

The Safety Net

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Injury Control Research Center

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Why Are Injury Centers Important?

From the Director's Chair:

Increasingly, Congress, federal agencies and foundations are stressing the importance of demonstrating the impact of the work they support. Though certainly fair that Injury Centers be held accountable for using our resources well, the task poses many challenges. Research centers, like the Injury Control Research Centers (ICRCs) supported by the National Center for Injury Prevention and Control (NCIPC) are, by definition, complex organizations with many moving parts. How do we best define ourselves and demonstrate our impact?



Looking historically, the Center program was created in 1986 in direct response to the Injury in America report published as part of initiating a focus on injuries at CDC. The idea was that these "centers of excellence" would serve as regional extensions of the nascent program at CDC and become incubators for developing the scientific base in building the injury and violence field as a central part of public health.

The common elements, and what makes Centers a critical part of an overall national effort to build the field, include working with both researchers and with practitioners to:

- define the magnitude and scope of injury problems as well as to discover social, environmental, and behavioral risk and protective factors amenable to intervention;
- improve old methods and develop new ones to study injury and violence and create meaningful and successful intervention approaches;

- develop new programmatic and policy interventions and help disseminate them, moving from demonstrating efficacy to showing effectiveness in the real world;

- work with partners in multiple settings to ensure that the best interventions are created and implemented in ways that are culturally appropriate and ethically justified;

- leverage the core funds provided by CDC so as to stimulate new research supported from multiple sources, expanding the impact of the base CDC support exponentially; and, perhaps most importantly,

- train the next generation of both researchers and practitioners so as to continue to grow and strengthen the infrastructure necessary to sustain an integrated research and practice approach to addressing injury and violence.

By definition, these sorts of functions create an environment in which the whole is greater than the sum of the parts. So, how do we measure impact when so often the efforts to evaluate programs, such as in grant reviews, occur by looking almost microscopically at each of the parts? Gaining a clear understanding and appreciation of the whole is much more complicated.



Jim Helmkamp

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Scientist Seeks Explanation for Higher Rural Suicide Rate

Research Update on Robert Bossarte

In the classic children's fable "The Town Mouse and the Country Mouse," a mouse leaves his quaint country home to visit his cousin in the big city. While the city is exciting and full of wonderful sights and smells, some large dogs chase the cousins, and the country mouse flees back to the safety and peace of the countryside.

For people, however, the city may be safer, at least in terms of suicide prevention. Contrary to media portrayals of cities rife with loneliness and despair, research indicates that the suicide rate is higher in rural than in urban areas and that the gap between the two is widening.

Robert Bossarte, Ph.D., assistant professor in WVU's Department of Community Medicine, and an injury scientist in the ICRC, is trying to explain why, in the hopes of eventually developing a suicide intervention.

"You often think about urban areas as being those places with lots of risk factors, lots of substance use, few ties to the community, lots of small groups, and few resources available to people on the individual level, but their rate of suicide has actually been continuing to decline, whereas the rate of suicide in rural areas has been continuing to increase."

One possible explanation for the higher rate of suicide in rural areas, Bossarte said, is that people have fewer opportunities than city dwellers to obtain the information and help they may need.

"People in rural areas are much more dependent upon their social contacts to gain access to things than people in urban areas where there are greater resources available to them and information is disseminated a little more broadly," Bossarte said.

In the United States, suicide is the eleventh leading cause of death. In 2005, more than 32,000 -- or 11 per every 100,000 -- people took their own lives, according to the National

Center for Injury Prevention and Control. Among young people ages 15-24, suicide is the third leading cause of death.

In a two-year study funded by the American Foundation for Suicide Prevention, Bossarte is trying to determine whether the number of social resources available in a community is, in part, related to suicide risk. These resources, which in the area of suicide-risk research are known as "social capital," include places like bowling alleys, health clubs, and bingo halls, as well as other similar venues where people can gather to talk and exchange information. Bossarte then will compare social capital levels to rate of death from suicide for residents of West Virginia counties for the years 2000-2004.

"Social capital is really just a measure of integration or opportunities for integration," Bossarte said. "I'm interested in how people use relationships to gain access to mental-health services or increased awareness of education about the treatment alternatives, and the potential outcomes associated with different patterns of behavior."

Bossarte also plans to calculate an alternative measure of adolescent social capital, which differs from that of adults. While social resources may help protect older adults from choosing suicide, the opposite appears to be true among rural adolescents, Bossarte

explained. He found that increasing measures of social capital were actually a risk factor because living in a community where everyone knows everyone else can make seeking help difficult for young people in marginalized groups -- gay and lesbian youths, those who abuse drugs and alcohol, and individuals with mental disorders -- who are at the greatest risk for stigmatization, as well as suicide.



Rob Bossarte

Recent Scholarly Work

Manuscripts

Bossarte RM, Caine ED. Increase in U.S. youth suicide rates 2004. Commentary. *Injury Prevention* 2008; 14(1):1-2.

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Paul “Mike” Furbee Selected Employee of the Year

Mike Furbee sometimes gives the impression that he missed his calling. His propensity for wry jokes and philosophical commentary in conversation may leave the listener laughing, thinking, and wondering if Furbee could have pursued a career in comedy or, perhaps, philosophy.

When asked about his greatest career accomplishment, Furbee replied: “I have a job. I’m still working.”

Furbee is neither a professional comedian, however, nor a philosophy professor, but a successful research database manager and the recipient of WVU Health Science Center’s 2007 Employee of the Year Award. In typically modest fashion, Furbee downplays his receipt of the award, saying that there are other people who deserve it more than he does.

Mike Furbee, second from left, accepting his award with (l to r) John Prescott, former dean of WVU School of Medicine, Fred Butcher, interim vice president for health sciences, and Jim Helmkamp.

“Frankly, I think it was the efforts of the people writing all those wonderful things [in their nomination letters] that had the most effect,” said Furbee, who is the third ICRC employee in the past three years to win the award. “That was out of my control. All I can do is accept the award.”

Among those people is Jim Helmkamp, Furbee’s supervisor and one of his greatest advocates. In his letter of nomination for Furbee, Helmkamp praised Furbee’s expertise, dedication, and ability to get along with others.

“Mike Furbee quietly goes about his business, but is the glue that solidifies our organization,” Helmkamp wrote. “I stand in awe of his knowledge, work ethic, and his positive interaction with co-workers, management and constituents.

My job has been made much easier knowing that I have an individual such as Mike there for support and experience.”

Furbee attributes his work ethic to his West Virginia roots. When talking about his childhood and parents, Furbee, who grew up in Philippi, is quiet and matter-of-fact. His father became disabled while still relatively young, and his mother had to find domestic work, including babysitting and housecleaning, to support the family of five, Furbee said.

“I think, for the most part, people who grew up in West Virginia have a pretty strong work ethic,” Furbee said. “I grew up poor, surrounded by people who worked hard, so it just seems to be a way of life.”

Currently, Furbee is conducting varied analyses of a national hospital-discharge database. In the past year, he has analyzed data on urban and rural injury comparisons, hip fractures, and ATV injuries, and now is compiling statistics on near-drowning incidents.

Asked how he maintains the optimistic outlook described in his letters of nomination, Furbee became jovial once more. Without hesitation, he said, “Well, it’s not true. I don’t have a positive, cheerful attitude. I try to do my best, but I get down a lot, and I can be really crabby! Really, I’m nobody special, but I do try to chip in and help where I can.”

Becoming philosophical, Furbee said that the main thing in life is to be there for family, friends, and co-workers. “That’s about as big as my world is,” he added. “It’d be nice to be important on a bigger stage, but this is my life.”

What would be Furbee’s dream job? “Playing the fiddle -- which he took up at age 23 -- in Nashville,” he replied with a laugh, “or maybe tenor sax.”



Recent Scholarly Work

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and cost estimates among children and adults. Report prepared for the Arabella Legacy Fund and Concerned Families for ATV Safety, October 2007. Available at: <http://www.atvsafetynet.org/helmkamp.pdf>

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Presentations

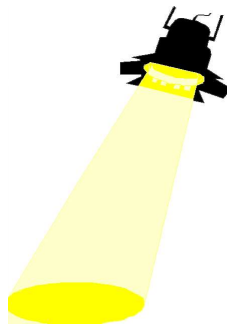
Choudhary E, Smith M, Bossarte RM. Assessment of depression and anxiety symptom profile of victims of sexual violence. Presented at the 25th annual BRFSS Conference, March 18, 2008.

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Student Hopes to Encourage Others Interested in Public Health

Spotlight on Danielle Davidov

As an undergraduate psychology major at Marshall University in Huntington, WV, Danielle Davidov planned to enroll in a Ph.D. program in her major upon graduation. When the time came to apply, however, she could not find a curriculum that focused on her primary interests of women's health and human sexuality, she said. Unsure of what to do, she met with her professors, who steered her toward public health.



"All of my professors said, 'Don't go into a program if you don't have a burning desire for it,'" said Davidov, who is from Fairmont, WV. "So I wrote down what I'm interested in, and they said, 'This is public health; this is straight public health.'"

To Davidov, who had never considered a career in public health, their advice came as a surprise. Nonetheless, she changed her plan to pursue an advanced degree in psychology and began, instead, to determine what she needed to do to get accepted into a program in public health.

At the time, Davidov, 24, thought that she would first enter a master's program and then go on to obtain her Ph.D., which is the traditional route. After applying to WVU's master's program, however, as well as to some schools in Ohio and Pennsylvania, Davidov said that she was surprised to receive a telephone call from Robert Pack, Ph.D., M.P.H., associate professor of community medicine and director of WVU's Community Medicine Department's Ph.D. program in public health sciences.

"Dr. Pack called me and said, 'Why don't you apply for our Ph.D. program? It's brand-new.'" Davidov said. "I didn't expect that at all."

She applied, was accepted, and is now completing her second year in the social and behavioral sciences track of the program. Along the way, Davidov discovered that she loved public health.

"In two years, all of my coursework has come together," Davidov said. "My research has come together, and I feel that I want to go out into the world and practice public health."

She is now working with WVU's Jeffrey Coben, M.D., professor of emergency medicine, on a multi-site collaboration with investigators throughout the U.S. and Canada. They are trying to develop an approach to be incorporated into an existing in-home intervention program to reduce the incidence of intimate-partner violence among socially disadvantaged, first-time mothers and their children. The five-year project is being conducted with participants enrolled in an ongoing study called the Nurse Family Partnership. As part of Phase 1, Davidov will help conduct focus groups with West Virginia study participants.



Danielle Davidov

After she graduates, Davidov would like to obtain a post-doctoral fellowship in either women's health or human sexuality. As for her long-term goals, she said that she wants to continue to be involved in research, but her main focus will be on teaching.

"I'm always going to have that passion for teaching," Davidov said. "I want to share with students the information that I have learned."

Recent Scholarly Work

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Bossarte RM. Social capital and suicide in U.S. rural counties: Too much of a good thing? Poster presented at the XXIV World Congress of the International Association of Suicide Prevention. August 29, 2007.

Mutambudzi MS, Helmkamp J, Mujuru P. Evaluating the impact of state safety training programs to reduce the frequency and severity of logging injuries in West Virginia. Poster presented At the 2007 annual meeting of the American Public Health Association.

From the Director's Chair

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We all need to be more creative and thoughtful in this process -- at the level of each Center and for the program collectively. It is a great step forward that the NCIPC has begun the process of evaluating the overall ICRC program in the coming year. All of us, whether at Centers or interacting with Centers from outside, should help NCIPC think carefully about what makes the Center program special and what measures of success should be considered. Let's consider how best to articulate this impact in ways that are clear and convincing.

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