

Injury Center Connection

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New Study and Resources Highlight Teen Driving Data, Risks, and Steps for Prevention

Learning to drive is often considered a rite of passage for teenagers. However, the reward of being a new driver comes with real risk. Car crashes are the leading cause of death for teens in the United States, taking the lives of eight teens each day. CDC's Injury Center is committed to preventing these crashes and related injuries and deaths. During National Teen Driver Safety Week (October 17-23), the Injury Center is focusing new resources to call attention to teen driver safety and to proven steps for saving young lives.

CDC published a new MMWR entitled, *Drivers aged 16 or 17 years involved in fatal crashes--United States, 2004-2008*. It shows that the annual number of 16 and 17 year-old drivers involved in fatal crashes decreased by 36 percent from 2004-2008. The study states that graduated driver licensing (GDL) laws, or teen driving laws, exist in 49 states can be credited at least in part for the reduction in death rates. These laws limit high risk conditions for newly-licensed drivers, such as driving at night and transporting other teen passengers.

Because one out of every three teen deaths is the result of a motor vehicle crash, further strategies are essential for reducing teen crashes and related injuries. CDC's new "Parents Are the Key" campaign and "Policy Impact: Teen Driver Safety" issue brief can help parents, policymakers, and others take steps to save more young lives.

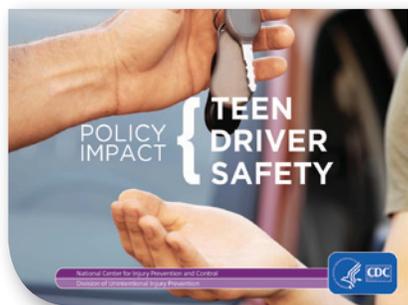
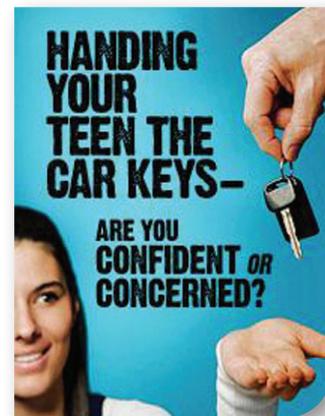
Parents Are the Key

CDC developed the "Parents Are the Key" campaign to help inform parents across the nation about the key role they can—and should—play in protecting their teen drivers' safety. Campaign tools and resources have been provided to help parents learn about the most dangerous driving situations and how their young driver can avoid them.

They include:

- [posters and fact sheets](#),
- [links to state-based teen driving laws](#),
- CDC TV Video: "[Parents are the Key to Safe Teen Drivers](#),"
- [a parent-teen safe driving agreement](#),
- Parents are the Key [Facebook page](#), and
- [social media items](#)—such as badges and buttons, a podcast, and e-cards.

All materials are available online, free of charge.



Policy Impact: Teen Driver Safety

"Policy Impact: Teen Driver Safety" is the first in a series of issue briefs highlighting key public health issues and important, science-based policy actions. It is written in a simple, at-a-glance format, features critical information about the tremendous toll that crashes take among teen drivers and offers CDC's recommendations for improving new driver safety. Highlights include information about leading causes of teen crashes and guidance about graduated driver licensing systems.

By making these new resources available, CDC aims to provide parents, policymakers, and others with proven information about how to help teen drivers live to their full potential.



Congressional Update

Since May 2010, CDC's Injury Center has briefed Congressman Jim Moran (D-VA), staff from Senator Kay Hagan's (D-NC) office, the House Education and Labor Committee, and the House Energy and Commerce Committee. Briefing topics included motor vehicle-related injury prevention, unintentional childhood injuries, preventing brain injuries in youth sports and unintentional drug overdose.



On Wednesday, September 8, the House Energy & Commerce Health Subcommittee in New Jersey held a hearing, where Dr. Vik Kapil, associate director for science in the Division of Injury Response, Injury Center, testified for CDC as the only federal witness. A second panel of public witnesses also testified. The Subcommittee Chairman, Frank Pallone (D-NJ) led the hearing, which focused on concussions among youth resulting from school sports. The hearing specifically addressed Representative Bill Pascrell's (D-NJ) *Concussion Treatment and Care Tools Act (conTACT Act)*. As a result of this hearing, a bill was proposed that would require CDC to establish and implement student concussion management guidelines.

Policy in Action

Health Reform and Injury and Violence Prevention at the State Level

When President Barack Obama signed the Patient Protection and Affordable Care Act (PPACA) into law on March 23, 2010, the public health community was excited about its potential impact. The law includes many health-related provisions that would take effect during the next four years, including:

- expanding Medicaid eligibility,
- subsidizing insurance premiums,
- providing incentives for businesses to provide health care benefits,
- prohibiting denial of coverage/claims based on pre-existing conditions, and
- establishing health insurance exchanges, and support for public health prevention efforts.

At the state level, PPACA created substantial prevention programs that will greatly affect injury and violence prevention efforts. For example, the Maternal and Child Health Block Grant for evidence-based home visitation programs funded and mandated the Health Resources and Services Administration (HRSA) and Administration for Children and Families (ACF). In addition, CDC received funding to create both

2011 Appropriations

On July 29, the Senate Appropriations Committee held its full committee markup of the FY 2011 spending bill for Labor, Health and Human Services. The Senate markup for CDC was \$6.9 billion. The Senate recommendation for CDC's Injury Center was \$147.7 million, slightly below the FY 2010 appropriation. Totals for the Injury Center included increases of \$1 million for traumatic brain injury and of \$1.5 million for the National Violent Death Reporting System. The Senate committee also reduced the Injury Center's overall budget for administrative costs as proposed in the FY 2011 President's Budget.

On July 15, the House Labor, Health and Human Services Education Appropriations Subcommittee approved its draft FY 2011 appropriations bill, which includes \$6.782 billion for CDC's base (+\$32 million over FY 2010), plus \$594 million from the Prevention and Public Health Fund. Because the text of the report has not yet been released, House recommendations for the Injury Center are unclear. While the appropriation has passed the full Senate committee, the full House Appropriations Committee has not yet voted on their version of the bill.

Tell us what you think...
We welcome your feedback about
the Injury Center Connection.

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

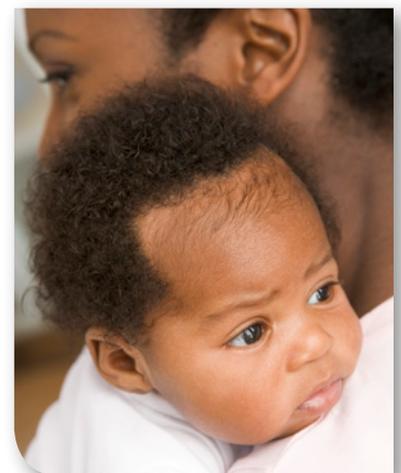
Community Transformation Grants and Healthy Aging Living Well Grants. The transformation grant was provided to support community prevention interventions that can be focused on injury and violence prevention, and the healthy aging grant was offered to health departments for screening services, community interventions, and for referrals to 55—64 year olds to focus on falls and other older adult injury prevention issues.

Spotlight on Home Visitation in the Patient Protection and Affordable Care Act

In early childhood home visitation programs, trained personnel visit parents and children at home during the child's first two years of life and provide information, support, and training about child health, development, and care. These programs have been an effective strategy for reducing rates of child abuse and neglect, particularly for disadvantaged populations.

The PPACA will provide a total of \$1.5 billion for the Maternal, Infant, and Early Childhood Home Visiting Program during the next five years.

Forty-nine states, the District of Columbia, and five territories applied for and were awarded funding under this program, demonstrating the broad support for these efforts. The primary purpose of the funding is to strengthen and improve the programs and activities carried out under Title V of the Social Security Act,



to improve coordination of services for at risk communities, and to identify and provide comprehensive services to improve outcomes for families who reside in at risk communities.

Each governor designated their state entity to apply for and administer home visiting program funds. The state's portion of these funds is allocated by a formula based on the number of young children in families at or below 100% of the federal poverty level in the state compared to the number of such children nationally. Five hundred thousand of the federal funds provided to the states and jurisdictions are immediately available to support their needs and resource assessments and to begin program planning. The remainder of the grant funds will be released after the state or jurisdiction completes its needs assessment and, based on that needs assessment, submits an approved plan for addressing the home visiting needs they have identified.

HRSA is by law the agency responsible for this program. However, also by law, in spirit, and in practice, HRSA and Administration for Children and Families (ACF) are collaborating on all aspects of implementation, including developing policy and program guidance, technical assistance and monitoring, and research and evaluation. HRSA is the administering agency for the state grants and ACF is the administering agency for the tribal grants. Since last Fall HHS has been convening interagency workgroups with government agencies (including CDC, SAMHSA, the IHS, the Department of Education, and others) to ensure that this program is coordinated with others serving young children and vulnerable communities. Injury Center staff have been active members of these workgroups and have served as consultants to HRSA/ACF to roll out this important program.

For more information, see pages 216—225 of the Patient Protection and Affordable Care Act. Visit http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h3590enr.txt.pdf

Partnership Matters

Public Health and Transportation Partner Meeting

On May 6, 2010 in Washington DC, the American Public Health Association (APHA) and CDC sponsored a meeting of public health stakeholders interested in transportation and public health issues. The meeting titled, *Public Health and Transportation Policy: Moving Forward*, was held to continue the momentum created by an initial transportation and public health partnership meeting held in 2009. CDC's Injury Center, National Center for Environmental Health, and National Center for Chronic Disease Prevention and Health Promotion provided input for the meeting, ensuring that public health is at the table and included in transportation planning. Their collaboration led to developing and promoting [CDC's Transportation Policy Recommendations](#), which were released to the public in April 2010.

Diverse partners in attendance included:

- member organizations representing obesity prevention and physical activity promotion,
- clean air advocates,
- motor vehicle safety experts, and
- organizations representing violence prevention.

The conversation focused on creating strong national transportation policies that attend to the range of public health issues related to transportation. Since the meetings, APHA continues to facilitate interaction between the partner attendees through a virtual meeting space and monthly conference calls.

Prescription Drug Poisoning Epidemic Discussion

Unintentional drug poisoning is a serious public health problem. In 2007, more than 27,658 people in the United States died from unintentional poisoning—and most of these deaths were a result of drug poisoning. Currently, the United States is facing an epidemic of overdoses involving opioid analgesics, a class of drugs that includes prescription painkillers.

On August 17, 2010, CDC's Injury Center's Len Paulozzi, MD took part in a free conference call as a part of the Clinical Outreach and Communication Activity (COCA) to help educate clinicians nationwide about the growing problem of opioid misuse and abuse. In addition to Dr. Paulozzi, the hour-long call featured the University of Washington School of Medicine's David Tauben, MD. Dr. Paulozzi provided detailed information about current overdose data, trends, and risk factors. Dr. Tauben discussed the risks of opioid treatment and shared information about how to determine correct drug dosage, monitor the course of patients' therapy, and handle drug misuse. An [audio recording](#) of the call, the presenters' [slide show](#), and a full call [transcript](#) are now available online.

Strategy Meeting Held to Develop National Action Plan for Childhood Injury Prevention

The Injury Center's Division of Unintentional Injury Prevention (DUIP) conducted a meeting with key stakeholders and leaders working in their field on August 24-25, 2010.

The purpose of the meeting was to gain additional insight into goals and strategies that will be captured in a National Action Plan for preventing childhood unintentional injuries.

In addition, the participants discussed ways to strengthen the dissemination, adoption and implementation of the plan once it is developed. DUIP is currently thinking through the input received and will begin incorporating that feedback into the next draft of the document. The plan will be made available for public comment in 2011.



Partner Tools

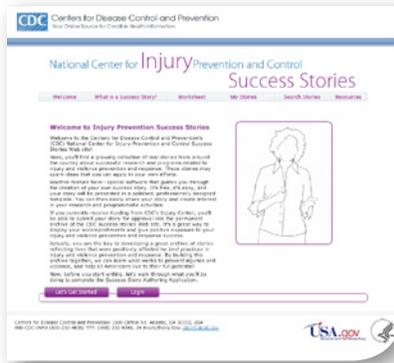
Announcing Injury Center's New Success Stories Portal

The Injury Center has developed a new Success Stories Portal, which is an online tool and growing collection of real stories. It is written by injury professionals like you, and includes stories from around the world describing successful strategies and activities in injury and violence prevention and response. The portal also provides helpful guidance and templates for developing a story, enabling users to create a polished, professionally designed final product. Anyone can use the portal to create a story; however, those from funded partners will be included in an archive that can be searched and shared.

Visit the portal today at www.cdc.gov/NCIPC-SuccessStory/ and write your own success story.

New Online Training Helps Coaches Add Concussion Awareness to their Pre-Game Checklist

CDC Injury Center's [Heads Up Online Training](#) is a free, online course available to coaches, parents, and others helping to keep athletes safe from concussion. It features interviews with leading experts and interactive exercises to help coaches recognize a concussion and know how to respond if he or she thinks their athlete might have one.



Coaches can help make their league and school sports safer and healthier for all athletes by learning when to make the call to pull an athlete off the field, ice, court, or track. The online course also describes how to work with athletes, parents, and league and school officials to implement a concussion action plan and prevention strategies.

Remember, if you think an athlete has a concussion:

- Do not assess it yourself,
- Take him/her out of play, and
- Seek the advice of a health care professional.

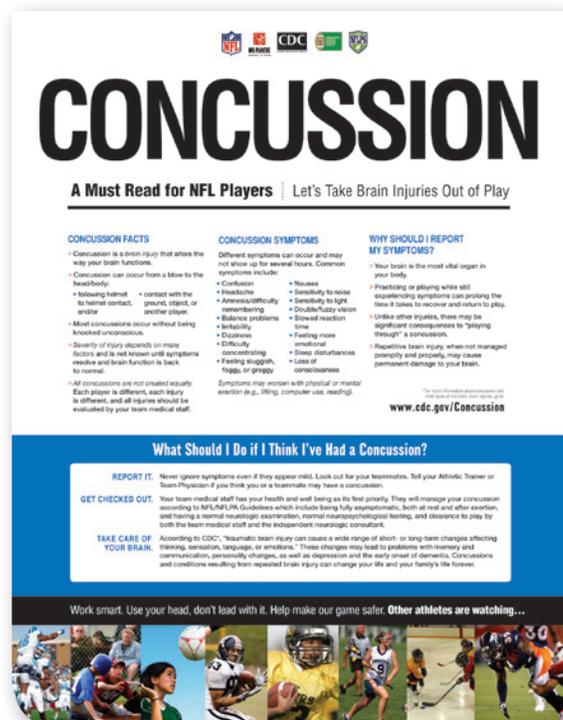
It's better to miss one game than the whole season.

Learn more about concussion: www.cdc.gov/Concussion.

Partnering to Help Take Concussions out of Play

This season, a new poster will be displayed in National Football League (NFL) locker rooms nationwide about concussions in sports. The poster was developed for NFL players and is the result of a joint effort between the NFL, NFL Players Association, CDC, Professional Football Athletic Trainers Society, and the NFL Physicians Society. The poster describes the importance of recognizing a concussion, taking time to recover, and not returning to play too soon. (Check out a similar poster specifically for youth athletes that was just released at www.cdc.gov/concussion/sports/nfl_poster.html.)

As the fall sports season is in full swing, CDC encourages you to take this opportunity to talk with your coaches, parents, athletes, and others about concussion in all sports and the steps to take to help prevent, recognize, and respond to this serious injury. By knowing the facts about concussion and when athletes can safely return to play, we can help athletes of all ages stay active and healthy. To download or order CDC's resources for youth, high school, and college coaches, parents, and athletes, go to: www.cdc.gov/Concussion.



Pre-Game Checklist

- ✓ Equipment
- ✓ Water
- ✓ Take **Heads Up: Concussion in Youth Sports Training**

Coaches will:

- Understand a concussion and the potential consequences of this injury,
- Recognize concussion signs and symptoms and how to respond,
- Learn about steps for returning to activity (play and school) after a concussion, and
- Focus on prevention and preparedness to help keep athletes safe season-to-season.

Grantee Corner



MENS Program to Prevent Teen Dating Violence

In Dane County, Wisconsin young men are the focus of a unique teen dating violence prevention initiative. Men Encouraging Non-Violent Strength (MENS) is a program for high school teens that explores attitudes and behaviors associated with dating violence. The goal of the program is to build capacity among participants to become peer leaders for healthy relationships, while challenging norms about what it means to be a strong man. Through a cooperative agreement with the Wisconsin Coalition Against Domestic Violence, CDC funds the Dane County [Domestic Violence Prevention Enhancement and Leadership Through Alliances \(DELTA\)](#) which coordinates the program. MENS clubs are led by professionals, mentors and past MENS participants who engage in discussions, host events, and take field trips. Program accomplishments include a video designed to share successes of the program, and an invitation to present their work at the statewide summit on teen dating violence. Since its inception in 2004, up to 100 Dane County youth join each semester in Dane County. The MENS program has been successful in educational settings and has expanded to include a local neighborhood center. In the future, Dane County Domestic Abuse Intervention Services and Dane County DELTA staff wish to finalize a new “choose your own adventure” MENS curriculum to aid this flexible initiative to fit into nearly any community in the county. The DELTA Program encourages the development of community-based comprehensive prevention strategies. Promoting respectful, nonviolent relationships can help teens reach their fullest potential.

“Injury Free Kids!” The New York State Child Injury Prevention Campaign

Every day in New York State (NYS), an average of two children will die, 50 will be hospitalized, and 1,342 will be seen in an emergency department due to an injury.

In 2008 and 2009, the World Health Organization and CDC’s Injury Center released reports detailing the problem of childhood unintentional injuries.

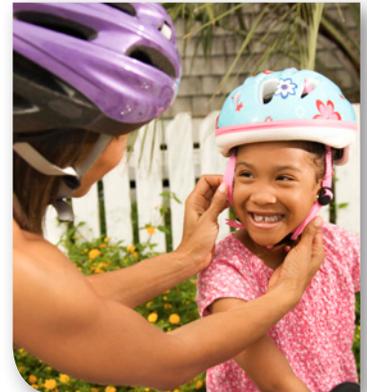
In response to this growing public health problem, the NYS Department of Health’s Bureau of Injury Prevention initiated the “Injury Free Kids” Campaign to strengthen the capacity of communities to conduct evidence-based and evidence-informed prevention programs.

The campaign began with the development of a series of age-specific fact sheets addressing 30 unintentional and intentional injury topics. The fact sheets were written in a question and answer format from a parent’s perspective and include a definition of “the problem” using NYS data, prevention strategies, and links to additional Web resources for

more information. A series of child injury prevention toolkits were also created to increase community awareness and to implement strategies for promoting bicycle safety, and for preventing falls, residential fires, and shaken baby syndrome.

A one-day symposium for community partners was held on March 31, 2010 to kick off the campaign and a follow-up training, entitled “Partnering for Policy: Preventing Childhood Injuries,” was held on June 30, 2010 to educate public health and safety professionals about effective strategies and tools for promoting child injury and violence prevention policies. The symposium featured presentations and interactive exercises to educate participants about the difference between education and lobbying, framing messages, and best practices for working with the media to advocate for policy change.

The Bureau of Injury Prevention is proud to announce that its new “Injury Free Kids” website is now available to the public at www.nyhealth.gov/prevention/injury_prevention/children/. It is user-friendly and allows parents and health practitioners to easily access the fact sheets, injury data, toolkits, and links to additional websites. Injury Center Core I and Core II supplemental grants provide funding for these projects.



New York State Booster Seat Law is Preventing Child Injuries

Motor vehicle crashes are the leading cause of death for children ages 3 years or older. Research has shown that children ages 4—6 years are at lower risk of death and injury if they are placed in booster seats compared to adult seat belts alone. In response, many states have laws requiring appropriate child restraints, such as those for booster seats, for children who no longer properly fit into forward-facing child safety seats.

The New York State Department of Health’s Bureau of Injury Prevention recently conducted a study illustrating that a state booster seat law can significantly reduce traffic injury rates. This is the first study comparing traffic injury rates for booster seat-aged children before and after implementing the booster seat law in New York.

The study was published in [Pediatrics](#) and was funded by the Centers for Disease Control and Prevention, the National Highway Traffic Safety Administration, and the New York Governor’s Traffic Safety Committee.

Researchers compared traffic injury rates for booster seat-aged children before and after implementing of New York State’s 2005 law requiring them. They found that the injury rate for motor vehicle crashes decreased by 18 percent for children 4—6 years of age after the state law was implemented. In contrast, a comparison group of 0—3-year-old children, who were not directly affected by the law, did not experience an appreciable change in traffic injury rates. The decrease in child injuries was primarily attributed to a 72 percent increase in the use of child restraints as required by the New York State law.

Injury Center Award Recipients

Text4Baby Honored with HHSinnovates Award!

Jane Mitchko, deputy director in the Health Communication Science Office, Office of the Director, represented the Injury Center on a cross-agency workgroup focusing on “text4baby.” The workgroup contributed to the creation of its content, partnership development, and marketing and evaluation.

Text4baby is a free mobile education service that delivers timely health information during pregnancy and through the baby’s first year, via text messaging personalized to a pregnant woman’s due date or baby’s date of birth. Since its launch in February of this year, more than 64,000 persons have signed up for the program, at least three and a half million messages have been sent, and about 300 outreach partners, including national, state, business, academic, non-profit, and other groups, have signed on to promote the service. See text4baby and other HHSinnovates picks at www.hhs.gov/open/innovate/index.html



Pictured from left to right Kelly Sarmiento, Sandra Alexander, Jane Mitchko, Michele Huitric, and Shelley Hammond.

Thanks also go out to the following Injury Center staff who provided many injury and violence prevention messages that are now sent to women around the country and in Russia:

Kelly Sarmiento

health communication lead, Division of Injury Response

Sandra Alexander

subject matter expert for child maltreatment prevention, Division of Violence Prevention

Michele Huitric

health communication lead, Division of Unintentional Injury Prevention

Shelley Hammond

health communication specialist, Division of Unintentional Injury Prevention

Jeff Hall, HHSinnovates Finalist

Jeff Hall, PhD, MSPH, behavioral scientist in the CDC Injury Center’s Etiology and Surveillance Branch of the Division of Violence Prevention, was one of six finalists for the HHSinnovates award for Explorative Innovations as a cross-agency member of the CDC Aging and Health Work Group. The work group received an

Honorable Mention at the ceremony hosted by the Department of Health and Human Services. The team was nominated for the CDC Course on Public Health and Aging: “Improving Older Adult Health – Opportunities and Resources for CDC Professionals.” This course was developed to equip public health colleagues with the necessary skills and knowledge to promote and improve older adult health.



CDC Injury Center Health Impact Awards

CDC’s Injury Center is accepting nominations for its Injury Prevention and Control Health Impact Awards. These awards were established to promote best practices/success stories, and to demonstrate CDC’s commitment to achieving the greatest impact on health. Awards will be given in three categories:

- (1) to an organization that helps further the field of injury prevention through its communication, collaboration, and/or programmatic efforts at the national and international levels,
- (2) to an organization that helps further the field of injury prevention through its communication, collaboration, and/or programmatic efforts at the state or local level, and
- (3) to a researcher or public health program demonstrating a significant impact on health.

To request nomination forms or to submit a nomination, please e-mail NCIPCHIA@cdc.gov. The nomination process ends Monday, November 15, 2010!

Injury Center Colleague of the Month Award Recipients

Holly Billie

injury prevention specialist, Division of Unintentional Injury Prevention – July

Kevin Webb

computer programming team lead, Office of Statistics and Programming – August

Valerie Daniel

health communication specialist, Health Communication Science Office – September

Beverly Fortson

behavioral scientist, Division of Violence Prevention – October

Elizabeth Zurick

health policy lead, Office of Policy, Planning, and Evaluation – November

Recent Injury Center Publications

Examining modifiable health behaviors, bodyweight, and use of preventive health services among caregivers and non-caregivers aged 65 years and older in Hawaii, Kansas and Washington using 2007 BRFSS

This article by Lisa McGuire, PhD, team leader, Division of Injury Response was published in the [Journal of Nutrition, Health & Aging](#) (May 2010 issue). It examines the associations among health behaviors, healthy body weight, and use of preventive services of adults 65 years and older using the 2007 Behavioral Risk Factor Surveillance System (BRFSS) as a function of care giving status. Participants residing in the states of Hawaii, Kansas and Washington completed questions about care giving. The groups did not differ significantly on the modifiable health behaviors of fruit and vegetable consumption, or smoking status, alcohol consumption, on having a healthy weight. Older adults who are caregivers are more likely than other older adults to meet government recommendations for physical activity; however they have similar patterns of engaging in other health behaviors, including healthy eating and using preventive services.

It Wouldn't Hurt to Walk: Promotion Pedestrian Injury Research

This article by David Sleet, PhD, associate director for science, Division of Unintentional Injury Prevention was published in [Injury Prevention](#) (June 2010 issue). It describes how CDC and the Society for Advancement of Violence and Injury Research (SAVIR) have been working together to identify strategies to promote the research agenda of pedestrian safety and to identify resources to help fund the research priorities. Pedestrian safety was identified as a priority area because pedestrians are a vulnerable population. The burden of pedestrian injuries is large (40,000 pedestrians killed in the United States since 2000) and there is a need to develop and implement effective interventions. Investments in livable environments and community safety can be coordinated to maximize potential research applications that impact pedestrian safety.

Incidence and Total Lifetime Costs of Motor-Vehicle-Related Fatal and Nonfatal Injury by Road User Type, United States, 2005

This study by epidemiologists Rebecca Naumann, MSPH, and Ann Dellinger, PhD, both in the Division of Unintentional Injury Prevention was published in [Traffic Injury Prevention](#) (August 2010 issue). It examines the cost of medical care and productivity losses associated with injuries from motor vehicle crashes. In a one-year period, the cost of both medical care and productivity losses exceeded \$99 billion—the cost of direct medical care accounted for \$17 billion. The total annual cost is nearly \$500 for each licensed driver in the United States. The one-year costs of fatal and non-fatal crash-related injuries totaled \$70 billion (71 percent of total costs) for people riding in motor vehicles, such as cars and light trucks, \$12 billion for motorcyclists, \$10 billion for pedestrians, and \$5 billion for bicyclists.

Screening and Brief Intervention for Substance Misuse among Patients with Traumatic Brain Injury

This study by Daniel Hungerford, DRPH, epidemiologist, Division of Injury Response was published in the [Journal of Trauma](#) (September 2010 issue). It examines whether research on screening and brief interventions (SBI) can be generalized to persons with traumatic brain injury (TBI). A systematic review of the literature was conducted to determine how TBI populations were included in previous studies and how they differed. The research conducted on SBI showed that injury populations systematically neglected patients with severe TBI and those experiencing confusion to the extent that they could not provide informed consent. Future studies should examine barriers to routine clinical use of SBI and evaluate how the full spectrum of injured patients can be represented. Researchers should also develop and evaluate accommodations for persons with neurobehavioral impairments who may benefit from brief interventions for substance misuse.

Developing Sexual Violence Prevention Strategies by Bridging Spheres of Public Health

This report by Alana Vivolo, associate service fellow, Kristin Holland, associate service fellow, Andria Teton, PhD, health scientist, Melissa Holt, PhD, senior service fellow, Sarah Degue, PhD, senior service fellow, Greta Massetti, PhD, lead behavioral scientist, Jennifer, Matjasko, PhD, senior service fellow, and Linda Vallet, PhD, lead behavioral scientist all in the Division of Violence Prevention was published in the [Journal of Women's Health](#) (September 2010 issue). It highlights several risk factors for sexual violence. Many of these risk factors are not traditionally included in sexual violence prevention efforts, but may be important areas on which to focus and may ultimately prevent youth from becoming sexual violence perpetrators.

The Development of Residential Fire H.E.L.P. Tool Kit: A Resource to Protect Homebound Older Adults

This article by Shane Diekman, PhD, MPH, behavioral scientist and Michele Huitric, MPH, health communication lead both in the Division of Unintentional Injury Prevention was published in the [Journal of Public Health Management and Practice](#) (September/October 2010 supplement issue). It describes the development of the Fire H.E.L.P. tool kit for training selected Meals On-Wheels (MOW) staff in Texas to implement a fire safety program for home-bound older adults. The tool kit consists of three parts: 1) instruction, 2) home assessment to determine a resident's smoke alarm needs, 3) and fire safety education. During the tool kit's pilot, MOW participants showed increased fire safety knowledge and high levels of confidence about applying their new skills. Following the pilot, staff used the tool kit to conduct local training sessions, provide fire safety education, and to install smoke alarms in the homes of older adults.

Strengthening Care for the Injured, Success Stories and Lessons Learned from Around the World

The World Health Organization (WHO), with support from the Centers for Disease Control and Prevention (CDC) published this [document](#) consisting of case studies of innovative and significant work being conducted by prehospital, hospital-based, rehabilitation, and system-wide settings from countries in all regions of the world and at all socioeconomic levels. It emphasizes the increase in communication and the exchange of ideas among those working in the field of trauma care, whether in the pre-hospital setting, in acute care in hospitals, or in long-term rehabilitation. Supporting countries in planning and setting up trauma care programs enables them to strengthen their capacity to care for the injured. Through perseverance, detailed planning and organization, training opportunities, and a groundswell of commitment at the local, national, provincial or institutional levels, this collaboration is leading to improvements across the globe.

Advancing Research in Youth Violence Prevention to Inform Evidence-based Policy and Practice

This paper by Tamara Haegerich, PhD, behavioral scientist in the Division of Violence Prevention was published in the [Injury Prevention Journal](#) (October 2010 issue). It presents the research priorities of the Division of Violence Prevention highlighting the area of youth violence prevention.

Intimate Partner Violence Perpetration by Court Ordered Men: Distinctions and Intersections among Physical Violence, Sexual Violence, Psychological Abuse, and Stalking

This study by behavioral scientists Kathleen Basile, PhD, and Jeff Hall, PhD, MSPH, both in the Division of Violence Prevention, was published in the [Journal of Interpersonal Violence](#) (October 2010 issue). It assessed the construct validity of two different measurement models of males' perception of both physical and sexual violence, psychological abuse, and stalking against intimate partners. The sample size for the study consisted of 340 men arrested for physically assaulting a female spouse or partner and court-ordered into batterer intervention programs. Men were surveyed before starting the intervention and the confirmatory factor analysis (CFA) was used to compare the construct validity of a four-factor measurement model of intimate partner violence (IPV) perpetration. More than 96 percent of the participants, reported perpetration of all four types of violence with most men perpetrating multiple types of violence. Future studies should determine whether there are distinct risk factors associated with the four types of IPV perpetration.

New Injury Center Exhibit



National Center for Injury Prevention and Control

Working to prevent injuries and violence, and reduce their consequences



www.cdc.gov/injury
1-800-CDC-INFO
cdcinfo@cdc.gov

Helping people live to their full potential

upcoming injury center events

Meetings and Conferences

Society of Public Health Educators

November 4—6, Denver, CO

www.sophe.org/

American Public Health Association Annual Conference

November 6—10, Denver, CO

www.apha.org/meetings/registration/

Visit the [Injury Control and Emergency Health Services \(ICEHS\)](#) booth for a full listing of injury and violence prevention specific presentations and posters.

Gerontological Society of America

November 19—23, New Orleans, LA

www.geron.org/Annual%20Meeting

National Alliance for Youth Sports Conference

December 1—4, San Diego, CA

http://nays.org/International_Congress/venue.cfm

Health Observances

National Domestic Violence Awareness Month, October

National Fire Prevention Awareness Week, October 4—10

National Teen Driver Safety Week, October 17—23

Drowsy Driving Prevention Week, November 8—14