

# The SAFETY Net

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**Injury Control Research Center**

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## From the Director

*Dear Friends and Colleagues,*

We are pleased to provide you with this latest edition of *The Safety Net* – the newsletter of the West Virginia University (WVU) Injury Control Research Center (ICRC). Here in Morgantown the campus is abuzz with excitement

about a number of recent developments and new initiatives underway. Last year the University announced plans to establish a new School of Public Health at WVU, the first such school in the state of West Virginia.

This process is now well underway, and we are eagerly anticipating the

addition of several new public health faculty members and a substantial expansion of our public health training program. Accordingly, at the ICRC we are expanding our injury control educational offerings and experiential learning opportunities for students. The article on page 2 provides a nice summary of these activities.

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The ICRC is also expanding our outreach activities, information dissemination methods, and research translation efforts. We have been fortunate to successfully recruit Mr. Herb Linn, a very talented, experienced, and creative individual to help lead these activities. The article on page 3 provides additional information about Mr. Linn, and our expanding outreach initiative. Additionally, on page 6, we are very pleased to place the spotlight on one of our regional outreach partners, the Virginia Department of Health's Unintentional Injury and Violence Prevention Program.



Jeff Coben

Finally, as demonstrated by the summary of our 2011 research publications, our affiliated faculty members continue to be highly productive. The articles describing the work of Dr. Marie Abate and Dr. Danielle Davidov also demonstrate our continued commitment to focus on topics that are of greatest priority for West Virginia and the surrounding Appalachian region.

On behalf of all the affiliated faculty and staff, I thank you for your interest in the WVU ICRC. Please feel free to share this newsletter with others, and please don't hesitate to contact us if you have any questions or suggestions.

## NEW COURSES, PROGRAMS ADDED

The ICRC is adding a variety of new injury prevention courses and programs, for both students and professionals. Kelly K. Gurka, M.P.H., Ph.D., the Center's newly appointed Assistant Director for Education & Training, as well as Assistant Professor in the Department of Community Medicine, is leading the educational expansion.

One new training program will enable students and injury specialists to obtain certificates in specific areas of injury prevention. These certificates could be completed in a year, depending on the students' course loads, and would appear on their official transcripts.

"For example, if they are interested in intimate partner violence prevention, students could do the coursework for that certificate, in addition to their regular classes," Gurka said.

"The other group that we're really targeting with this is practitioners in the field who want more exposure to injury prevention from a didactic standpoint. They could come back and get a certificate in a particular concentration."

Similarly, a new graduate course will combine theory with practice by hosting various guest speakers in different areas of injury prevention. The one-credit hour, semester-long course, called the *Graduate Seminar in Injury Prevention and Control*, will be offered twice yearly. Different injury topics will be covered over the course of the semester in three-week segments.

"The idea behind this course is that it will be a demonstration of the relationship between practitioners in the field and researchers trying to answer questions about injury prevention and control," Gurka said.

In addition to recruiting speakers for the new course, the ICRC regularly selects and sponsors guest lecturers for the monthly Public Health Grand Rounds, which is sponsored by the Department of Community Medicine.

Another new course focuses on prescription drug abuse, which is a major problem nationwide, and, particularly, in West Virginia. To address this growing epidemic, the ICRC is developing the curriculum with faculty affiliate Marie Abate, B.S., Pharm.D., Professor

in the WVU School of Pharmacy. (See page 4 for more information on Dr. Marie Abate's research on prescription drug overdoses.)

In continuing efforts to improve training, the ICRC is collaborating with community partners to offer more injury-related practicum and internship opportunities and to better publicize what is available. Gurka emphasized the importance of offering a variety of projects so students can select one that interests them. Students in the Master of Public Health program are required to work as an intern or conduct a practicum project as part of their coursework.

For example, the National Park Service offers select

students the chance to stay at a national park while conducting an applied injury prevention and control project. The program's first intern, Ekta Choudhary, Ph.D., was an M.P.H. student at WVU when she qualified for the fledgling internship at a U.S. Virgin Islands national park in 2008. Based on her success, the program has expanded to include approximately 15 interns a year.

Gurka said that other internships are in the planning stages. She is now working to implement internships with the

state health departments in both Virginia and West Virginia.

"It's a really exciting opportunity for the M.P.H. students to get hands-on experience in a state health department," she said.

Gurka also is building on a longstanding relationship with the National Institute of Occupational Safety and Health's Division of Safety Research, which is located adjacent to the WVU Health Sciences Center in Morgantown.

In further efforts, the ICRC plans to establish a monetary prize for the Outstanding Student Research Award, as well as a student travel fund.

"The travel award is set up to incentivize students to not only conduct research in injury prevention and control, but also to take that research to a level such that they can go to a national meeting and present it to the larger scientific community," Gurka said. "We want to recognize those students who do excellent work."



Kelly Gurka

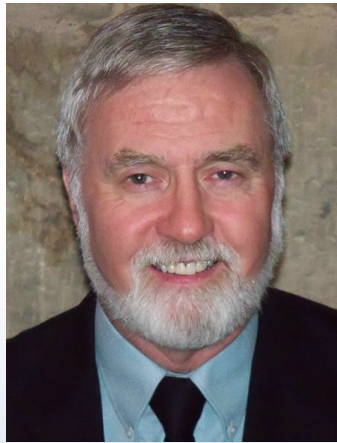
## Herb Linn brings focus to outreach

Herb Linn found what he considered to be a golden opportunity last July when he became the Center's first Communication and Outreach Coordinator. Almost immediately upon walking through the ICRC doors, Linn began developing the outreach component of the Center's long-term plan.

"It is not often that someone gets to step into a new job with an opportunity to help create an ambitious, five-year plan designed to take the organization to higher levels of translation and promotion of its research, and engagement with its partners," Linn said. "In fact, the prospect was so appealing that I came out of retirement to take the job."

Well, not exactly. While it is true that he retired in 2005 after more than 23 years with the National Institute for Occupational Safety and Health (NIOSH) Division of Safety Research in Morgantown, Linn continued to work as a consultant for NIOSH until he took the ICRC job.

"Looking back," he said, "the essence of my career with NIOSH was the search for ways to get the right information on occupational injury risks and prevention into the hands of the right people at the right time in order to reduce injuries and their costs. A lot is known about how injuries occur, to whom they occur, and how to prevent them. Often, the greatest challenge is how best to translate and deliver that knowledge to the people whose strategies, deci-



Herb Linn

sions, and activities can impact the risk and prevention of injuries."

One way that Linn plans to do this is by translating research of the Center's affiliated faculty members and other researchers into new informational products that can inform injury prevention practices, programs, and policies. These new products include Research Alerts, one-page summaries of recent Center research, which will present new knowledge about injury risks and prevention for nonacademic audiences, and Injury Prevention Syntheses, which will summarize prevention approaches for the benefit and use of injury prevention practitioners.

Additionally, the planned ICRC outreach activities aim to expand Center partnerships and collaborations, especially with state and local injury prevention agencies in West Virginia and Appalachia; raise awareness of the injury problems that plague West Virginia and the surrounding region; provide technical assis-

tance to regional injury prevention partners; and use multiple communication channels—both conventional channels, such as direct mail, email, and print and broadcast news media; and emerging social media channels such as Facebook and Twitter—to spread the word.

At the ICRC, Linn found more than a professional opportunity. As he explained: "I am excited to be part of a very talented group of people at the ICRC. Dr. Coben is an experienced and energetic leader, who has a vision for the ICRC—a vision that I share. He believes that rigorous, well directed research into injury causation and prevention of the most serious types of injuries, coupled with a commitment to translating the knowledge gained into useful, practical, and effective interventions, programs, and policies, can effectively reduce the gap between what we know and what we are able to do about it."

When he is not working at the ICRC, Linn is collaborating with his wife, Nancy, in restoring and remodeling their house—a 140-year-old, one-time hotel and dance hall in Lake Lynn, Pennsylvania; conducting (with Nancy) song and church services at several local nursing homes; teaching adult Sunday School; enjoying close relationships with his two adult children, Erin and Matthew; watching his 13-month-old grandson, Ronan, grow; and caring for (and contending with) two beagles with attitude (Gracie and Chloe).



## KEY TO PREVENTION: UNDERSTANDING PRESCRIPTION DRUG OVERDOSE DEATHS

**I**n 2008, over 20,000 people died from prescription drug overdoses in the United States, with about 74 percent of those deaths (14,800) specifically attributed to opioid pain relievers such as morphine, oxycodone, hydrocodone, and fentanyl.\*† West Virginia's 2008 drug overdose death rate (25.8 deaths per 100,000 population) was second only to New Mexico's rate (27/100,000) among U.S. states, and more than twice the national average (11.9/100,000).\*

ICRC faculty affiliate Marie A. Abate, B.S., Pharm.D., Professor in the WVU School of Pharmacy and Director of the West Virginia Center for Drug and Health Information, is studying the causes underlying these drug-related deaths and how to prevent them.

"West Virginia has a significant problem with unintentional drug-related deaths," Abate said. "I don't think we've done a good job of getting a handle yet on the causes for this and what we can do to reduce them." She and colleague Marcella Sorg, R.N., Ph.D., Research Associate in the Margaret Chase Smith Center for Public Policy at the University of Maine, are focusing specifically on West Virginia, Maine, New Hampshire, and Vermont. All four states have similar, predominately white, rural populations, although West Virginia has one of the highest per capita unintentional drug poisoning death rate (about 26), compared to a death rate of 12 to 14 for the northern New England states. Abate and Sorg began their collaboration three years ago when Abate obtained U.S. Department of Justice funding for research on deaths from drug overdoses as part of the WVU forensics initiative.

Preliminary data for the four states indicate that prescription painkillers, or opioids, caused more deaths from unintentional poisoning than any other drugs. The rate was comparably high among all the states, ranging from 73 to 81 percent.

"Because the opioids are necessary drugs for treating patients with chronic or severe pain, extra care is needed when prescribing these agents to ensure that those who receive the drug have a legitimate need for it," Abate said. "Clinicians need to be aware of the potential risk when prescribing these drugs together with other controlled substances to ensure that they are necessary and taken as prescribed."

After prescription painkillers, mood-altering drugs, or benzodiazepines, caused the most unintentional fatal poisonings. This percentage varied among the states, however, with the highest percentage found in West Virginia (54), followed by Maine and New Hampshire (20 and 23, respectively), with Vermont having the lowest percentage at 13. Within this group of drugs, Valium (diazepam) and Xanax (alprazolam) were most frequently associated with unintentional poisoning. In 2007, diazepam was the drug most commonly found in the fatal WV poisonings, while alprazolam was the third most frequently identified drug.

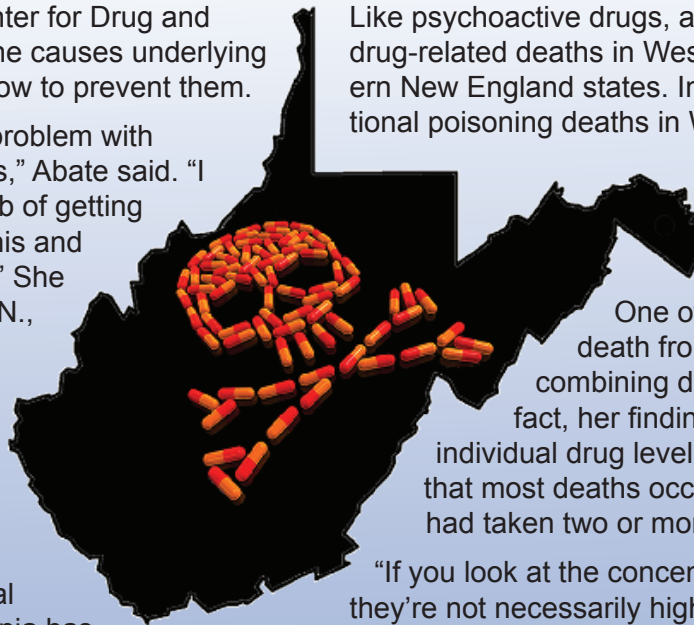
Like psychoactive drugs, alcohol was present in more drug-related deaths in West Virginia than in the northern New England states. In 27 percent of the unintentional poisoning deaths in West Virginia, alcohol was present, compared to approximately 11 to 17 percent in the other states.

One of the greatest risk factors for death from unintentional poisoning is combining drugs, according to Abate. In fact, her findings show that many individual drug levels alone were not toxic and that most deaths occurred because the deceased had taken two or more drugs in combination.

"If you look at the concentrations by themselves, they're not necessarily high," Abate said, "but when you put these drugs together you might be seeing some type of an interaction that is fatal. Additional studies are needed to determine if specific opioids, benzodiazepines, or other drugs in combination might be associated with an enhanced risk of adverse outcomes compared to the other drugs in their class."

Another risk factor is doctor or pharmacy shopping, which is defined as obtaining prescriptions from four or more doctors or filling prescriptions at four or more pharmacies during a six-month period. In another study undertaken by Abate and colleagues, people who died from unintentional poisoning were significantly more likely than living subjects to have engaged in doctor or pharmacy shopping prior to death.

Fatality risk also increased when prescriptions for both painkillers and psychoactive drugs were filled during a six-month time period, according to Abate, who added: "The odds of death were highest in persons who had filled a prescription for both drugs."



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# To Report, or Not to Report?

A home visitation nurse's client, a young mother, confesses that she is being abused by her live-in boyfriend. She doesn't want to report it, however, because she's afraid that her child will be taken away.

Should the nurse call police, child protective services, or no one at all?

This fictional dilemma, unfortunately, is one that some home visitation nurses encounter in reality. The problem is that few states have clear laws governing reporting requirements in such situations, according to Danielle Davidov, Ph.D., Research and Grants Coordinator for the WVU Department of Emergency Medicine, and a faculty affiliate of the WVU Injury Control Research Center.

Using focus groups and surveys with nurses participating in the Nurse-Family Partnership, Davidov is investigating nurses' attitudes toward the mandatory reporting of intimate partner violence. In addition, she is analyzing how state laws, and nurses' knowledge of these laws, affect their reporting decisions. The Nurse-Family Partnership is a nationwide program established to promote maternal and early childhood health.

Davidov's interest in mandatory reporting of intimate partner violence grew out of her dissertation research. Through her early studies, Davidov found that home nurses at four sites in the Nurse-Family Partnership program were uncertain about when they should report intimate partner violence.

"We thought we might find something related to mandatory reporting, but, through the focus groups, I realized

that this might be a bigger issue than we originally thought it would be," Davidov said.

"The nurses weren't sure if they were supposed to call the police; they weren't sure if, because there was a child involved, that made it reportable to child protective services. There were a lot of gray areas on which they seemed to need further clarification that they weren't getting."

Since the initial focus groups comprised only four sites, Davidov later expanded her analysis to include a web-based survey of nurses in 30 states. The results of this study and her other research in this area are currently in press.

Davidov's research interests include the prevention of violence against women, and women's sexual and reproductive health. She received her Ph.D. in public health sciences from WVU in 2010, and her bachelor's degree in psychology from Marshall University in 2006.

Recently, Davidov was selected to participate in the *Early Career Scholar Interdisciplinary Training Program*, a federally-funded initiative designed to provide access to expert senior investigators to early-career researchers studying child maltreatment and intimate partner violence.



Danielle Davidov

## Understanding prescription drug overdose deaths

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Abate and Sorg plan to compile their data to compare the incidence of prescription drug-related deaths, as well as clarify the relationship between unintentional poisoning deaths, preexisting health problems, and drug combinations.

"There's a lot we don't know yet about these deaths," Abate said. "We really do need to spend more time researching what some of the problems are, whether certain combinations of drugs might have more toxicity potential than others, and where people are getting these drugs, specifically."

*[Note: For her analyses of West Virginia overdose deaths, Abate is using the Forensic Drug Database (FDD), which began in 2005 as a joint venture between the WVU School of Pharmacy's Center for Drug and Health Information and the WV Office of the Chief Medical Examiner. The database contains detailed information about each drug related death in the state.]*

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†Paulozzi LJ, Jones CM, Mack KA, Rudd RA. Vital Signs: Overdoses of Prescription Opioid Pain Relievers—United States, 1999-2008. MMWR 60(43):1487-1492. November 2011. Available online at: <http://www.cdc.gov/mmwr/pdf/wk/mm6043.pdf>

## **Regional Spotlight: Virginia Department of Health's Child Passenger Safety Program**

**I**n addition to addressing national priorities for injury control, the WVU ICRC maintains a special focus on the underserved populations residing throughout the Appalachian region.

Accordingly, the ICRC has initiated discussions with several state programs and other injury-prevention groups in an effort to develop collaborations and facilitate information sharing across the region.

One effort currently underway in Virginia—the Virginia Child Passenger Safety Program—recently captured the attention of ICRC Director Dr. Jeff Coben during his discussions with representatives from the Virginia Department of Health's Unintentional Injury and Violence Prevention Program. Coben believes that well-designed, innovative programs such as this one should be communicated to other states in the region as “best practices.”

“One of the objectives of our partnering initiative is to facilitate the sharing of data, information, expertise, and particularly effective and promising interventions and programs among communities and states that face common injury risks,” Coben said.

Virginia law requires children to be properly secured in child safety seats until their eighth birthday. As the state agency responsible for increasing public awareness of this law, the state health department operates the Virginia Child Passenger Safety Program. In 1996, the program began providing child safety seats to qualifying low-income families, public education about the state law, and training on safe transportation of children in vehicles.

Besides receiving federal funds, the health department uses an innovative funding source to provide the free seats. When a driver is cited for transporting improperly restrained child passengers, the money obtained from the ticket goes into a fund to purchase car seats, which then are distributed, along with instructions, to qualifying families.

Each year, the VA health department distributes about 15,000 to 16,000 safety seats to needy families. To qualify, families provide personal income information and proof of legal residency in the state. This can be done at approximately 130 different sites throughout the state as early as pregnancy and until the child is eight years old. Each recipient also must attend a training class.

Educational outreach is an important part of the program, according to Shannon Wright, the program coordinator in the health department's Office of Family Health Services, Division of Prevention & Health Promotion. Hands-on education is offered through 120 safety seat check stations and at about 50 one-day safety seat check events, which provide families with inspection and hands-on instruction for proper safety seat installation. This free service is offered at select local police and fire stations, as well as other community-based outlets with staff members who are Nationally Certified Child Passenger Safety Technicians. Families may also receive car seat guidance through a toll-free hotline that the program coordinates.

A new outreach initiative, called *First Ride, Safe Ride*, helps new parents safely transport their infant home from the hospital starting with their first car ride after birth. Wright visits maternity hospitals to instruct nursing staff on proper safety seat use and distributes patient pamphlets with instructional DVDs. The program has trained staff at 15 hospitals in Virginia and distributed 90,000 patient pamphlets.

“First of all, we wanted to break down the barrier caused by a lack of confidence,” Wright said. “Feedback from a 2009 hospital survey indicated that many hospital staff lacked confidence to address the topic of safety seats with parents, for fear that they would not have the ‘right’ answer.

“Often, hospital staff members say that they don’t have trained staff to educate families, resources to purchase materials, or enough time to ensure that infants are correctly secured. The support that this program offers focuses on addressing these challenges.”

Several child passenger safety public-advertising campaigns launched in recent years have led to a strong media presence and active partnerships with television and radio media outlets to reach the public.

Staff members with the Virginia Child Passenger Safety Program welcome partnerships like the one they are currently discussing with the ICRC. Referring to the planned collaboration, Wright said: “Our team is definitely honored and eager to explore opportunities on which we can work together. Although we are in the early stages of our collaboration, we are sure that our partnership will be extremely beneficial to our programs.”

*More information is available at [www.safetyseatva.org](http://www.safetyseatva.org).*



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## ICRC News Brief

**Grant Morris** (center), recipient of the 2011 Outstanding Student Research Award from ICRC, is shown with Dr. **Jeff Coben**, Director of ICRC (right) and Dr. **Kelly Gurka**, Assistant Director of ICRC for Education. Morris recently obtained his MPH degree, and continues to pursue an MD degree from WVU.