instead of the traditional pink and blue. Through a social media campaign for the Period of PURPLE Crying: Keeping Babies Safe in North Carolina, volunteer knitters were recruited using Facebook, Twitter, and other media from all over the country to knit caps to raise awareness about shaken baby syndrome. The initiative educates new parents on the normalcy of infant crying and how to cope with the frustration that can accompany it. Most importantly, it recommends that if parents feel too frustrated with the crying, it's ok to leave the infant in a safe place and walk away to calm down, and to never shake or hurt the baby.

Period of PURPLE Crying®

Keeping Babies Safe in North Carolina

PURPLE in the campaign's title stands for:

Peak – because infants cry more in the first four months than at any other period;

Unexpected – because the crying comes and goes and appears to have no cause;

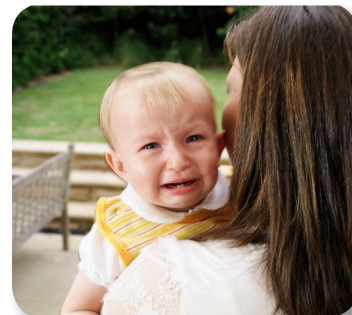
Resists soothing;

Pain because of the pain-like expression on the baby's face;

Long lasting because the crying can last as much as five hours a day or more;

Evening, these extended periods of crying tend to cluster in the late afternoon and evening.

These messages and materials are being given to parents of newborns by nurses in maternity wards throughout the state. In addition to getting the information at the hospital, pediatricians and family physicians in North Carolina are being asked to distribute a reminder at the first well-baby visit. The initiative hopes to reach five hundred thousand parents of North Carolina newborns over the next two years. This project is a collaboration of the National Center on Shaken Baby Syndrome, the Center for Child and Family Health, and the University of North Carolina Injury Prevention Research Center (UNC-ICRC). The UNC-ICRC has been funded by CDC's Injury Center a to test the effectiveness of this initiative and results should be available in 2012.



Recent Injury Publications

Evaluation of two interventions to reduce aggressive and antisocial behavior in first and second grade classrooms

This article in the [International Journal of Educational Research](#) (April 2010 issue) describes how researchers conducted a three-arm cluster randomized controlled trial (n=2,491) in a resource poor setting (Pererira, Columbia) evaluate a teacher delivered intervention to reduce aggressive and antisocial behavior and increase prosocial behavior in the classroom. The intervention also explored whether combining this intervention with an intervention for parents was better than the teacher-only intervention. The findings show that both interventions prevented increases in aggressive and antisocial behavior, however the teacher-only intervention had a positive impact on increasing prosocial behavior.

Restraint use and seating position among children less than 13 years of age: Is it still a problem?

This study in the [Journal of Safety Research](#) (April 2010 issue) analyzed data regarding restraint use and seating position among children less than 13 years of age from the Second Injury Control and Risk Survey, a nationally representative cross-sectional random-digit-dial (RDD) telephone survey conducted by the National Center for Injury Prevention and Control from July 23, 2001 through February 7, 2003. Results revealed that among children less than 13 years, parents reported an estimated 618,337 US rode unrestrained and more than one million who rode in the front seat of a vehicle at least some of the time the past 30 days.

Graduated Driver Licensing Research, 2007-Present: A Review and Commentary

Research on graduated licensing systems has dramatically grown over the past 25 years due to the evolution of the systems. This article in the [Journal of Safety Research](#) (April 2010 issue) examines the most recent summary reports (covering the period up to 2007) concerning graduated licensing systems categorizing, summarizing and discussing them.

The Relative Influence of Different Domains of Social Connectedness on Self-Directed Violence in Adolescence

Previous research has linked greater social connectedness with a lowered risk of self-directed violence among adolescents. Few studies have analyzed the comparative strength of different domains of connectedness (e.g., family, peers and school) to determine where limited resources might be best focused. This study in the [Journal of Youth and Adolescence](#) (May 2010 issue) uses data taken from the Centers for Disease Control and Prevention's Student Health and Safety Survey administered to 4,131 7-12 graders (51.1% female; 43.8% Hispanic; 22.6% African American or Black). Logistic regressions suggest that family connectedness was a stronger predictor than connectedness to peers, school, or adults at school for non-suicidal self-harm, suicidal ideation, suicide plans, and non-fatal suicidal behavior.

Translating evidence into policy: lessons learned from the case of lowering the legal blood alcohol limit for drivers

This case study in the [Annals of Epidemiology](#) (June 2010 issue) from the CDC review for the Guide to Community Preventative Services examines the translation of evidence on the effectiveness of laws to reduce blood alcohol concentration (BAC) of drivers into a policy to reduce drinking and driving by changing the BAC limit. This study describes the Community Guide's scientific process and collaborative efforts that contributed to the passage of legislation that led to all 50 states adopting 0.08 BAC laws. It is estimated that these laws save 500 lives in the United States each year.

Heads Up to Schools: Know Your Concussion ABC's Initiative Launched

CDC's Injury Center created this new flexible set of materials, including fact sheets, a checklist, a poster and a magnet, to help school professionals identify and respond to concussions in an array of school settings. CDC encourages school professionals to use the new "Heads Up to Schools: Know Your Concussions ABC's" materials as a quick reference guide in the classroom, to present to other staff during meetings, and to help school nurses monitor a student with a head injury for concussion signs and symptoms. To download these materials and others specifically designed for high school and youth sports coaches, please visit: www.cdc.gov/Concussion.

Alcohol and Injuries: Emergency Department Studies in an International Perspective

Alcohol-attributable injuries are a growing concern to the public health community, with alcohol-related injuries such as road traffic crashes, burns, poisonings, falls and drowning making up more than a third of the disease burden attributable to alcohol consumption. This book synthesizes results of a number of hospital emergency department studies conducted in different cultural and health care settings, including the [World Health Organization Alcohol and Injuries Emergency Department Studies an International Perspective](#). It provides the epidemiology of alcohol-related injuries and refers to methodological issues of emergency department studies. It addresses public policy implications and equips the reader with practical information on interventions that can be implemented in emergency departments, such as screening and brief interventions for hazardous and harmful drinking. The book has been compiled by an international group of editors with extensive experience in the area of alcohol and injuries, including Dr. Dan Hungerford of CDC Injury Center's Division of Injury Response.

In a Moment's Notice: Surge Capacity in Terrorist Bombings Updated

This [report](#) reflects the updated recommendations of the expert panels convened by CDC's Injury Center to address medical care surge issues from terrorism which can result in numerous casualties with complex, technically challenging injuries. It also includes a description of system-wide and discipline-specific challenges as well as recommendations to address these issues. Solutions for the discipline-specific challenges have been incorporated into easy-to-use templates that can assist various disciplines in managing surge needs for injuries. The needs and resources of each community must be considered to effectively plan for a surge of patients into an already overburdened health care system.

Interim Planning Guidance for Preparedness and Response to a Mass Casualty Event Resulting from Terrorist Use of Explosives (TUE)

This newly developed [interim guidance document](#) recognizes the critical role that strategic leadership can have on the success or failure of preparing for and responding to a terrorist bombing. It outlines important leadership strategies for successfully preparation and management of a TUE mass casualty event, including the concept of meta-leadership and effective care of patients in pre-hospital and hospital environments during a TUE event.

upcoming events

Meetings and Conferences

2010 International Society for Research on Aggression World Meeting, July 27-31, Storrs, Connecticut

<http://www.psychology.iastate.edu/faculty/caa/csv/isra/index.html>

American Psychological Association 118th Annual Convention, August 12-15, San Diego, CA

<http://www.apa.org/convention/index.aspx>

National Conference on Health Communication, Marketing and Media, August 17-19 Atlanta, GA

http://www.cdc.gov/healthmarketing/NCHCMM2010/about_conference/about_nchcmmcon.htm

Health Observances

Fireworks Safety Month, July

Fall Prevention Month, September

National Suicide Prevention Week, September 5-11

NCIPC Award Recipients

Dr. Rodney Hammond Honored with American Psychological Association (APA) Meritorious Research Service Commendation

Rodney Hammond, PhD, Director of the Division of Violence Prevention, National Center for Injury Prevention and Control (NCIPC), was honored on May 27, 2010 by the American Psychological Association for his leadership role at the Centers for Disease Control and Prevention (CDC) in applying psychological science to the problem of youth violence. Dr. Hammond's efforts have contributed to the development of effective preventive approaches for reducing youth violence and have significantly influenced CDC policies and practices related to this complex public health problem. His work has also helped deepen the impact of behavioral and social science research by making it understandable and relevant to policy makers. Recipients of this award will be announced in an upcoming issue of the APA Science Directorate's Psychological Science Agenda newsletter and on the Science Directorate web site. A formal presentation of the Commendations will be held at the APA Science Leadership Conference on November 12-13, 2010 in Washington, DC.



Amy Peeples receives "Partner of the Year" Award from Safe States Alliance

Amy Peeples (formerly Harris), Acting Deputy Director of the National Center for Injury Prevention and Control (NCIPC) at the Centers for Disease Control and Prevention (CDC), was honored with the prestigious "Partner of the Year Award" awarded by Safe States Alliance at the national organization's annual awards dinner held on April 15, 2010 in Ann Arbor Michigan. Mrs. Peeples has provided exemplary leadership within NCIPC to unify partners and to strengthen policy efforts through publications, training strategy, and agenda development. Her work to increase the visibility of injury and violence among policymakers has provided great vision for the field. The "Partner of the Year Award" acknowledges the contributions of an organization or sponsor for furthering the mission of the Safe States Alliance—to serve as the national voice in support of state and local injury and violence prevention professionals engaged in building a safer, healthier America.

NCIPC Nominees for Charles C. Shepard Award: Matthew Breiding, Ruth Shults and David Sleet

Matthew Breiding, PhD, Research Scientist, Commission Corps in the Division of Violence Prevention, NCIPC, CDC was nominated for the Charles C. Shepard award for his paper, "[Sexual Violence and Its Health Consequences for Female Children in Swaziland: A Cluster Survey Study](#)." His paper described the magnitude of the problem of violence against female children in Swaziland and identified potential risk and protective factors for violence by using data to help guide programs and policies to prevent violence against children.

Ruth Shults, PhD, MPH, Epidemiologist, and David Sleet, PhD, Associate Director for Science, in the Division of Unintentional Injury Prevention, NCIPC, CDC were nominated for the Shepard award for their paper, "[Effectiveness of Multicomponent Programs with Community Mobilization for Reducing Alcohol-Impaired Driving](#)." This paper examined interventions conducted in the US and published years 1980-2005 that targeted interventions which focused on modifying the community environment to reduce alcohol-impaired driving. Interventions were well funded and included responsible beverage service training, other efforts to limit alcohol access, sobriety checkpoints and a strong local media component.

See **NCIPC Award Recipients** on page 9 for more stories.

The Charles C. Shepard Science Awards recognize excellence in science advancement by CDC authors of outstanding scientific papers. The Charles C. Shepard awards honor, Dr. Shepard, a former CDC scientist, whose career was marked by the pursuit of scientific excellence. The award is presented to the best manuscript on original research published by a CDC or ATSDR scientist in a reputable peer reviewed journal.



Staff Kudos

NCIPC Colleague of the Month Award Recipients

- *Sharon Robinson, Administrative Assistant, Division of Violence Prevention, April*
- *Patricia Allen, Management and Program Analyst, Division of Injury Response, May*
- *Detrice Dumas, Secretary, Office of Noncommunicable Diseases, Injury and Environmental Health, June*

Protect the Ones You Love: Spread the Word about Child Injury Prevention

Share your support for child injury prevention with friends and colleagues in a few easy steps! The Injury Center now offers a series of colorful “Protect the Ones You Love” [badges](#) and [buttons](#) that you can add to your social networking sites, blogs, and personal and professional websites.



The **Injury Center Connection** is produced quarterly by the Centers for Disease Control and Prevention's (CDC) National Center for Injury Prevention and Control (NCIPC).