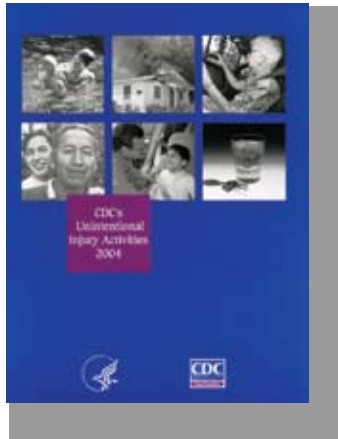


## Publications and Resources

Each year, CDC's Injury Center staff contribute to publications for researchers and professional health practitioners and for the general public. The list of government publications, books, conference proceedings, and journal articles are extensive. Examples of publications follow and, unless otherwise noted, these resources are available by visiting the Injury Center's website, [www.cdc.gov/injury](http://www.cdc.gov/injury), or by calling 1-800-CDC-INFO.



## **Activity Report 2004: CDC's Unintentional Injury Prevention Program**

Unintentional injuries are a leading cause of death for all Americans, regardless of age, race, gender, or economic status. The Division of Unintentional Injury and Prevention, part of CDC's Injury Center, has produced a report detailing its achievements to prevent such injuries. *CDC's Unintentional Injury Activities 2004* highlights the agency's research and programmatic accomplishments for 2002–2004 in the areas of motor vehicle and home and recreation injury.

## **Atlas of Injury Mortality Among American Indian and Alaska Native Children and Youth, 1989–1998**

Injuries, from both unintentional and intentional causes, are third behind heart disease and cancer as the leading cause of death among all American Indians and Alaska Natives (Native Americans). This Atlas presents injury mortality data from 1989 through 1998 for Native American children and youth ages 0 to 19 years residing in the 12 Indian Health Service areas.

## **Bibliography of Behavioral Science Research in Unintentional Injury Prevention**

The *Bibliography of Behavioral Science Research in Unintentional Injury Prevention* includes more than 900 citations of journal articles, book chapters, government reports, and other publications. Designed as a tool for researchers, practitioners, and students, this bibliography documents the contributions of behavioral and social sciences to unintentional injury prevention and control from 1980 through 2003. The publication includes the complete bibliography in two formats: alphabetical by author and by injury topic. Citations are also indexed by keyword.

## **Brain Injury Association of America Family Helpline**

[www.biausa.org](http://www.biausa.org)

**1-800-444-6443 (toll free)**  
The Brain Injury Association of America's Family Helpline receives about 15,000 calls each year from individuals with brain injury and from family members and providers seeking assistance, education, and support. For many, the Family Helpline is the first point of contact and support during the difficult times following a brain injury.

## **CDC Injury Research Agenda**

The *CDC Injury Research Agenda* is a blueprint to prevent injuries and resulting disabilities, deaths, and costs. Initially published in 2002, the Agenda identifies CDC's highest priorities for key areas of injury prevention and control—those research issues that CDC must address to fulfill its public health responsibilities. Research areas include transportation; sports, recreation, and exercise; youth violence; suicidal behavior; intimate partner violence, sexual violence, and child maltreatment; and acute care, disability, and rehabilitation. The *Agenda* was developed with extensive input from national nonprofit organizations, CDC's academic research centers, and other federal agencies with a stake in injury prevention.

In 2003, the Injury Center identified gaps in the area of acute injury care and updated the *Agenda* to clearly state CDC's highest priorities for acute care research. By defining research needs, CDC expects to maximize efficient and effective use of resources and encourage collaboration among researchers and practitioners.



### **CDC School Health Index**

The *School Health Index (SHI) Self-Assessment & Planning Guides* are self-assessment and planning tools that elementary and middle/high schools can use to improve health and safety policies and programs. CDC developed these guides in partnership with parents, school health experts, school administrators and staff, and national nongovernmental health and education agencies. Each *SHI* is structured around CDC's research-based guidelines for school health programs, which identify the policies and practices most likely to be effective in improving youth health risk behaviors.

### **CDCynergy: Violence Prevention Edition**

CDCynergy is a multimedia CD-ROM used for planning, managing, and evaluating public health communication programs tailored to the specific needs of an issue or audience. This edition of CDCynergy is ideal for those interested in developing prevention programs about child abuse, intimate partner violence, sexual violence, and youth violence. Included on the CD-ROM are guidelines on how to conduct focus groups; case examples of how other organizations have planned, implemented, and evaluated violence-prevention campaigns; and examples of existing media campaign materials (radio and television PSAs, posters, brochures) from across the violence prevention spectrum.

### **Central Nervous System Injury Surveillance Data Submission Standards**

This publication guides users in collecting, formatting, evaluating, and submitting data to CDC. It updates sections from the *2001 Annual Data Submission Standards Central Nervous System Injury, Guidelines for the Surveillance of Central Nervous System Injury* (published in 1995); sections from the 1999 TBI Surveillance

Grantees' Meeting; and parts of the 1999 Technical Reference Document related to data processing and submission.

### **Costs of Intimate Partner Violence Against Women in the United States**

Recognizing the need to better measure both the scope of the problem of intimate partner violence (IPV) and resulting economic costs—in particular, those related to health care—Congress funded CDC to obtain national estimates of the occurrence of IPV-related injuries, to estimate the cost to our health care system, and to recommend strategies to prevent IPV and its consequences. The publication includes estimates of incidence, prevalence, and costs of nonfatal and fatal IPV; identifies future research needs; and highlights CDC's research priorities for IPV prevention.

### **Heads Up: Brain Injury in Your Practice Tool Kit**

At least 1.4 million people sustain traumatic brain injuries in this country every year. Of them, about 1.1 million, or 75%, sustain a mild traumatic brain injury (MTBI). Yet, many are not hospitalized or receive no medical care. CDC, working with a number of partners, has developed a physician tool kit to improve clinical diagnosis and management of MTBI. Physicians can play a key role in reducing the occurrence of MTBI by educating patients and the community about risks and injury prevention.

### **Heads Up: Concussion in High School Sports Tool Kit**

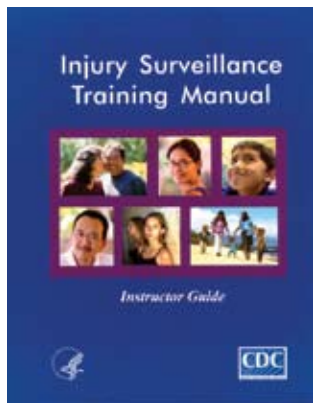
Concussions can happen to any athlete, male or female, in any sport. An estimated 1.6 to 3.8 million Americans sustain sports- and recreation-related traumatic brain injuries every year. Athletic directors, trainers, and coaches can learn to recognize, help prevent,



and manage concussion properly when it occurs. Working with a number of notable partner organizations, CDC developed a tool kit on concussion for high school coaches, athletes, and parents. The kit contains a video featuring a young athlete disabled by concussion; practical, easy-to-use information for coaches; posters; facts sheets for parents and athletes in English and Spanish; and a CD-ROM with downloadable kit materials and additional concussion-related resources.

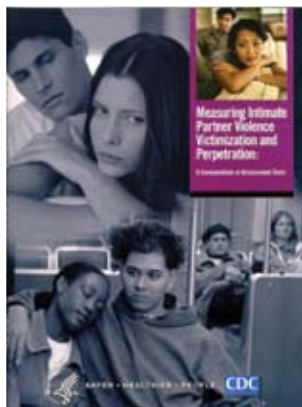
### **Información Acerca de la Lesión Cerebral Leve**

*Facts About Concussion and Brain Injury: Where to Get Help* is now translated for the Spanish-speaking population. This 18-page brochure is written for Spanish-speaking people with brain injuries and for the family members or caregivers of these individuals. The brochure provides information about brain injury, symptoms of brain injury, tips for healing, and resources. The brochure also highlights a Spanish-speaking helpline, managed by the Brain Injury Association of America, where individuals can access more information and resources. Members of the Latino community, comprised of varied ethnic origins and backgrounds, were involved in the development, design, and translation of this brochure.



### **Injury Surveillance Training Manual**

The *Injury Surveillance Training Manual* is designed primarily for professionals who develop or operate surveillance systems and conduct prevention activities in less-resourced countries. It describes the steps needed to establish and maintain an injury surveillance system; provides information on designing and monitoring prevention activities; and offers guidance for making informed decisions about injury prevention. The curriculum emphasizes basic epidemiological skills needed to conduct surveillance and prevention activities; participation by different sectors and institutions in injury prevention efforts; and injury surveillance and prevention activities at the local level. The manual is available on CD-ROM in English and Spanish; the CD-ROM includes Instructor and Participant Guides, PowerPoint presentations for each session, and data for session exercises.



### **Measuring Intimate Partner Violence Victimization and Perpetration: A Compendium of Assessment Tools**

CDC's *Measuring Intimate Partner Violence Victimization and Perpetration: A Compendium of Assessment Tools* will provide researchers and prevention specialists with a set of assessment tools that have already demonstrated reliability and validity for measuring the self-reported incidence and prevalence of intimate partner violence and perpetration. Though the compendium will include more than 20 scales, it is not intended to be an exhaustive listing of available measures. The information will help researchers and practitioners make informed decisions when choosing scales to use in their work. The compendium will be available in late 2006.

### **Measuring Violence-related Attitudes, Behaviors, and Influences Among Youths: A Compendium of Assessment Tools**

CDC has revised and updated *Measuring Violence-related Attitudes, Behaviors, and Influences Among Youths: A Compendium of Assessment Tools*. The compendium provides researchers and prevention specialists with measures to assess the factors associated with youth violence and to evaluate prevention programs.



### **National Online Resource Center on Violence Against Women (VAWnet)**

The National Online Resource Center on Violence Against Women (VAWnet) supports the development, implementation, and maintenance of effective violence against women intervention and prevention efforts at national, state, and local levels. VAWnet provides a collection of full-text, searchable electronic resources on domestic violence, sexual violence, and issues related to state domestic violence and sexual assault coalitions, allied organizations, and the general public. It provides useful links; monitors news coverage of violence against women issues; offers calendars of trainings, conferences, and grant deadlines; and presents information about Domestic Violence Awareness Month (DVAM) and Sexual Assault Awareness Month (SAAM). For more information, visit [www.vawnet.org](http://www.vawnet.org).

**National Sexual Violence Resource Center**  
**1-877-739-3895 (toll-free)**

This resource center provides comprehensive information about sexual violence and emerging policy on sexual violence and prevention. It also provides technical assistance to sexual assault programs, state and local organizations, community volunteers, and the media. The resource center plays an important role in compiling, synthesizing, and distributing research and evaluation findings. For more information, access the center's website at [www.nsvrc.org](http://www.nsvrc.org).

**National Youth Violence Prevention Resource Center**  
**1-866-SAFEYOUTH (toll-free)**

People interested in learning more about preventing youth violence and suicide can start with this resource center that combines information gathered from institutions, community-based organizations, and federal agencies. Its website, toll-free hotline, and fax-on-demand service offer access to prevention program information, publications, research and statistics, and fact sheets. Separate portals exist for parents, teens, and researchers. To view the website, go to [www.safeyouth.org](http://www.safeyouth.org).

**Poison emergency hotline**  
**1-800-222-1222 (toll-free)**

This nationwide toll-free poison hotline automatically connects callers to their local poison centers. Calls are routed by the area code and exchange of the caller's phone number. The helpline is available 24 hours a day, 7 days a week, and is staffed by poison experts such as nurses, pharmacists, and doctors. In most cases, a poison exposure problem can be resolved over the phone with the advice from the poison center specialist. If hands-on medical treatment is necessary, the poison center will call an ambulance and give treatment advice to the emergency care providers. Poison

experts responding to hotline calls help prevent poisonings by answering a wide range of questions about drug interactions, household dangers, and insect bites.

**Preventing Violence Against Women: Program Activities Guide**

About 1.5 million women are raped or physically assaulted by an intimate partner each year. This guide describes CDC's public health activities and research to prevent violence against women. It outlines five categories of activities which are key to CDC's prevention work: tracking the problem, developing and evaluating prevention strategies, supporting and enhancing prevention programs, providing prevention resources, and encouraging research and development.

**Preventing Violence Through Education, Networking and Technical Assistance**

PREVENT is a national training program for violence prevention practitioners that helps individuals and organizations build skills in identifying community needs and assets, create and mobilize partnerships, develop and implement prevention programs, measure success, and fund and sustain programs. Varied educational methods are used, including distance-learning modules, regional workshops, an intensive institute, action learning projects, and coaching. For information about PREVENT, visit [www.prevent.unc.edu](http://www.prevent.unc.edu).

**Prevention Connection: The Violence Against Women Prevention Partnership**

Prevention Connection features a Listserv and bimonthly Web-based forums designed to build the capacity of local, state, national, and tribal agencies and organizations to develop, implement, and evaluate effective violence against women prevention initiatives. The Prevent-Connect Listserv provides a vehicle for ongoing

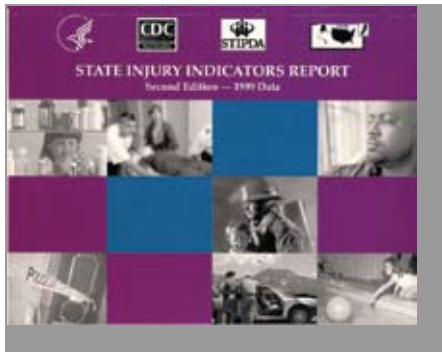
analysis and discussion of domestic and sexual violence prevention efforts. The forums feature a variety of prevention experts exploring prevention approaches and comprehensive solutions to domestic and sexual violence. Prevention Connection is a project of the California Coalition Against Sexual Assault. For more information, visit [www.calcasa.org](http://www.calcasa.org).

**Report to Congress on Mild Traumatic Brain Injury in the United States: Steps to Prevent a Serious Public Health Problem**

CDC formed the Mild Traumatic Brain Injury (MTBI) Work Group, comprised of experts in the field of brain injury, to determine appropriate and feasible methods for assessing the incidence and prevalence of MTBI in the United States. After numerous discussions and thorough review of the scientific literature, the work group reported their findings and recommendations. Their report describes the public health significance of MTBI and recommends how to better measure the magnitude of the problem in this country.

**Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements**

Sexual violence is a significant public health problem in the United States. Measuring the problem can be difficult because of inconsistencies in terminology and data elements for sexual violence. Without consistency, trends cannot be monitored or tracked to determine the extent of the problem. To address this issue, CDC's Injury Center consulted with researchers and practitioners to develop these recommendations for standardizing definitions and data elements for sexual violence surveillance. Policy makers, researchers, public health practitioners, victim advocates, service providers, media professionals, and others interested in better quality and timely incidence and prevalence estimates will find this publication useful.



### State Injury Indicators Report, 2nd Edition—1999 Data

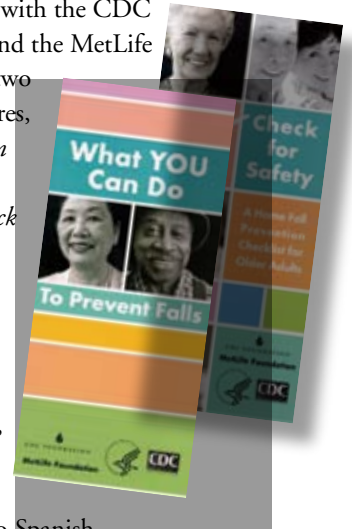
CDC's Injury Center, the Council of State and Territorial Epidemiologists, and the State and Territorial Injury Prevention Directors Association have published the second edition of the *State Injury Indicators Report (SIIR)* with 1999 data. The *SIIR* compiles injury data voluntarily collected by 26 state health departments. It consolidates data from hospital records, death certificates, and several national surveillance systems to provide the rates of various injuries (such as traumatic brain injuries, fire and burn injuries, and suicide) and related factors (such as seat belt and smoke alarm use). Findings are also categorized by sex and age. *SIIR* findings can help states determine priorities for their injury prevention programs and identify prevention needs. These surveillance data can also be used to evaluate the effectiveness of program activities and to identify problems needing further investigation.

### State Injury Profiles

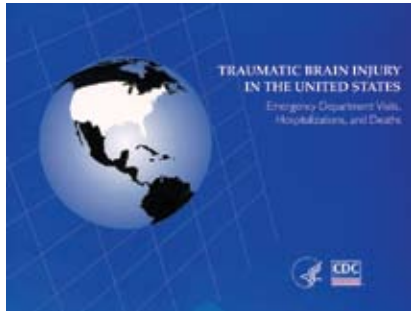
Gathering and sharing reliable data about the broad range of public health problems are among the many ways CDC protects the safety and health of Americans. Through maps and graphs, each *Profile* shows how a state compares with others in the nation, how its mortality rates compare with the United States as a whole, and what injury problems are most pressing. Each *Profile* shows a state's death rates from falls, poisoning, drowning, suffocation, fires and burns, suicide, homicide, traumatic brain injury, and injuries related to firearms. The ten leading causes of death in the United States are shown for each state along with county-by-county maps showing locations with higher death rates for each type of injury. The *Profiles* include links to state and local health departments and descriptions of CDC-sponsored injury prevention programs and research activities in each state.

### Tools to prevent older adult falls

For millions of older Americans, falls are a serious health threat. In the United States, 1 in 3 adults ages 65 or older will fall each year. Among older adults, falls are the leading cause of injury deaths and the most common cause of injuries and hospital admissions for trauma. CDC has released new educational materials to help older adults prevent falls. Through a partnership with the CDC Foundation and the MetLife Foundation, two CDC brochures, *What You Can Do to Prevent Falls* and *Check for Safety: A Home Fall Prevention Checklist for Older Adults*, were updated, redesigned, and translated into Spanish and Chinese.



- *What You Can Do to Prevent Falls* focuses on four key messages that research shows are effective in preventing falls: begin a regular exercise program; have your health care provider review your medicines; have your vision checked; and make your home safer. Posters that promote these four fall prevention activities were created and are available in English, Spanish, and Chinese.
- *Check for Safety: A Home Fall Prevention Checklist for Older Adults* helps people identify possible fall hazards and suggests solutions. The brochure uses a question and answer format to guide people through each room of their home.



**Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations, and Deaths**

This report addresses the incidence and prevalence of traumatic brain injury (TBI) in all age groups in the general population of the United States, providing detailed information about TBI-related deaths, hospitalizations, and emergency department visits from 1995 through 2001. These data address the number of TBIs occurring each year, who is affected, and how TBIs occur.

**Traumatic Brain Injury in the United States: The Future of Registries and Data Systems**

In response to the Children’s Health Act of 2000, CDC convened an expert panel to discuss the future of TBI registries and data systems, providing guidance for CDC to develop a national program. This report summarizes the expert panel’s recommendations for funding states to collect, analyze, and report TBI surveillance data; using existing national data sets to estimate the impact of TBI; and enhancing systems to identify and contact people with TBI, linking them with needed services. This report will help policy makers, researchers, advocates, public health professionals, and health



department officials further the development of systems to collect data about people with TBI.

**Using Evidence-based Parenting Programs to Advance CDC Efforts in Child Maltreatment Prevention—Research Brief 2004**

This brief summarizes several CDC prevention initiatives aimed at encouraging and promoting positive parent-child interactions. By acquiring positive parenting skills, parents and caregivers can better manage children’s behavior and prevent violence before it occurs. The initiatives resulted from extensive strategic planning and consultation with child maltreatment prevention experts.



**WISQARS**  
[www.cdc.gov/ncipc/wisqars](http://www.cdc.gov/ncipc/wisqars)

WISQARS (pronounced “whiskers”), the Web-based Injury Statistics Query and Reporting System, is an interactive database of injury morbidity and mortality data. Created by CDC’s Injury Center, WISQARS offers prompt, customized reports about both unintentional and violent injuries, including leading causes of death reports, leading causes of nonfatal injury reports, and years of potential life lost reports. Data are updated each year in the fall. Tutorials, frequently asked questions, and a help file ensure that users obtain the data they need.



**World Report on Road Traffic Injury Prevention**

To raise awareness that road traffic injuries kill more than one million people and injure tens of millions more every year, on World Health Day 2004, the World Health Organization (WHO) and the World Bank released the *World Report on Road Traffic Injury Prevention*. CDC’s Injury Center staff collaborated with WHO to produce the *World Report*. More than 30,000 copies were distributed; it was translated into nine languages; and shortly after its release, a Congressional Caucus on global road safety was launched. In 2004, the *World Report* won the United Kingdom’s coveted HRH Prince Michael (of Kent) Premier International Road Safety Award.



## Websites

### **CDC's Injury Center website: [www.cdc.gov/injury](http://www.cdc.gov/injury)**

CDC's website offers powerful data tools and quality information critical to injury and violence prevention and control efforts. In addition to WISQARS and Injury Maps (see Data Sharing, page 18), the website's offerings include:

- **E-mail list:** CDC's Injury Center reaches out to partners through its announcement e-mail list. Subscribers are notified of funding announcements and career opportunities. To stay informed, subscribe online at [www.cdc.gov/ncipc/email\\_list.htm](http://www.cdc.gov/ncipc/email_list.htm).
- **Fact sheets and topics:** The Injury Center regularly updates and expands fact sheets and topic information highlighting relevant statistics, descriptions of related CDC activities, prevention tips, and resources.
- **Programs and projects:** Highlighting grantee accomplishments, this section summarizes and profiles CDC-funded injury and violence programs and projects. Profiles feature grantee contact information, goals, and achievements (injury-related research, publications, and conferences).
- **Publications:** CDC's Injury Center offers a variety of publications about injury and violence prevention for public health and safety professionals, clinicians, and the public. The publications are available for online viewing or downloading, and many are available for ordering in hard copy.

The websites listed below can be found in the *CDC Injury Fact Book*. For more valuable links that address injury and violence prevention, please visit CDC's Injury Center online.

#### **Academic Centers of Excellence**

[www.cdc.gov/ncipc/res-opp/ACE/ace.htm](http://www.cdc.gov/ncipc/res-opp/ACE/ace.htm)

#### **American Association of Poison Control Centers**

[www.aapcc.org](http://www.aapcc.org)

#### **American Red Cross "Preparedness Today"**

[www.redcross.org/preparedness/cdc\\_english/CDC.asp](http://www.redcross.org/preparedness/cdc_english/CDC.asp)

#### **American Trauma Society (Trauma Information and Exchange Program, TIEP)**

[www.amtrauma.org](http://www.amtrauma.org)

#### **Brain Injury Association of America**

[www.biausa.org](http://www.biausa.org)

#### **California Coalition Against Sexual Assault (Prevention Connection project)**

[www.calcasa.org](http://www.calcasa.org)

#### **CDC Emergency Preparedness and Response**

[www.bt.cdc.gov](http://www.bt.cdc.gov)

#### **CDC Healthy Youth (School Health Index, School Health Policies and Programs Study, and other resources)**

[www.cdc.gov/HealthyYouth](http://www.cdc.gov/HealthyYouth)

#### **CDC Injury Center Extramural Research Projects and Grants**

[www.cdc.gov/ncipc/res-opp/extra.htm](http://www.cdc.gov/ncipc/res-opp/extra.htm)

#### **Guide to Community Preventive Services**

[www.thecommunityguide.org](http://www.thecommunityguide.org)

#### **Morbidity and Mortality Weekly Report (includes other publications and state health statistics)**

[www.cdc.gov/mmwr](http://www.cdc.gov/mmwr)

#### **National Council on Aging: Center for Healthy Aging ("Falls Free" initiative)**

[www.healthyagingprograms.org](http://www.healthyagingprograms.org)

#### **National Highway Traffic Safety Administration**

[www.nhtsa.dot.gov](http://www.nhtsa.dot.gov)

#### **National Institute of Standards and Technology: Fire Research (home smoke alarm tests)**

<http://smokealarm.nist.gov>

#### **National Sexual Violence Resource Center**

[www.nsvrc.org](http://www.nsvrc.org)

#### **National Youth Violence Prevention Resource Center**

[www.safeyouth.org](http://www.safeyouth.org)

#### **PREVENT (Preventing Violence through Education, Networking and Technical Assistance)**

[www.prevent.unc.edu](http://www.prevent.unc.edu)

#### **Prevent Child Abuse America**

[www.preventchildabuse.org](http://www.preventchildabuse.org)

#### **Society for Advancement of Violence and Injury Research**

[www.savirweb.org](http://www.savirweb.org)

#### **Violence Against Women (national resources)**

[www.vawnet.org](http://www.vawnet.org)

# Toll-free Phone Numbers

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These toll-free numbers are provided in the *CDC Injury Fact Book* and are just a few of the many resources available on the Injury Center's website.

**American Association of Poison Control Centers**  
1-800-222-1222

**Brain Injury Association of America Family Helpline**  
1-800-444-6443

**National Child Abuse Hotline**  
1-800-4-A-CHILD  
(1-800-422-4453)

**National Domestic Violence Hotline**  
1-800-799-SAFE  
(1-800-799-7233)

**National Sexual Violence Resource Center**  
1-877-739-3895

**National Suicide Hotline**  
1-800-SUICIDE  
(1-800-784-2433)

**National Youth Violence Prevention Resource Center**  
1-866-SAFEYOUTH  
(1-866-723-3968)

**Poison Emergency Hotline**  
1-800-222-1222

**Rape, Abuse, and Incest National Network (RAINN) Hotline**  
1-800-656-HOPE  
(1-800-656-4673)

**CDC-INFO** is CDC's toll-free public information contact center. CDC-INFO call center representatives are available 24 hours a day, 7 days a week, and answer public inquiries in English and Spanish. This center allows CDC to quickly provide information to health professionals, the public, and others. Please contact CDC-INFO for your public health information needs.

**CDC-INFO Contact Center**  
1-800-CDC-INFO (1-800-232-4636)  
E-mail: [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)  
Website: [www.cdc.gov](http://www.cdc.gov)



# **CDC Health Protection Goals**

## **Healthy People in Every Stage of Life**

All people, and especially those at greater risk of health disparities, will achieve their optimal lifespan with the best possible quality of health in every stage of life.

## **Healthy People in Healthy Places**

The places where people live, work, learn, and play will protect and promote their health and safety, especially those at greater risk of health disparities.

## **People Prepared for Emerging Health Threats**

People in all communities will be protected from infectious, occupational, environmental, and terrorist threats.

## **Healthy People in a Healthy World**

People around the world will live safer, healthier and longer lives through health promotion, health protection, and health diplomacy.