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The Injury and Violence Prevention Program examines sources of data that describe injury problems among Oregonians to identify prevention strategies, plan interventions and evaluate outcomes. We maintain an injury data information system from primary and secondary sources of data on injury problems including: hospital discharge data, death certificate data, Behavioral Risk Factor Survey data, Oregon Healthy Teens Survey data, Medical Examiner data, Uniform Crime Report data, and Child Fatality Review data. We work in multi-disciplinary partnerships to develop prevention activities to reduce morbidity and mortality due to injury.

What We're Doing

- Enhancing capacity to conduct injury surveillance by developing a state plan for injury prevention and control using surveillance data that defines the magnitude and causes of injury and the populations affected. Injury priorities include: motor vehicle crash injury, poisoning, falls, violence, suicide and firearms.
- Providing education, technical assistance and information on injury topics to communities and groups in Oregon.
- Maintaining the data information system and producing an annual Child Fatality Review Team Report that identifies injury problems and reports team recommendations.
- Training local health department staff as certified safety seat technicians and providing support to develop local capacity to deliver safety seat clinics and distribute safety seats.
- Working with state and local partners to implement prevention strategies outlined in the state youth suicide prevention plan.
- Conducting Violent Death surveillance project to better define violent death in Oregon and provide data to inform policy and develop prevention strategies.
- Collaborating with the Governor's Council on Domestic Violence to establish protocols and procedures to establish Domestic Violence Fatality Review in Oregon.
- Implementing Connecting Youth a program to deliver family and youth education and support after suicide attempts are reported to local public health.
- Building capacity for youth suicide prevention in local communities.
- Developing an older adult suicide prevention plan for Oregon.
- Working with partners to launch the state violence against women prevention plan.

The data, education, consultation and technical assistance we provide through our partnerships as well as our work with policy makers is intended to reduce the economic, social, and personal burden due to injury in Oregon.

Most staff works from 8:30 - 5:30, Monday through Friday, some earlier, some later. Day to day the fellow could anticipate meetings with mentors to guide work. Work plans that include time to work with partners to develop questions for research, then time to access data and create data bases in order to analyze and interpret data and time to develop presentations and reports of findings. Dissemination of findings through presentations, public meetings, and workgroup sessions as well as the opportunity to draft a CD Summary publication or journal article. In all of these activities there would be several levels of oversight that would include the IVPP manager and the State Epidemiologist who meets with the Injury Epi staff on a monthly basis.

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Projects:
Oregon has need of a study of Emergency department cases of CM. Very little is known about these as Oregon does not have an ED data set. Our office has however developed some electronic reporting as part of emerging infections projects. This mechanism could be used to collect data and study ED CM in our states trauma 1 hospitals in Portland. The work would include some direct chart abstraction as well.

Dr. Alexander in partnership with CARES Northwest is completing a study of shaken baby syndrome. Once findings become available there will be a need to convene a group to address recommendations. The fellow could convene such a group to address additional need for investigation, potential research, and possible avenues to prevention.

Oregon's Child Protective Services office, part of the Department of Human Services is currently re-writing all administrative rules regarding CM. Definitions for case investigation, case founding, and data collection will be changing allow with an agency wide move to reduce the focus of CPS to just cases where the child is in danger of injury or death. The fellow could work with CAF staff (Deborah Carnaghi and other staff) to examine how to collect data that documents the impact of this change in Oregon. A proposal for evaluation of that impact could be developed for administrative consideration.

Falls in the older adult population has great significance in Oregon. Oregon currently ranks 14th among state fall death rates. As yet, no work besides basic descriptive epidemiology has been conducted. The fellow could update the epi profile of falls in Oregon. Complete a review of literature with evidence for prevention practice. Then, convene a workgroup of partners to study the work, identify existing research projects in the NW, assess the level of falls activities already in place in Oregon, review the preventive efficacy, and develop next steps for the state to take in reducing falls.

A full analysis of data on youth suicide and the risk factors among youth who report suicidal behavior as compared to their peers using the Oregon Healthy Teen Survey is needed. The last in-depth report of this nature was developed in 2000.

A GIS study of bicycle injuries in Portland is needed. This study would use data from police reports, medical examiner reports, Trauma Registry, death certificates and possibly emergency department data.

Develop with staff and law enforcement officials a random sample survey of law enforcement officials who documented suicide deaths in 2003-2004 to determine attitudes and beliefs about suicide and identify training needs to improve documentation of suicides in Oregon's Violent Death Reporting System. These data would then be used to create a training module for law enforcement statewide.

Compile data from the Child Fatality Review data set from 2000-2005, analyze data and produce a CFR data report.

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Review crash data since the inception of Oregon's Graduated Drivers Licensing law was enacted to determine the effect of the legislation. Develop recommendations and conclusions. Develop presentation for the annual Department of Transportation Safety conference.

Analyze data on opiod overdose deaths in Oregon using death certificates and medical examiner reports. Determine the source of the opiods among victims, e.g., prescribed by physician, illegal traffic, treatment of drug dependence.

Work with evaluators from the Program Design and Evaluation unit to examine the process and impact of the youth suicide prevention program known as Connecting Youth. Demonstration sites in two counties are implementing this project and the Fellow could improve the project by actively

4) Work with mentors to support and learn from ongoing surveillance system evaluation. Replicate evaluation of the Adolescent Suicide Attempt Data System conducted in 2002.

5) Emergency Preparedness is a program of the Office of Community Health and Health Systems. Currently there is no IVPP work that connects with this program. This is a deficiency. The fellow could meet with EP staff to determine how the IVPP could support the State EP plan. Having identified activities the fellow could work with mentors and the progam manager to carry out an activity or activities.

Assignment Location: Portland, OR

Primary Mentor: Janice Alexander, PhD
Injury Epidemiologist

Advanced Degrees: PhD, The University of Iowa College of Medicine (1994)
. MS, The University of Iowa College of Medicine (1993)

Secondary Mentor: Xun Shen MD, MPH
Epidemiologist

Advanced Degree: MD, Shanghai Medical University (1990)
MPH, Indiana University School of Medicine (2002)