From: Mel Kohn, Lead CSTE Injury Consultant
To: Pat McConnon, CSTE Executive Director
Re: Report of trip to STIPDA meeting, September 4-5, 2003
Date: September 11, 2003

This memo describes my CSTE-sponsored trip to the annual meeting of the State and Territorial Injury Prevention Directors Association (STIPDA).

With CSTE's support I attended the STIPDA meeting in Washington, DC on September 4-5, 2003. This was an unusual meeting for STIPDA, because it was held jointly with the National Association of Injury Control Research Centers. In the past there has been a great deal of conflict between these two organizations over funding priorities (i.e., research versus program) However, in the last year, under the leadership of Dr. Alex Kelter (current STIPDA President) and Dr. David Grossman (current NAICRC President) there has been a rapprochement, and this joint meeting is one of the results. I think this is good news, because working together they are likely to be much more successful. The focus of their current joint efforts is advocating for increased appropriations for CDC's Injury Center, and they appear to have had some modest successes in that arena.

At the meeting Dr. Carolyn Fowler of Johns Hopkins presented a framework for developing evaluation capacity of injury programs. She used the metaphor of columns in a building, pointing out that all the columns need to be strong in order for the building to have structural integrity. By analogy, for us to prevent injury we need strong contributions from injury programs, injury research, injury evaluation, and even injury epidemiology.

At the STIPDA business meeting I was given an opportunity to speak about CSTE. I picked up on the theme of collaboration between the different disciplines relevant to injury prevention, and began by talking about CSTE's growth from an organization that was solely focused on communicable diseases to one that is interested in promoting epidemiology more broadly. I noted that I had been involved with STIPDA since attending the second STIPDA annual meeting in Iowa in 1995, and was pleased to see how the organization had grown and made great strides in strengthening injury prevention. However, referring to Dr. Fowler's analogy, the injury epidemiology "pillar" was still rather weak. I noted that State Epidemiologists could be important resources for injury programs, both because of their knowledge of epidemiology and because of their position of influence in the health department; I advised Injury Program Directors to work to engage their State Epidemiologist, and offered my assistance in that.

I reviewed five projects that CSTE is involved with that are relevant to STIPDA:

1. The Injury Surveillance Workgroups 1, 2 and 3. Each of these groups has produced a useful document (the Consensus Recommendations for Injury Surveillance in State Health Departments from ISW1, a white paper on the use of surveys such as BRFSS for injury surveillance from ISW2, and Consensus Recommendations for Using Hospital Discharge Data for Injury Surveillance from ISW3). ISW is about to rise again in its fourth incarnation, this time

addressing surveillance for falls; Barbara Chaterjee, a STIPDA member from New Mexico, is going to be leading that effort, and would like for CSTE to participate.

2. CSTE's support for the National Violent Death Reporting System, which was officially endorsed at our Annual Meeting this year. CSTE was particularly interested in learning how it could be helpful in implementation of the system.
3. CSTE's new fellowship program for epidemiologists in state health departments. Three of the positions offered were for injury epidemiologists.
4. Updating of the E-codes survey which had been done by APHA. This effort will need to not only collect data, but also be sure that these data are translated into action to improve external cause coding.
5. The Injury Indicators process. This is moving along with help from Jim Enders and Renee Johnson at NCIPC, and hopefully will get a further boost from CSTE's efforts to link indicator development in several subject areas.

Finally, I closed my remarks by urging STIPDA members to consider attending the CSTE Annual Meeting, so that injury can have a stronger presence there.

While I learned quite a bit, and my remarks were well-received, I would like to try to make CSTE a more visible partner at the STIPDA meeting – for example, by having someone from CSTE lead a session on an injury epidemiology topic. If we propose this far enough in advance I bet that such an idea would be welcomed by next year's meeting planners. Since Trish Keller from Utah is the incoming President, I believe the meeting will be in Salt Lake next year.

Thank you for this opportunity to represent CSTE and attend this interesting meeting.