



# Injury Center Connection

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## Early Exposure to Child Abuse or Neglect Can Cause Long Term Health Consequences

Early childhood exposure to adverse conditions such as child abuse or neglect increases the risk of developing poor physical and mental health outcomes over a lifetime, according to an article released in the June addition of the Journal of the American Medical Association (JAMA). Written by scientists at the CDC Injury Center, the article identifies childhood abuse, neglect, and exposure to other traumatic stressors, which are called [adverse childhood experiences](#), as major risk factors for the leading causes of illness and death as well as poor quality of life in the United States.

Findings suggest that progress in preventing the nation's



worst health problems, such as obesity, diabetes, and heart disease can be made by investing in programs that promote raising children in healthy, safe, stable, and nurturing surroundings. Investments in programs that are effective in promoting these important aspects of children's surroundings can counter adverse experiences in childhood, promote optimal development, and reduce disparities in health.

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Adding Power to Our Voices  
A Framing Guide for Communicating About Injury



## Adding Power to Our Voices

Ask most people you know what a frame is, and they will tell you that it holds a picture. Here at the Injury Center, however, when you hear staff talking about framing, they are not talking about artwork. They're talking about how to "frame" injury and violence communication challenges in a way to create the social and political will to overcome them. They're talking about how to create a society where people can live to their full potential. These hallway discussions did not come about with out some serious effort on the part of NCIPC's health communication team. Injury Center communicators have worked with ICF Macro for the better part of two years conducting research on framing to develop a coordinated communications strategy for the injury and violence field as a whole. This research has resulted in the April publication of [Adding Power to Our Voices: A Framing Guide for Communicating About Injury](#) and didactic training in May 2009 for more than 60 Injury Center staff and 15 partner organizations on how to use it.

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# Early Exposure

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The article highlights two programs currently working to support surroundings which ensure **healthy, safe** and **nurturing** experiences: the [Nurse-Family Partnership](#) and the [Triple P-Positive Parenting](#) program.

The article is written in conjunction with a related CDC-funded paper: “Neuroscience, Molecular Biology, and the Childhood Roots of Health Disparities: Building a New Framework for Health Promotion and Disease Prevention,” by Shonkoff, Boyce, and McEwen.

The Injury Center article and the associated paper are published in the June 3, 2009 edition of the JAMA. To view the articles, visit <http://jama.ama-assn.org/>.

To learn more about preventing child maltreatment, go to: [www.cdc.gov/ViolencePrevention/](http://www.cdc.gov/ViolencePrevention/).



## *strategic*PARTNER MEETING *overview*

NCIPC’s current program priorities are preventing child maltreatment, preventing falls among older adults, and preventing deaths and injuries from residential fires. NCIPC has been working on these priority areas since 2005 and is considering how to choose its priorities for the coming years. Toward this end, NCIPC brought together 15 partner organizations on April 15-16 to discuss what could be accomplished to advance the field of injury and violence prevention and to obtain feedback on the future direction of the Center priorities. This meeting led to a number of recommendations by partners, and NCIPC is currently working to incorporate that feedback into a plan for assessing the future direction of its priorities. New (or renewed) priority topics will be identified in the coming months along with a plan for how the priority topics will be communicated and transitioned.

## UPCOMING *injury*EVENTS

### Webcasts

- Protect the Ones You Love “Summer Safety - Child Injury Prevention” Webcast  
[Register Now](#)  
June 16

### Meetings and Conferences

- Council of State and Territorial Epidemiologists Annual Conference  
June 7-11 • Buffalo, NY  
<http://www.cste.org/dnn/>
- National Fire Protection Association (NFPA) Annual Conference and Expo  
June 8-11 • Chicago, IL  
<http://www.nfpa.org/categorylistconf.asp?categoryID=1600>
- 2009 Society for Epidemiologic Research (SER) Annual Meeting  
June 23-26 • Anaheim, CA  
<http://www.epiresearch.org/>

### Health Observances

- National Safety Month (June 2009)  
<http://www.nsc.org/nsm>
- Home Safety Month (June 2009)  
<http://www.homesafetycouncil.org/homesafetymonth/homesafetymonth.aspx>

# Framing Guide

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Training attendees learned that as an injury and violence prevention and response community, we can start to change public perceptions about our issues with the use of a coordinated message strategy. One technique of crafting messages to our constituents or audiences is to start with a broad overarching statement expressing a core value held by many individuals in our society. We call this a concept frame. The statement is followed by key issues and a final message point or call to action.

*Adding Power to Our Voices* is designed to help organizations involved in injury and violence prevention and response create this coordinated message and speak with a consistent voice. Its basis is that the collective voice of many injury and violence professionals across several disciplines is much louder than that of an individual or single organization. The *Framing Guide* and the *Adding Power to Our Voices* training for staff and partners were designed to help build messages that can be included in press releases, speeches, annual reports, and research articles etc., to help us all better communicate with our audiences by using one central message. To accomplish these practical goals, *Adding Power to Our Voices* incorporates framing theory, message development techniques and fundamental communication science and public health principles.

We hope you will join us in this effort by downloading [Adding Power to Our Voices](#), and implementing its tools today. Once the public becomes more aware of all that is “injury,” the injury field gains more visibility, and we all benefit from positive responses that lead us toward living our lives to the fullest potential.

## Words Do Hurt: Let's Stop Bullying Now



Remember the “sticks and stones” adage? It ends with “but words can never hurt me.” It’s likely that you heard this as a child; perhaps you said it yourself. Yet, if you’re like me, you probably always knew that the phrase just doesn’t ring true. Words do hurt.

Recently, here in Atlanta, an 11-year-old child who was allegedly verbally bullied by schoolmates committed suicide. While questions still are being answered in this case, there is no question about what we all should learn from this tragedy. Bullying, teasing, and harassment aren’t rites of passage or just kids being kids. These experiences can have lifelong, or even life-ending, consequences. We must take bullying seriously and respond appropriately.

Bullying is a prevalent form of [youth violence](#), and not only the victims are hurt. Children who bully are more likely to get into fights, vandalize property, skip school, and drop out of school.

....Read more at the [Director's View Blog](#)

# FY 2009 Appropriation and FY 2010 President's Budget

On March 6, 2009, Congress passed the FY 2009 Omnibus bill thus officially beginning the 2009 fiscal year. CDC's total budget was \$6.28 billion. The FY 2009 budget included an increase of \$10 million to Injury Prevention and Control, with a break down of unintentional injury activities receiving \$3.6 million and intentional injury activities receiving \$6.5 million.

On May 7, 2009, President Obama submitted the FY 2010 President's Budget to Congress. The budget requests a total of \$6.39 billion for CDC, an increase of \$32 million above the FY 2009 level. The budget reflects the Administration's priorities of encouraging broad based prevention activities, with key funding increases in areas such as HIV/AIDS research, chronic disease, food safety, and autism.



Included in the CDC President's Budget is \$148.6 million for Injury Prevention and Control, which represents a \$3 million increase from FY 2009. The increase will enhance efforts to develop, implement, and evaluate a comprehensive program to prevent teen dating violence in high-risk urban communities by building on current evidence-based practice and experience. These additional funds will also allow NCIPC to sustain activities supported in FY 2009, such as: older adult fall prevention; teen driving safety; traumatic brain injury; child maltreatment prevention; and, the National Violent Death Reporting System (NVDRS).

# Policy in Action

## NCIPC Partnership with the National Conference of State Legislatures

In 2008, NCIPC began an exciting new partnership with the National Conference of State Legislatures (NCSL) by supporting NCSL to conduct a number of activities geared toward educating state policymakers. During the first year of this partnership, NCSL created a *LegisBrief* on the importance of injury prevention in states, which has been distributed to NCSL members and partners and is available electronically on the NCSL website. With this publication, NCSL also developed a podcast that is available online, and, in addition, NCSL developed postcards on three injury topics related to state policy opportunities: teen dating violence, graduated drivers licensing for teen drivers, and older adult falls. These postcards are sent to state lawmakers and will be available on [NCSL's website](http://www.ncsl.org). Additionally, NCSL is tracking legislation at the state level on a number of injury and violence topics. All of these materials are available at <http://www.ncsl.org/default.aspx?tabid=13951>.

In addition to the written materials, NCSL coordinated a meeting with NCIPC, the National Highway Traffic Safety Administration (NHTSA), and the American Automobile Association to educate state lawmakers on injury and violence issues. This meeting, which took place in Atlanta on May 14-15, brought together state legislators from across the country to educate them on a number of injury prevention topics across the lifespan and to obtain legislators' feedback on the type of information that is most helpful to them in determining how to address injuries and violence.

## 2008/9 Innovations in Public Health Policy Competition Winners Announced!

In November 2008, CDC and the National Network of Public Health Institutes (NNPHI) announced the "Innovations in Public Health Policy" Competition. This CDC-wide competition promoted the creation of innovative policy ideas, with winning proposals to be implemented by NNPHI member institutes, the sponsoring CDC office(s), and CDC's Office of Strategy and Innovation. Among the four winning proposals announced in April 2009 was a proposal entitled "Understanding the Direct Health Impacts of Transportation-related Climate Change Policy in Communities." This proposal was co-submitted and will be co-led by the Injury Center, the National Center for Environmental Health, the Coordinating Center for Environmental Health and Injury Prevention, and the National Center for Chronic Disease Prevention and Health Promotion. NCIPC is greatly honored to be among the winners, and program implementation is expected to begin soon.

## congressionalUpdate

### NCIPC Briefings

Since February 2009, NCIPC has participated in the following Congressional briefings:

- Sen. Lamar Alexander (R-TN)
- Sen. Michael Enzi (R-WI)
- Sen. Kristen Gillibrand (D-NY)
- Rep. Maurice Hinchey (D-NY)
- Rep. Christopher Murphy (D-CT)
- Rep. Mike Rogers (R-MI)
- Rep. Debbie Wasserman Schultz (D-FL)

Briefing topics included child injuries, child maltreatment prevention, positive parenting, the National Violent Death Reporting System, and the Domestic Violence Prevention Enhancement and Leadership Through Alliances program.

NCIPC also briefed the Office of Management and Budget on nurse home visitation and positive parenting.



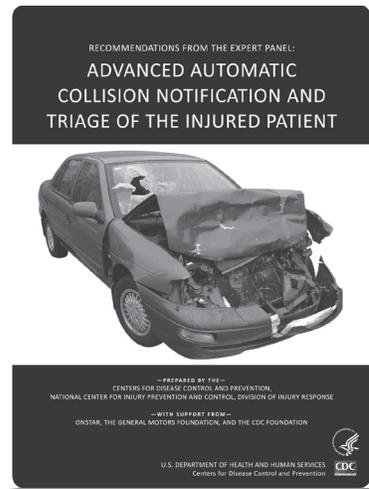
# Partnerships in Prevention

## Advances in Motor Vehicle Crash Response

### Getting the Right Care, at the Right Place, at the Right Time

Deciding whether a victim of a vehicle crash requires care at a trauma center is a life or death decision for emergency medical responders. Research, supported by CDC Injury Center, reinforces the importance of this decision. The findings show that care at a Level I trauma center lowers the risk of death by 25% for severely injured patients, compared with treatment received at a hospital without trauma care services.

To develop procedures that will help emergency medical responders better and more quickly determine if a motorist needs care at a trauma center after a vehicle crash, CDC Injury Center and the CDC Foundation recently partnered with OnStar and the GM Foundation. Through this partnership, CDC Injury Center conducted



a vehicle telematics initiative to develop evidence-based protocols for the emergency medical community to effectively use automotive telemetry data. By enabling responders to more quickly identify, diagnose, and treat injuries, these data will help to reduce death and injuries among vehicle crash victims.

As part of this initiative, CDC Injury Center convened a panel of 20 emergency medical physicians, trauma surgeons, public safety, and vehicle safety experts. The panel considered how real-time crash data from the advanced automatic crash notification (AACN) vehicle telematics system and similar systems can be used to determine whether injured patients need care at a trauma center. By using a collection of sensors, vehicle telemetry systems like AACN send crash data to an advisor if a vehicle is involved in a moderate or severe front, rear, or side-impact crash. Depending on the type of system, the data include information about crash severity, the direction of impact, air bag deployment, multiple impacts, and rollovers (if equipped with appropriate sensors). Advisors can relay this information to emergency dispatchers, helping them to quickly determine the appropriate combination of emergency personnel, equipment, and medical facilities.

CDC Injury Center compiled the findings from the expert panel in its report, "Recommendations from the Expert Panel: Advanced Automatic Collision Notification and Triage of the Injured Patient."

This report includes guidelines from the expert panel, which that found that using AACN shows promise in improving outcomes among severely injured crash patients by:

- predicting the likelihood of serious injury among vehicle occupants,
- decreasing response times by prehospital care providers,
- assisting with field triage destination and transportation decisions, and
- decreasing time it takes for patients to receive definitive trauma care.

According to the expert panel, systems like AACN may be especially important in rural or isolated areas where there may not be a passerby to report a crash and a Level I trauma center is too far away to treat the kind of injuries sustained in severe crashes.

To order or download a copy of this report please visit:

<http://www.cdc.gov/injuryresponse/aacn.html>.

For more information about CDC's Injury Center efforts to help emergency medical services providers make on-scene triage decisions, visit [www.cdc.gov/FieldTriage](http://www.cdc.gov/FieldTriage).

A trauma center is a type of hospital that has resources and equipment needed to help care for severely injured patients. The American College of Surgeons Committee on Trauma classifies trauma centers as Level I to Level IV. A Level I trauma center provides the highest level of trauma care while Level IV trauma centers provide initial trauma care and transfer to a higher level of trauma care if necessary.



*Providing emergency responders with vehicle crash information may help them make the appropriate field triage decisions, so crash victims can get to the right type of health-care facility at the right time," said Dr. Richard Hunt, director of the CDC Injury Center's Division of Injury Response.*

# RECENT *injury* PUBLICATIONS

## *New Violent Death Data from the National Violent Death Reporting System (NVDRS)*

The second detailed summary of data on violent deaths from the National Violent Death Reporting System (NVDRS) has been released. The report, "[Surveillance for Violent Deaths — National Violent Death Reporting System, 16 States, 2006](#)", appeared in the March 20, 2009 edition of *Morbidity and Mortality Weekly Report Surveillance Summaries (MMWR)*.

## *Sexual Violence and its Health Consequences for Girls in Swaziland*

A third of girls in Swaziland have experienced [sexual violence](#) by the age of 18, according to a new Centers for Disease Control and Prevention (CDC) study published in the May 9th edition of *The Lancet*. Such violence was associated with sexually transmitted infections, pregnancy complications or miscarriages, unwanted pregnancy and mental health problems. The study, written by scientists at the CDC and colleagues from UNICEF, Swaziland, is one of the few examining sexual violence against girls younger than 18 in this area of the world.

## *Nonfatal Fall-Related Injuries Associated with Dogs and Cats in the United States, 2001–2006*

An average of 240 people are treated in emergency departments every day—a total of about 86,600 each year—for injuries from falls involving dogs or cats, according to a Centers for Disease Control and Prevention study, "[Nonfatal Fall-Related Injuries Associated with Dogs and Cats --- United States, 2001–2006](#)" published in *Morbidity and Mortality Weekly Report (MMWR)*. Falls are the leading cause of nonfatal injury in the United States, and falls among older adults have especially serious consequences. To help prevent pet-related falls, this study stresses the importance of raising public awareness that pets can cause falls and that pets and pet-related items can be fall hazards, as well as reinforcing the American Veterinary Medical Association's recommendations for obedience training for dogs, which can reduce behaviors like pushing and pulling.

## *Injury: A National Public Health Problem with Local Solutions*

A special issue of the *Family & Community Health: A Journal of Health Promotion & Maintenance (Vol 32, No. 2, 2009)* is dedicated to "Injury: A National Public Health Problem with Local Solutions". David Sleet (Associate Director for Science) (ADS) and former Deputy ADS, Daphne Moffett, from DUIP/NCIPC served as Guest Editors. The theme issue deals with a wide range of populations and interventions to children, adolescents, and adults with the goal to educate parents and policy makers on steps can be taken to prevent injuries. Articles are authored by CDC scientists, CDC Extramural Research Grantees, ICRC researchers, community and Federal partners, and CDC Injury Fellowship recipients. The articles help translate our research into meaningful messages and guidance to communities and families.

*Tell us what you think...*

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

**Please contact Nisha Farrell at [Nisha.Farrell@cdc.hhs.gov](mailto:Nisha.Farrell@cdc.hhs.gov).**

## staffKudos

### *Injury Center Staff Wins "Best Abstract" Award*

Congratulations to Rebecca Boyd, MSPH and L.J. David Wallace, MSEH who were recently recognized with the "Best Abstract" award at the 2009 Society for Advancement of Violence and Injury Research (SAVIR) conference on March 5 & 6 in Atlanta, Georgia. Their abstract entitled "Translating Research to Practice: Effective Strategies to Reduce Motor Vehicle Injuries among American Indian Tribes" focused on the NCIPC Motor Vehicle Team's work in tailoring, implementing, and evaluating evidence-based strategies to reduce motor vehicle-related injuries in Tribal communities. NCIPC plans to use lessons learned from these pilot Tribal programs for improved implementation and further dissemination to other American Indian communities.

### *Incoming and Graduating EIS Officers*

#### **Incoming EIS Officer**

Aybaniz Ibrahimova, MD, will join NCIPC this summer as an EISO (Epidemic Intelligence Service Officer). She will work with Ruth Shults PhD, MPH and Mick Ballesteros, PhD in the Division of Unintentional Injury Prevention. Aybaniz has experience in injury prevention already, having worked on injury surveillance activities in Azerbaijan.

#### **Graduating EIS Officers**

John Halpin, MD, worked with DUIP's (Division of Unintentional Injury Prevention) Motor Vehicle Team where he was involved with a number of injury surveillance activities. These included an assessment of the NCAA's Injury Surveillance System (ISS) as well as an analysis of the use of multiple diagnoses by the NEISS-AIP. After graduation, John plans to begin work as a Medical Officer with CDC's NIOSH division in Atlanta Georgia.

Robin Toblin, PhD, MPH, worked with DUIP's Home and Recreation Team where she evaluated the Michigan Child Death Review program, wrote the first national report of deaths from the "choking game" among youth, and studied prescription drug overdose deaths. After graduation, Robin will work as an Epidemiologist at the Federal Bureau of Prisons (BOP) Central Office in the Office of Research and Evaluation in Washington, DC focusing on mental health and substance abuse.

Mef Galle, MD, MPH, worked with DIR's (Division of Injury Response) Injury Response Team where he evaluated the surveillance system of NEISS-AIP. Mef also evaluated NEISS-AIP data specifically regarding scald burn injuries among older adults in the U.S., and updated 2004 TBI incidence data in the U.S. During his tenure, Mef also traveled to Madrid, Spain and presented at an international conference regarding the epidemiology of terrorist bombings. After graduation, Mef will work on his preventive medicine residency under CDC's Preventive Medicine Fellowship Program for one year towards board certification in preventive medicine.

### *NCIPC Colleague of the Month Award Recipients*

Marcia Collins, April  
Kelly Sarmiento, May

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).

