



**Injury Prevention and Control in
Accredited Schools of Public Health**

**2002-2003 Summary
of Research, Faculty Expertise, Curricula, and Training**



February 2004

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EXECUTIVE SUMMARY

Injury is the leading killer of Americans in the first four decades of life and the leading cause of years of potential life lost before age 65. According to Centers for Disease Control and Prevention (CDC), this significant public health problem sends 1 person in 10 to emergency departments each year and costs the nation more than \$260 billion annually. This figure omits estimates on injury's consequential costs such as lifelong disabilities, lost wages, and rehabilitation. Most especially, concerns are rising from health departments, the Institute of Medicine and the World Health Organization about the dearth of injury practitioners, the sufficient number of schools of public health to provide injury training, and whether the U.S. will make demonstrable achievements to reduce injuries as outlined in Healthy People 2010.

In response to growing concerns, the Association of Schools of Public Health (ASPH) inventoried the 31 accredited U.S. schools of public health in 2002-2003 to review the schools' capacity toward advancing an injury science agenda. Injury was defined from a personal, recreational, home, sports. Injuries that occur in an occupational and/or industrial context were excluded. The results indicated that although successful injury curricula exist in several schools of public health, by-and-large, injury training and research is minimal in most schools. The cited barriers for incorporating the principles of injury control and prevention in the same vein as chronic disease topics are approached are: *insufficient faculty, limited courses and curricula, and lack of training funds.*

Only three schools reported an injury course requirement for doctoral programs and no school requires an injury course for masters degrees. Therefore, less than 25%, and probably fewer than 15%, of graduates will have taken an injury-specific course; and, much less have received solid exposure to injury in their curriculum.¹ Not every school offers a fundamental course on the spectrum of injury which is taught annually, yet every school has regularly-scheduled courses on occupational-based injury through the environmental health departments. Further, some courses are not department-based courses for degree-seeking students but are continuing education courses for the workforce. With these figures, how will schools respond to the soon-to-be released injury competencies for public health practitioners, which is being developed by the State and Territorial Injury Prevention Directors Association? Consider also, that injury control and prevention, its infrastructure of daily services and coordination, is the foundation of public health emergency responses to mass traumas caused by intentional acts of biological, nuclear, chemical, radiological terrorism -- an alarming problem for the U.S. since September 11, 2001. In the report, "Reducing the Burden of Injury," the Institute of Medicine noted that non-occupational injury research training is scarce. This training includes instruction on prevention of motor vehicle crashes, fires, falls, epidemiology of violence, trauma, and evaluation methods to prevent child abuse.

Schools of public health have great opportunities to become more active in injury. First, since no comprehensive government training program exists, schools of public health are ideal to provide the much needed interdisciplinary-based solutions to the education and workforce dilemmas. Second, the government is a great supporter of schools' injury endeavors, as federal agencies, especially CDC and NIH, were the largest grantors for schools between 1999 – 2001. Clearly, immense potential exists to increase the number of injury centers from 12 to an active network of one per school of public health. Third, 21 schools have specific individuals appointed to manage injury training and research, which is in addition to the school's dean of academic affairs who oversees all curricula issues. With continued funds and partnerships, ASPH and its injury faculty can exponentially strengthen injury prevention and control within the teaching, research and practice activities of the accredited schools of public health. This assessment is intended to assist schools and their agency partners toward increasing awareness of injury, as well as developing stronger injury control and prevention training and research programs.

INTRODUCTION

Accredited schools of public health have been educating professionals in the techniques of health promotion and disease prevention and control since the first decades of the twentieth century. Often, the concept of injury control, prevention and rehabilitation is overlooked in the teaching of public health. Given the increasing science-based evidence, which indicates that injuries are preventable and are not “accidents,” interest toward injury training and research is growing. The documented socioeconomic, physical and psychological costs of injuries sustained from natural and man-made disasters underscores this emerging interest.

Injury prevention and control is an exemplary teaching and research area that illustrates the full spectrum of how public health essential services and activities are conducted, such as surveillance, prevention, promotion, and control. The field of injury prevention and control also demonstrates the full and cooperative interactions between public health and other disciplines regarding an injury’s acute care and rehabilitative phases. Teaching injury prevention and control basics not only increases awareness of the issues, but also garners greater appreciation of public health’s inherent cross-disciplinary and multi-disciplinary nature. ASPH represents research, teaching and practice interests of the Council on Education for Public Health’s accredited Schools of Public Health.

The following table is a list of acronyms used in this report for the 31 accredited schools surveyed in 2002-2003.

SCHOOL OF PUBLIC HEALTH	ACRONYM
Boston University	BU
Columbia University	Columbia
Emory University	Emory
George Washington University	GWU
Harvard University	Harvard
Johns Hopkins University	JHU
Loma Linda University	Loma Linda
Ohio State University	OSU
Saint Louis University	SLU
San Diego State University	SDSU
Texas A&M University	Texas A&M
Tulane University	Tulane
University at Albany – SUNY	Albany
University of Alabama at Birmingham	UAB
University of California at Berkeley	UC-Berkeley
University of California at Los Angeles	UCLA
University of Illinois at Chicago	UIC
University of Iowa	Iowa
University of Massachusetts	Massachusetts
University of Medicine and Dentistry of New Jersey-School of Public Health	UMDNJ
University of Michigan	Michigan
University of Minnesota	Minnesota
University of North Carolina at Chapel Hill	UNC
University of Oklahoma	Oklahoma
University of Pittsburgh	Pittsburgh
University of Puerto Rico	UPR
University of South Carolina	USC
University of South Florida	USF
University of Texas-Houston	UT-Houston
University of Washington	Washington
Yale University	Yale

BACKGROUND

In March 2002, the Association of Schools of Public Health (ASPH) and the CDC National Center for Injury Prevention and Control (CDC/NCIPC) conducted two surveys on injury, violence and trauma in order to identify faculty expertise and types of injury research conducted at schools of public health (SPH).

The first survey was sent to each SPH dean of Academic Affairs and focused on curricula and training. The second survey was sent to each department chair in every SPH, and focused on faculty expertise and research. At the time of the survey, ASPH had 31 accredited member schools.

[See Appendix A for survey instruments]

The results will assist ASPH and CDC/NCIPC in expanding resources for research and training opportunities. In addition, the data will be available to interested health agencies that wish to strengthen partnerships with accredited schools, such as the World Health Organization. Currently, injury centers funded by CDC/NCIPC that are housed and administered primarily through a school of public health are located at the following schools:

- **Injury Control Research Centers** ⁱⁱ
Harvard, JHU, UCLA, Iowa
- **National Academic Centers of Excellence on Youth Violence** ⁱⁱⁱ
Michigan, Harvard, JHU, Columbia

CDC/NCIPC funded injury control research centers may also be administered through universities or other health professions schools. Some schools of public health (SPH) are major partners in such efforts, but are not listed because they did not meet the survey parameters of CDC/NCIPC centers funded through and administered by an accredited school of public health.

Survey Definition of Injury

In each survey, injury is defined as a set of activities in which the goals are to prevent, ameliorate, treat and or reduce injury-related disability and death. This definition includes injuries categorized as either unintentional or intentional injuries (frequently called violence). Injury control and prevention was viewed from a personal, recreational, home, sports, and non-occupational perspective. Excluded from this definition were injuries that occur within an occupational and/or industrial environment. *The omission of occupational injuries does not question the legitimacy of work-related traumas and threats, as CDC engages in prevention research for both work-related & non-work related injuries.*

Examples of unintentional injuries are traumas as a result of motor vehicle accidents, mass casualties from man-made or natural disasters, drowning, falls, suffocation, poisoning, fire and burns, cuts/piercing, firearms, etc.

Examples of intentional injuries are traumas as a result of intimate partner/spousal abuse, sexual violence, homicide, assault, school violence, suicides, firearms, etc.

SYNOPSIS

Response Rates of Each Survey

- Department Chair results: 52% response (90 out of 171 departments). The responses represent 29 of the 31 SPH surveyed.
- Dean of Academic Affairs results: 61% response (19 out of 31 Deans of Academic Affairs)

What SPH Need Most To Better Prepare Students and Current Practitioners

Respondents for both surveys were queried on their opinions of what school of public health need the most to better train and prepare students and current practitioners in the principles of injury control and prevention. The top three answers for both surveys are:

Most Cited Needs for SPH to Better Prepare Students and Current Practitioners	
1st most cited:	Faculty recruitment with injury expertise; and, more courses with expanded curriculum
2nd most cited:	Funds for training/training program
3rd most cited:	Funds for faculty development

International Health and Injury Education

Nine SPH (31% of SPH responses overall) offer courses or training from an international perspective

Department/Center	SPH
Population/Family Department	Columbia
SPH Injury Control Research Center	Emory
Epidemiology and Biostatistics Department	GWU
SPH Injury Control Research Center	Harvard
Population and Family Health Department	JHU
International Health Department	Loma Linda
Departments of Health Education and Veterinary Sciences	Texas A&M
Health Behavior/Health Education Department	UNC
Injury Control Research Center	Washington (center is jointly administered with the medical school)
* JHU will be implementing a new injury track in the International Health Department	

Formal Injury Structures in SPH

Thirteen schools operate a total of 17 formal injury structures, such as a center, institute, office, or division.

- | | |
|----------------|----------------|
| 1) Columbia | 8) Iowa |
| 2) Emory | 9) UCLA |
| 3) JHU | 10) Michigan |
| 4) Harvard | 11) Minnesota |
| 5) SLU | 12) USF |
| 6) SDSU | 13) Washington |
| 7) UC-Berkeley | |

Four schools have injury structures based at another university body (e.g., medical school), but the school of public health is an active partner in the coordination of activities. These schools are: George Washington, UMDNJ, UNC-Chapel Hill, University of Washington, and Yale.

[See Appendix B for SPH Injury Structures]

Injury as a Priority Issue

Thirteen SPH overall noted an SPH or departmental priority area is injury-focused or injury-related. The most cited non-injury priorities for an SPH or a department were cancer and cardiovascular disease.

Injury Course Requirement & Practice Experiences

Within all the schools listed below, the top three department types that offer the most injury courses are departments of: health behavior/health education; environmental health; and, health administration & policy.

SPH Injury Course Requirement

Three schools require students to take an injury course as a requirement(s) to obtain a degree (JHU, Iowa, UAB). These three schools also offer injury courses as electives for students.

SPH Offer of Injury Practice & Training

Nine schools offer formal injury practice and training experience for students.

1. BU
2. Harvard
3. JHU
4. Albany
5. UCLA
6. UIC
7. Pittsburgh
8. USF
9. Washington

Injury Training and Research: Contacts & Partnerships

In addition to the SPH Dean of Academic Affairs as a contact person for training and research overall, 21 SPH have an additional contact(s) for both injury research and injury training. Of those 21 SPH, 72% are injury activities interact with and/or involve the community (not health departments).

Injury Research Funding

The top three most frequent funders for SPH injury research are federal agencies, foundation/non-profits, and private sector companies. The Centers for Disease Control and Prevention and the National Institutes of Health awarded funds most frequently on an annual basis January 1999 – July 2002.

SUMMARY RESULTS: DEPARTMENT CHAIRS

TARGET: Department Chairs

PURPOSE: Gain information on departmental faculty expertise, research, and opinions

Departmental Response

The following chart illustrates the top five department types that responded

Department	% of Total Department Responses
Health Behavior/Health Education	20%
Epidemiology	14.6%
Environmental	9 %
Joint Environmental and Occupational Health	9%
Biostatistics/Biometrics	9%

School Operation of a Formal Injury Structure (center, institute, office, etc.)

Thirteen SPH operate a total of 17 formal structures dedicated to injury control and prevention. Out of the 31 member schools of public health, only 38% operate a formal injury structure that is established at the school of public health.

SPH With Formal Injury Structures
<ol style="list-style-type: none"> 1. Columbia 2. Emory 3. JHU * 4. Harvard 5. SLU 6. SDSU 7. UC-Berkeley 8. UCLA 9. Iowa 10. Michigan 11. Minnesota 12. USF * 13. Washington <p>* Operates more than one injury structure. See Appendix B.</p>

Three-fourths of the main contact persons at the 13 SPH formal injury structures are also the school contacts for injury research and training, which includes injury education for students.

[See Appendix C for SPH Contact on Injury Training and Research Issues]

Collaboration: Injury Activities and the Community

61% of SPH, 19 schools, conduct injury research and practice activities which involve collaboration with the community. The table below illustrates the level of collaboration in those 19 schools.

Injury Activities: Level of Collaboration Between SPH and Community	
<i>SPH Injury Activities Sometimes Involve Community</i> 47% (n=9)	<i>SPH Injury Activities Often Involve Community</i> 52% (n=10)
1) GWU 2) OSU 3) Albany 4) UAB 5) Iowa 6) UCLA 7) UMDNJ 8) UNC 9) Texas A&M	1) Emory 2) Harvard 3) JHU 4) Loma Linda 5) SDSU 6) Michigan 7) Pittsburgh 8) Oklahoma 9) USC 10) USF

Collaboration: Schools’ Injury and Academic Public Health Practice Structures

Less than 20% of all member schools with injury structures collaborate with the public health practice structure. Academic public health practice^{iv} fosters a student’s understanding and application of real-world principles, since academic public health practice characterizes the bridge between theory and application. Numerous public health practice faculty and practitioners recommend that students engage in more practice opportunities, which ideally students could partake in as a supplement to the required field practicum. ASPH surveyed the level of practice collaboration in schools with formal injury structures alongside the school’s formal public health practice structure, if existing, such as the Office of Public Health Practice, center, division or institute. Nine schools have a formal injury structure and academic public health practice structure established. The following is the self-assessed partnership level between six of the nine schools that administer an injury and practice structure.

Collaboration Between SPH Structures of Injury and Academic Public Health Practice	
Partner often:	Harvard, JHU, Michigan
Partner sometimes:	Emory, UC-Berkeley, Iowa

The following chart depicts the feasible cross-fertilization of a school of public health’s formal injury structure via its academic public health practice structure (e.g., established practice office or center) in order to demonstrate the availability of institutional support and resources toward strengthening practice.

SPH Injury: Institutional Support for Training, Research and Practice			
SPH	Injury Structure Based at SPH *	SPH Academic Public Health Practice Structure ** (e.g., center, office, division)	Specific Contact(s) for Injury Training and Research ***
Boston		X	X
Columbia	X		X
Emory	X	X	X
GWU			X
Harvard	X	X	X
JHU	X	X	X
Loma Linda		X	X
OSU		X	X
SLU	X		X
SDSU	X	X	X
Texas A&M			
Tulane			
Albany			X
UAB			X
UC-Berkeley	X	X	X
UCLA	X	X	X
UIC		X	
Iowa	X	X	X
Massachusetts		X	
UMDNJ		X	X
Michigan	X	X	
Minnesota	X		X
UNC		X	X
Oklahoma			X
Pittsburgh		X	X
UPR			
USC		X	X
USF	X	X	X
UT-Houston		X	
Washington		X	X
Yale			X
* This column excludes the schools of public health that are an active or joint partner with an injury structure based at another university body (e.g., medical school).			
** The position of Assistant /Associate Dean for Public Health Practice is excluded from the definition of academic public health practice structure.			
*** The contact person(s) for training and research may be different than the contact person(s) for the SPH injury structure - - see Appendix C.			

What SPH Need Most To Better Prepare Students and Current Practitioners in Injury Control And Prevention [See Appendix D for lower ranked responses]

What SPH Need Most to Prepare Students and Practitioners : Top Responses of Department Chairs	
#1 Rank	<i>Funding</i> - Funds for training/training program <i>Education</i> - More courses and expanded curriculum
#2 Rank	<i>Faculty</i> - Faculty recruitment with injury expertise <i>Infrastructure/Organizational</i> - U.S.-based partnerships (e.g. community-based organization; health department)
#3 Rank	<i>Faculty</i> - Funds for faculty development <i>Education</i> - Continuing Education
#4 Rank	<i>Education</i> - An injury concentration, specialization, degree program <i>Funding</i> - Increased funding for SPH overall

School Departments & Injury Course Availability

Department types across SPH that offered the most courses in injury control and prevention, in descending order, are as follows:

Type Of SPH Departments Offering the Most Injury Control and Prevention Courses <i>(In descending order, from most to least, across all ASPH member schools)</i>	
1)	Epidemiology departments
2)	Health Behavior/Health Education departments
3)	Environmental & Occupational Health departments
4)	Health Policy and Administration departments
5)	International Public Health departments
6)	Sociomedical Sciences departments
7)	Population and Family Health departments
8)	Maternal and Child Health departments
9)	Joint Biostatistics and Epidemiology departments

Injury Research: Characteristics of Funders

Although several schools receive multiple-year awards from an organization, the federal government was the most frequent funder-level type for SPH January 1999 – July 2002.

Most Frequent Funder-type for SPH Injury Research <i>(in descending order from most to least)</i>	
1)	federal level
2)	foundation/non-profit level
3)	private level
4)	academia level
5)	state level

Several organizations provide funds for SPH injury research. However, few organizations provided funds for more than one SPH from January 1999 – July 2002. The following table lists organizations that bestowed research funding to two or more SPH.

Organizations that Bestowed Research Funding to Two or More SPH January 1999 – July 2002 <i>(in descending order from most SPH awarded to least)</i>		
	Organization	Funder Level
1)	Centers for Disease Control and Prevention (CDC)	federal
2)	National Institute on Alcohol Abuse and Alcoholism (NIAA)	federal
3)	National Institute of Child Health and Human Development (NICHD)	federal
4)	National Institute on Aging (NIA)	federal
5)	National Highway Traffic and Safety Administration (NHTSA)	federal
6)	MacArthur Foundation	foundation
7)	Agency for Health Care Research and Quality (AHRQ)	federal
8)	National Institute of Drug Abuse (NIDA)	federal
9)	David and Lucille Packard Foundation	foundation

Injury Research: Funding Sources

The following table lists the organizational funding source for injury research at SPH. Of the responses received, less than 1% of funding from CDC was awarded through the ASPH/CDC Cooperative Agreement.

1999-2001 Sources of Injury Funding at Schools of Public Health		
Funding Source	Keywords	Type of Funder
3M Company	human factors and driver visual performance	foundation/non-profit
Abell Foundation	gun design	foundation/non-profit
Advanced Bio-Surfaces Inc.	orthopedics, biomechanics, artificial nucleus	private
Agency for Health Care Research and Quality (AHRQ)	trauma systems, regionalization; women's mental and physical health;	federal
Andrew Mellon Foundation	forced migration & violence; community health education,	foundation/non-profit
Annie E. Casey Foundation	injury surveillance	foundation/non-profit
ASPH/CDC Cooperative Agreement	IPV evaluation; a training resource for injury prevention and control	federal
Atlantic Philanthropies	Injury surveillance	foundation/non-profit
Bionx Implants, Inc.	biomechanics of screw design	private
Booz-Allen & Hamilton, Inc.	extensions of current driver performance models	private
BU SPH	South Asian Women, Intimate partner violence	academia
California Office of Traffic Safety	head protection, bogus helmet, motorcycle, crash; evaluation, graduated driver licensure	state
California State Legislature	risk factors high school athletic injuries	state
CDC	health and housing prevention research low dose alcohol and cold medicine during maritime safety Interpersonal violence, computer safety messages, childhood injury prevention, home and recreational injuries, cost effectiveness of trauma care centers; cost of injury; trauma outcomes; functional outcomes; violence prevention; child safety Injury Control Research Centers, Centers for Prevention of Youth Violence, Iowa Center for Public Health	federal
Charles H. Farnsworth Charitable Trust	hip protectors	foundation/non-profit
Constellation Energy Group	childhood injury and home-based interventions;	non-profit
David and Lucille Packard Foundation	reproductive services for migrant women; children and firearm related injury;	foundation/non-profit
Deep South Center	agricultural safety for children	non-profit
Department of Justice	injuries from assaults on pregnant women	federal
Diversified Software, Inc.	software for in-vehicle information systems	private

1999-2001 Sources of Injury Funding at Schools of Public Health		
Funding Source	Keywords	Type of Funder
Funders' Collaborative for Gun Violence Prevention	firearms: suicide, deaths, unintentional injuries, gun policy and gun design	foundation/non-profit
Future Technology & Health, LC	driver fatigue and behavior	private
General Motors	older drivers, mobility, safety	private
Global Forum for Health Research	injuries in Pakistan, Saudi Arabia, and Uganda; road traffic injuries in developing countries	foundation/non-profit
Governors Highway Safety Bureau	safety belt use survey	federal
Health Resources and Services Administration	domestic violence, maternal and child health, distance learning	federal
Honda Research and Development Americas, Inc.	fun and stress in driving	private
Intel Corporation	driver response to technology in vehicles	private
Iowa Coalition Against Domestic Violence	economic advocacy and skill-building	foundation/non-profit
Iowa Department of Public Health	production of state fact book; trauma care facility site surveys; traumatic brain injury survey	state
Iowa Department of Transportation	traffic safety and engineering informational series; enhancing pavement markings for older drivers	state
Jacob and Hilda Blaustein Foundation	youth violence and police training	foundation/non-profit
JHU	global burden of injuries	academia
JHU Center for International Emergency, Disaster and Refugee Studies (CIEDRS)	Afghan refugees	academia
John's Hopkins Children's Center	home safety and childhood injury	academia
Larry Lockshin, Esq.	muscle response, train engine, train caboose and impacts	private
MacArthur Foundation	firearm legislation and policy; human development	foundation/non-profit
Maryland Department of Transportation	motor vehicle injury prevention	state
Maryland Governor's Office of Crime Control and Prevention	juvenile justice: delinquency, youth and mental disorders	state
More Health Program	firearms, schools, children	foundation/non-profit
Motorola, Inc.	driver advocate concept	private
National Academies of Sciences	evaluation, methods, social and economic effects of transportation projects	foundation/non-profit
National Association of Health Data Organizations	ER data, epidemiology of violence	foundation/non-profit
National Cooperative Highway Research Program	materials to optimize sign performance	foundation/non-profit
National Highway Traffic Safety Administration (NHTSA)	motor vehicle injuries and deaths; graduated driver licensure, novice drivers	federal
National Institute of Arthritis, Musculoskeletal and Skin Disorders (NIAMSD)	amputation, orthopedic trauma	federal

1999-2001 Sources of Injury Funding at Schools of Public Health		
Funding Source	Keywords	Type of Funder
National Institute of Child Health and Human Development (NICHD)	nutrition and exercise, injury prevention; emergency department interventions; lead poisoning; domestic violence in pregnancy and adverse birth outcomes	federal
National Institute of Diabetes, Digestive and Kidney Diseases (NIDDKD)	automobile crash risks in persons with diabetes	federal
National Institute of Drug Abuse (NIDA)	negotiated interview; child maltreatment and drug abuse - criminal behavior; drugs: use, trafficking, violence	federal
National Institute of Health (NIH)	lead poisoning	federal
National Institute of Justice (NIJ)	Human development	federal
National Institute of Mental Health (NIMH)	domestic violence, HIV; domestic violence training; human development	federal
National Institute of Occupational Health and Safety (NIOSH)	low back injuries, disability and injury	federal
National Institute on Aging (NIA)	trauma systems, cost-effectives, trauma centers, trauma outcomes, elderly trauma; unintentional injuries; hip fractures; driver safety predictions; Alzheimer's disease and stroke	federal
National Institute on Alcohol Abuse and Alcoholism (NIAAA)	federal regulations on alcohol use; alcohol and violence; alcohol and aviation safety; driving and adolescent drinking, high risk	federal
National Institute on Disability and Rehabilitation Research (NIDRR)	wheelchair users, epidemiology	federal
National Safety Council	transportation safety, information systems	federal
National Science Foundation	human simulation; coordinating humans and automation; virtual environments to study human behavior	federal
NY State Dept. of Health	motor vehicle crashes: trauma, quality improvement	state
Ohio University	entrance ramp signs and driver behavior	academia
Palmer Chiropractic University	orthopedics, biomechanics, lumbar facet movement	academia
Pioneer Hi-Bred International, Inc.	certified safe farms	private
Rockwell Collins, Inc.	pilot performance and visual information systems; human factors in aviation research	private
Roy J. Carver Charitable Trust	certified safe farms	foundation/non-profit
Soros Open Society Institute	Injury surveillance	Foundation/non-profit
Spinal Concepts, Inc	implants, orthopedics, biomechanics	private
The Joyce Foundation	firearm injuries, policies and death	foundation/non-profit
The Robert Wood Johnson Foundation	guns; negotiated interviews;	foundation/non-profit
United States Department of Education	violence	federal
U.S. Dept. of Transportation, Federal Highway Administration	wet weather visibility and pavement markings	federal

1999-2001 Sources of Injury Funding at Schools of Public Health		
Funding Source	Keywords	Type of Funder
University of Michigan, Dept. of Emergency Medicine	multidisciplinary research	academia
University of North Carolina Chapel Hill Internal Grant	falls in older adults	academia
University of Pennsylvania	medical professionals, advocacy, reduction of firearm violence	academia
University of South Carolina Internal Grant	cognitive retraining for speech- language regarding traumatic brain injuries	academia
US Agency for International Development	injuries in Asia, Africa	federal
Violence Institute Developmental Disabilities Council	violence, disabled, and domestic violence	foundation/non-profit
Wellmark Foundation	farm expansion	foundation/non-profit
World Health Organization	road injuries in Africa and Asia	foundation/non-profit

Injury as Priority Issue at Schools of Public Health

Of the respondents, 16% (13) noted that at least one of the top three priority areas are injury-focused or injury-related.

Of the 16%, the top three SPH departments that listed injury as priority (ies), in order of most to least are:

- 1st - health behavioral/health education departments
- 2nd - maternal and child health departments
- 3rd – epidemiology or joint epidemiology/biostatistics departments

DEPARTMENT CODES: SPH Departmental Responses Listing Injury as Priority or Prominent Chart

The codes assigned represent the general department characteristic and may not be the exact department title. Each SPH has different nomenclature for departments, so ASPH categorized the departments according to each core public health study area. For example, if one SPH may title their health education department, "Health Behavior and Education," yet another SPH calls the department, "Health Education Sciences," then ASPH categorized both departments at Health Behavior and Health Education.

EPI	Epidemiology	EPI/BIO	Epidemiology or Joint Epidemiology/ Biostatistics
HBHE	Health Behavior/Health Education	HPA	Health Policy and Administration
INTL	International Public Health	MCH	Maternal and Child Health
Population/Family	Population and/or Family Health	VET	Veterinary

SPH	SPH Department	Perceived Priority Area 1	Injury is not a priority but is prominent. How?	Perceived Priority Area 2	Injury is not a priority but is prominent. How?	Perceived Priority Area 3	Injury is not a priority but is prominent. How?
<u>Columbia</u>	Population/Family	Reproductive, Adolescent and Child Health	SPH courses such as <i>Public Health Aspects of Child Health</i>	Forced Migration and Health	SPH courses such as <i>Health Consequences of Forced Migration</i>	n/a	n/a
<u>BU</u>	MCH	Revision of required core MCH courses	Injury would be a new topic in a child health course	Research on safe motherhood	Violence against women and safety of new mothers and mothers-to-be is addressed	Increased departmental focus on child health	Injury is a major issue of childhood
<u>Emory</u>	HBHE	Chronic disease	An injury component exists	HIV/AIDS	An injury component exists	Addiction	An injury component exists
<u>GWU</u>	EPI/BIO	Health Informatics	Design of injury databases	Community Health Indicators	Injury is an important health indicator	n/a	n/a

SPH	SPH Department	Perceived Priority Area 1	Injury is not a priority but is prominent. How?	Perceived Priority Area 2	Injury is not a priority but is prominent. How?	Perceived Priority Area 3	Injury is not a priority but is prominent. How?
<u>Harvard</u>	MCH; HPM	Injuries and Violence	Issues of domestic violence, child abuse, and international injury	n/a	n/a	n/a	n/a
<u>Loma Linda</u>	INTL	Humanitarian assistance		Domestic violence	n/a	n/a	n/a
<u>Texas A&M</u>	VET	Health Policy & Management	Issue of policy and management of injury	Epidemiology of Biostatistics	The issue of injury epidemiology	n/a	n/a
<u>Texas A&M</u>	HBHE	Health Policy & Management	Issue of policy and management of injury	Epidemiology of Biostatistics	The issue of injury epidemiology	n/a	n/a
<u>UMDNJ</u>	HPA	Tobacco, Alcohol and Drugs	Adolescents through college-age risk populations and their health outcomes, which include injuries	Restructuring the Public Health System	Injury epidemiology support from the SPH to the local public health department	Maternal and Child Health	Injuries related to birth outcomes, childhood, and poisoning (e.g. lead poisoning) are discussed.
<u>Michigan</u>	HBHE	Community-based public health	Violence prevention among urban youth is addressed	n/a	n/a	n/a	n/a
<u>UNC</u>	HBHE	Research	Through collaboration with the injury prevention research center	Teaching	Through collaboration with the injury prevention research center	Service	Through collaboration with the injury prevention research center
<u>Pittsburgh</u>	EPI	Aging	Falls in the elderly are addressed	Diabetes	Motor Vehicle Accidents related to impairment is addressed	n/a	n/a
<u>USF</u>	EPI/BIO	Prevention Research	Several injury projects for children and adults exist	n/a	n/a	n/a	n/a

Top Four Non-Injury Priorities at Schools of Public Health

Of the respondents, 23% (21) repeatedly listed the following non-injury areas as top priorities:

Top Four Non-Injury Priorities of Schools of Public Health <i>(In descending order from most cited to least cited)</i>
1) Chronic diseases (cancer, cardiovascular diseases)
2) Environmental and/or occupational health
3) Women's health, reproductive health
4) Bioterrorism

SUMMARY RESULTS: DEANS OF ACADEMIC AFFAIRS

TARGET: Deans of Academic Affairs

PURPOSE: Gain information on injury curricula and training for students

Injury as Core Requirement for a Degree

OF THE RESPONDENTS, 15% (N=3) REQUIRE A STUDENT TO TAKE AN INJURY COURSE AS A CORE REQUIREMENT FOR A DEGREE OBJECTIVE.^v

Injury Course as Core Requirement for Degree Objective
<p>1) JHU SPH Department: Public Policy Degree Objective: PhD, ScD Curriculum Summary: Four required courses in Health Policy and Management (<i>Issues in Injury Control; Epidemiology of Injuries; Design and Evaluation of Injury Interventions;</i> and, <i>Aviation Safety</i>); and, two injury electives Injury courses also offered as electives</p>
<p>2) Iowa SPH Department: Environmental/Occupational Health and Epidemiology Degree Objective: Doctorate Curriculum Summary: Must take a course entitled <i>Injury Epidemiology</i> Injury courses also offered as electives</p>
<p>3) UAB – n/a</p>

Injury as a Formal Concentration

Two schools, JHU and Loma Linda, offer a formalized specialization, academic track, or concentration in injury for students.

At JHU, a Certificate in Injury Control within the Department: Health Policy and Management can be obtained in conjunction with any degree program. JHU also offers a weeklong institute on injury regarding principles and practices. The requirements for the certificate are the following:

JHU Requirements for Injury Certificate
<p>Four General Injury Courses: <i>Issues in Injury Control and Violence Prevention; Epidemiology of Injuries; Design and Evaluation of Injury Interventions</i></p>
<p>One Injury Problem Course: For example, <i>Understanding and Preventing Violence</i></p>
<p>Two Injury Control Strategies Courses: Courses such as advocacy, outreach, etc.</p>
<p>Seminars: Two terms of a graduate seminar in injury research and policy</p>

At Loma Linda, a Certificate in Humanitarian Assistance is offered in order for students to learn about complex issues, such as injury prevention and control, regarding disaster relief on a national and international level. This certificate may be obtained within the MPH or DrPH degree track.

As of July 2002 faculty at Iowa began developing an injury control emphasis.

Formal Training Programs for Students

Formal student training for injury is defined as internships, fellowships, mentoring, scholarships, stipends, field placements and so forth. Central to formal training programs is the hands-on approach and practice experience a student receives for public health injury practice and/or public health injury research. Of the respondents, 47% (9 SPH) have a type of formal training(s) in injury control and prevention. Those SPH are the following: *BU; Harvard; JHU; Albany; UCLA; UIC; Pittsburgh; USF; and, Washington.*

SPH Formal Trainings in Injury Control and Prevention

SPH	Title of Training	Lead Organizer, if not SPH	Practice-oriented	Research-oriented	Student Funding Offered	Source of Student Funding	Focus of Training		
							Violence	General Injury	Alcohol
<u>BU</u>	<i>Domestic Violence Project</i>	Boston Medical Center	x				x		
	<i>Domestic Violence Advocacy Project</i>	Northeastern University	x	x			x		
	<i>Waging Peace Project</i>	SPH	x				x		
	<i>Childhood Injury Prevention Project</i>	Boston Public Health Commission	x					x	
<u>Harvard</u>	<i>Research Assistantships</i>	ICRC		x	x	ICRC (Injury Control Research Center)		x	
	<i>Small grants for students youth violence prevention</i>	ICRC	x	x	x	ICRC	x		
	<i>Stipends</i>	ICRC	x	x	x	ICRC		x	
	<i>Minority Internships</i>	ICRC	x	x	x	ICRC		x	
<u>JHU</u>	<i>Violence Prevention Training</i>	JHU School of Nursing		x	x	Federal (NIMS: T-32)	x		
	<i>Alcohol and Injury Training</i>			x	x	federal (NIAA)			x
	<i>Haddon Fellowship</i>		x	x	x	school of public health management and policy department		x	

SPH Formal Trainings in Injury Control and Prevention

SPH	Title of Training	Lead Organizer, if not SPH	Practice-oriented	Research-oriented	Student Funding Offered	Source of Student Funding	Focus of Training		
							Violence	General Injury	Alcohol
<u>Albany</u>	<i>Injury Internship</i>		x	x	x	state health department		x	
<u>UCLA</u>	<i>Fellowship: Violence Prevention</i>			x	x	foundation	x		
<u>UIC</u>	<i>Practice-Training: Chicago Project for Violence Prevention</i>		x				x		
	<i>Illinois Violence Prevention Authority Internships</i>	Illinois State Legislature	x	x	sometimes	state legislature	x		
	<i>National Safety Council Internships</i>	National Safety Council	x	x	sometimes	non-profit		x	
<u>Pittsburgh</u>	<i>Formal research opportunities that vary by grant</i>			x	sometimes	general school of public health accounts		x	
<u>USF</u>	<i>Training: Harold Center for the Prevention of Violence</i>		x	x	x	grants; general school of public health accounts	x		
<u>Washington</u>	<i>Trainings: Harborview Injury Prevention and Research Center</i>	Co-organize with School of Medicine	x	x	sometimes	CDC and other grants		x	

Injury Courses

One-hundred and fifty-nine (159) injury courses were inventoried offered across all schools, of which 22% (35 courses) were identified to focus on teaching the fundamental issues of injury control and prevention both unintentional and intentional.

The categorical breakdown of the remaining 124 courses were:

- 22% -- INTENTIONAL INJURY/VIOLENCE-FOCUSED COURSES, WHICH INCLUDE CHILD MALTREATMENT
- 23% -- disaster-focused injuries (natural or man-made/terrorist caused)
- 33% -- variety of topics (violence, injury epidemiology, ergonomics, injury biomechanics, disability, kinesiology and recreational injury, injury policy, pediatric injury, adult injury, motor vehicle injury, trauma and emergency, and fire injury)

The type of department that offered the injury courses are in the following order of most to least.

- 1st: Health Behavior and Health Education
- 2nd: Epidemiology
- 3rd: Health Administration and/or Policy
- 4th: Environmental Health Science
- 5th: Exercise Science
- 6th: International Health
- 7th: Maternal and Child Health
- 8th: Other (e.g., Health Law, a research center, through another graduate college, etc.)

The above department names represent the general department type and may not be the exact department title per school. Each SPH has different nomenclature for departments, so ASPH categorized the departments according to core public health study areas. For example, if one SPH entitles the health education department, “Health Behavior and Education,” and another SPH entitles the department, “Health Education Sciences,” then ASPH categorized both departments as Health Behavior and Health Education. [See Appendix E for course listings per school and department type]

What Schools Need Most To Better Prepare Students And Current Practitioners

What Students and Practitioners Need Most to Better Prepare Students and Practitioners Top Responses of Deans of Academic Affairs	
#1 Rank:	<i>Faculty</i> - Faculty recruitment with injury expertise
#2 Rank:	<i>Education</i> - More courses and an expanded curriculum
#3 Rank:	<i>Funding</i> - Funds for training/training programs
#4 Rank:	<i>Education</i> - Better inclusion and integration of injury in current courses <i>Funding</i> - Funds for faculty development, internships and fellowships

[See Appendix F for lower ranked responses]

APPENDIX A

Assessment Tools

- 1) Department Chair: Cover Memo and Survey
- 2) Dean of Academic Affairs: Cover Memo and Survey

Survey Instruments

- 1) Survey Z Cover Memo and Survey**
- 2) Survey Y Cover Memo and Survey**

MEMO

March 26, 2002

To: Department Chairs
Injury Research Center Directors,
Other SPH Injury-Oriented Center Directors

From: Geraldine S. Aglipay
Center for Education & Practice, ASPH

cc: Dean, School of Public Health

Subject: Survey Z – Injury, Violence, and Trauma: Faculty Expertise & Research

Given the increasing science-based evidence, which indicates that many injuries are preventable and are not “accidents” interest toward injury training and research is growing. The documented socioeconomic, physical and psychological costs of injuries sustained from natural and man-made disasters underscores this emerging interest. **Enclosed is a survey* from the Association of Schools of Public Health (ASPH) and the CDC National Center for Injury Prevention and Control (CDC/NCIPC) to identify faculty expertise and types of injury research conducted at schools of public health (SPHs).**

The results of this survey will be assessed in order to assist ASPH and CDC/NCIPC in expanding existing financial resources for research and training opportunities, as well as to shape the objectives of the newfound ASPH Injury Council. In addition, the data will be available to interested health agencies that wish to strengthen partnerships with SPHs, such as the World Health Organization.

In this survey, injury is defined as activities to prevent, ameliorate, treat and or reduce injury-related disability and death. This includes unintentional and intentional injuries (often called violence). Injury control and prevention is viewed from the perspective of personal, recreational, home, sports, etc. *Excluded from this definition are injuries that occur within occupational and/or industrial environments.*

If any of the requested information is available through your school’s catalog, printed material or via e-mail, please let us know. If there is a more suitable person to complete this survey, please forward these materials to them and send me that person’s contact information (see below). **The survey is due by May 31, 2002.**

After completion, please make a file copy for your school files and send the survey to:

**Injury Survey
ASPH c/o Geri Aglipay
1101 15th Street, NW – Suite 910
Washington, DC 20005
Fax. 202-296-1252 \ E-mail: gaglipay@asph.org**

Please contact me at 202-296-1099 if you have questions. Thank you in advance for completing this survey.

SURVEY Z Version
ASPH and NCIPC/CDC Survey on Injury, Violence,
and Trauma-oriented Faculty & Research in Accredited Schools of Public Health

Name & Title of Person Completing Survey (department chair or director of SPH injury center)	_____
Telephone	() - _____
E-mail	_____

If any of this information is available through your school's catalog or other print matter, please attach a copy(ies) with the completed survey; however, if the information is also available via e-mail or the Internet, please send us that information at gaglipay@asph.org.

We are requesting this information from all department chairs and, if applicable, directors of injury research centers. Please complete this survey by: May 31, 2002.

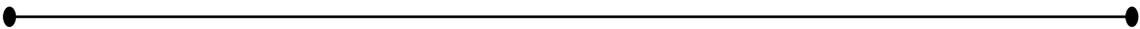
Definitions for Survey Purposes:

Injury research and training is defined as a set of activities in which the goals are to prevent, ameliorate, treat and or reduce injury-related disability and death. This definition includes injuries categorized as either unintentional or intentional injuries (frequently called violence). Injury control and prevention is viewed from the perspective of personal, recreational, home, sports, and other non-occupational environments. Excluded from this definition are injuries that occur within an occupational and/or industrial environment.

Examples of unintentional injuries are traumas as a result of motor vehicle accidents, mass casualties from man-made or natural disasters, drowning, falls, suffocation, poisoning, fire and burns, cuts/piercing, firearms, etc.

Examples of intentional injuries are traumas as a result of intimate partner/spousal abuse, sexual violence, homicide, assault, school violence, suicides, firearms, etc.

Please note that injury curricula and research can encompass a variety of disciplines within schools of public health that not only include the CEPH five core areas,¹ but also areas such as biomechanics, acute care, trauma and ergonomics.



- 1) Please review the attached chart (*Attachment A*) of injury-oriented faculty and courses at your school of public health (SPH), and **add or delete information**. The chart depicts information that ASPH currently possesses about your SPH faculty expertise and injury-related coursework. Please fill-in the information gaps per row.

- 2) Does your SPH offer courses or training in injury from an international perspective? Yes No
If yes, please attach information.

¹ <http://www.ceph.org> - "Accreditation Criteria." Accreditation Criteria: Schools of Public Health – Criterion V.A .

3) What are the funding sources for your injury-related research for the past three years (initially funded in 1999 – present)? Please attach additional sheets if necessary or e-mail attachments to gaglipay@asph.org .

Title of Research Project or course	Keywords (up to 10)	Principal Investigator	Funder	Funded from a subaward of the ASPH/CDC Cooperative Agreement (Y or N)

4) What do you envision is needed to better prepare students and current practitioners in injury control and prevention? Refer to “Definitions” on page 1 of this survey. (e.g., continuing education, faculty recruitment/development, partnerships, funding, courses, training, etc.)

5a) If your SPH operates a formal center, institute, office devoted to injury control and prevention, please list the name and contact information. (Do not list if your school is a partner and not the lead administrator of the injury program). *If your SPH does not have this, please list your SPH contact person for injury control and prevention research & training issues on page 3.*

TITLE of Center, Institute, Office, Etc. _____

ADDRESS _____

CITY, ST, ZIP _____

PHONE, FAX, WEBSITE _____

CONTACT PERSON _____

E-mail _____

Is this person listed above (Question #5a) the contact for injury research and training issues? Y N
If not, please list the *contact person* below:

NAME & TITLE _____

ADDRESS _____

CITY, ST, ZIP _____

PHONE and FAX _____

E-mail _____

5b) If your school/university has a formal office/center/ on injury control and prevention research **and** your SPH also has an academic public health practice office/center on practice-based research and teaching, to what extent do the two entities collaborate?

0 = None 1 = rarely/very little 2= sometimes 3 = often

5c) To what extent does your SPH injury program(s) interact and involve the community (not health departments) for research or practice activities?

0 = None 1 = rarely/very little 2= sometimes 3 = often

6) What are your SPH top 3 overall priority areas for research, training, and curricula? If injury is not one, please note if injury prominently falls within one of the areas.

Top 3 Perceived Priority Areas	Injury is not a priority but is prominent . . .
#1)	Briefly explain how for #1):
#2)	Briefly explain how for #2):
#3)	Briefly explain how for #3):

If you need more space to complete this information, please attach a separate page or enclose copies of course syllabi, etc. Again, if this information is available on your web site or e-mail, please contact Geri Aglipay (below). Please send this survey and any attachments to:

**Injury Survey c/o Geri Aglipay - ASPH
1101 15th Street, NW – Suite 910
Washington, DC 20005
Fax. 202-296-1252 / E-mail: gaglipay@asph.org
Tel. 202-296-1099**

Thank you for your time and consideration.

MEMO

March 26, 2002

To: Jane/John Doe Dean of Academic Affairs

From: Geraldine S. Aglipay
Center for Education & Practice, ASPH

cc: Dean
School of Public Health

Subject: Survey Y - Injury, Violence, & Trauma: Curricula & Training

Given the increasing science-based evidence, which indicates that many injuries are preventable and are not "accidents," interest is growing with regard to injury training and research. The documented socioeconomic, physical and psychological costs of injuries sustained from natural and man-made disasters underscores this emerging interest. **Enclosed is a survey* from the Association of Schools of Public Health (ASPH) and the CDC National Center for Injury Prevention and Control (CDC/NCIPC) to identify the injury curricula and training conducted at schools of public health (SPHs).**

The results of this survey will be assessed in order to assist ASPH and CDC/NCIPC in expanding existing financial resources for research and training opportunities, as well as to shape the objectives of the newfound ASPH Injury Council. In addition, the data will be available to interested health agencies that wish to strengthen partnerships with SPHs, such as the World Health Organization.

In this survey, injury is defined as activities to prevent, ameliorate, treat and or reduce injury-related disability and death. This includes unintentional and intentional injuries (often called violence). Injury control and prevention is viewed from the perspective of personal, recreational, home, sports, etc. Excluded from this definition are injuries that occur within occupational and/or industrial environments.

If any of the requested information is available through your school's catalog, printed material or via e-mail, please let us know. If there is a more suitable person to complete this survey, please forward these materials to them and send me that person's contact information (see below). **The survey is due by May 31, 2002.**

After completion, please make a file copy for your school files and send the survey to:

**Injury Survey
ASPH c/o Geri Aglipay
1101 15th Street, NW – Suite 910
Washington, DC 20005
Fax. 202-296-1252 \ E-mail: gaglipay@asph.org**

Please contact me at 202-296-1099 if you have questions. Thank you in advance for completing this survey.

ELECTRONIC FORM – SURVEY Y Version

ASPH and NCIPC/CDC Survey on Injury, Violence, and Trauma Curricula and Training in Accredited Schools of Public Health

DIRECTIONS FOR ELECTRONIC COMPLETION:

- 1) Save this form to your computer.**
- 2) Double click in shaded fields and highlight the area. Once the field is highlighted, begin typing. After completion, save form and send a copy to ASPH with any attachments.**

Name & Title of Person Completing Survey <Double click and type here>

Telephone () - _____

E-mail <Double click and type e-mail address here>

If any of this information is available through your school's catalog, bulletin or other printed materials, please attach a copy(ies) with the completed survey. If any of the information is also available via e-mail or the Internet, please send us that information at gaglipay@asph.org. Please complete this survey by: May 31, 2002.

Definitions for Survey Purposes:

Injury research and training is defined as a set of activities in which the goals are to prevent, ameliorate, treat and or reduce injury-related disability and death. This definition includes injuries categorized as either unintentional or intentional injuries (frequently called violence). Injury control and prevention is viewed from the perspective of personal, recreational, home, sports, and other non-occupational environments. Excluded from this definition are injuries that occur within an occupational and/or industrial environment.

Examples of unintentional injuries are traumas as a result of motor vehicle accidents, mass casualties from man-made or natural disasters, drowning, falls, suffocation, poisoning, fire and burns, cuts/piercing, firearms, etc.

Examples of intentional injuries are traumas as a result of intimate partner/spousal abuse, sexual violence, homicide, assault, school violence, suicides, firearms, etc.

Please note that injury curricula and research can encompass a variety of disciplines within schools of public health that not only include the CEPH five core areas,² but also areas such as biomechanics, acute care, trauma and ergonomics.

INJURY-SPECIFIC CURRICULA

1a) Is a course(s) on injury a core requirement for any degree objective (masters or doctoral) within your SPH? If yes, please indicate below. If no, skip to question #2.

Department, Center or Division (e.g., Dept. Health Promotion & Education, etc.)	Name of Academic Track/Concentration (e.g., maternal & child concentration, etc.)	Degree Objective (MPH, MSPH, DrPH, PhD, etc.)
<Double click and type here>	<Double click and type here>	
<click and type >	<click and type>	
Department, Center or Division (e.g., Dept. Health Promotion & Education, etc.)	Name of Academic Track/Concentration (e.g., maternal & child concentration, etc.)	Degree Objective (MPH, MSPH, DrPH, PhD, etc.)
<click and type >	<click and type>	
<Click and type >	<click and type>	
<click and type >	<click and type>	

² <http://www.ceph.org> - "Accreditation Criteria." Accreditation Criteria: Schools of Public Health – Criterion V.A .

1b) For the degree programs listed above, please list all the injury-centered course(s) required for the core, including electives (add sheets if necessary).

<u>Department and/or Division Offering the Course</u>	<u>Course Title</u>	<u>Credit Hrs. Offered</u>
<Double click and type here>	<Double click and type here>	
<click and type>	< click and type >	
<click and type>	< click and type >	
<click and type>	< click and type >	

2a) Does your school offer a specialization/academic track/ concentration in injury control and prevention? If yes, please list the department and/or division that offers the specialization/academic track/ concentration, as well as degree objective. If no, skip to question #4.

<u>Name of Injury Specialization/ Academic Track/ Concentration</u>	<u>Department, Division, and/or Center</u>	<u>Degree Objective (MPH, MSPH, DrPH, PhD, Etc.)</u>
<Double click and type here >	<Double click and type here >	
<click and type >	<click and type >	
<click and type >	<click and type >	

2b) At your school, what are the core requirements for the above specialization/academic track/ concentration in injury? List any practica, internships, special projects, thesis, etc. that may be required. Please include any courses offered in either traditional or non-traditional format (continuing education, correspondence, distance learning, etc). Finally, attach syllabi and other material, if possible.

<u>From #2a, Specialization/ Track/ Concentration</u>	<u>Short Description of Core Requirement(s)</u>	<u>Toward which degree (MPH, MSPH, DrPH, PhD, Etc.)</u>
<Double click and type here> Name of Specialty/Track/Concentration	<click and type here; attach sheets if you need more space>	
<click and type here> Name of Specialty/Track/Concentration	<click and type here; attach sheets if you need more space>	

Attach additional sheets as necessary for question #2.

INJURY RELATED CURRICULA & TRAINING

3) What elective course(s) is (are) offered to students that directly relates to the practice and/or research of injury control and prevention? Please include both traditional and non-traditional modes of study, and note if it is a distance learning course, continuing education, etc. Do not include lectures or short course modules (e.g., duration of 1 to 2 days, etc.). Attach additional sheets if necessary.

Department and/or Division	Course Title	Length of Course (Semester or quarter; number of hours student spends in lecture and practice)	Credit Hrs. (if offered)	Subject areas covered to the study, practice and/or research of injury control and prevention
<Double click and type here>	<Double click and type here>	<click and type>		<Double click and type here>
<click and type>	<Double click and type here>	<click and type>		<Double click and type here>
<click and type>	<Double click and type here>	<click and type>		<Double click and type here>

4) Please list any formal trainings (internships, fellowships, mentoring, stipends, scholarships, etc.) that are offered to your SPH students, either independently or in collaboration with an agency, for training and research in injury prevention and control? Please indicate which are through your SPH directly or other (e.g., in collaboration with another school, entity, etc.) *Attach additional sheets as necessary to describe the program(s) in more detail.*

Training (title)	SPH is lead organizer (Y or N)	If SPH is not the lead organizer, who is?	Practice – oriented (teaching or service) (Y or N)	Research-oriented (Y or N)	Student gets financial compensation (Y or N)	Source of financial compensation
<Double click and type here>	<Y or N>	<click and type>	<Y or N>	<Y or N>	<Y or N>	<click and type>
<click and type>	<Y or N>	<click and type>	<Y or N>	<Y or N>	<Y or N>	<click and type>

5) Does your SPH offer courses or training in injury from an international perspective? Yes No
If yes, please attach information.

6) What, do you envision, is needed in order to better prepare students and current practitioners in injury control and prevention? Refer to “Definitions” on page 1 of this survey. (e.g., continuing education, faculty recruitment/development, partnerships, funding, courses, training, etc.)

If you need more space to complete this information, please attach a separate page or better yet, enclose copies of course syllabi, etc. Again, if this information is available on your web site or e-mail, please let us know at gaglipay@asph.org . Please send this survey and any attachments to:

**E-mail: gaglipay@asph.org
Injury Survey c/o GSA
ASPH
1101 15th Street, NW – Suite 910
Washington, DC 20005
Tel. 202-296-1099
Fax. 202-296-1252**

Thank you for your time and consideration.

APPENDIX B

Formal Injury Structures at Schools of Public Health

Appendix B
Formal Injury Structures at Schools of Public Health: Contact Information

SPH	Formal SPH Injury Structure ¹	Location	Tel	Fax	Contact Person	Web Address
Columbia	The Center for Violence Research Prevention	60 Haven Avenue B4-432 New York, NY 10032	212-305-7744	212-305-8280	Bruce Link, PhD Director bgl1@columbia.edu	www.mailman.hs.columbia.edu/cvrp
	Injury Free Coalition for Kids	Harlem Hospital Injury Prevention Program Harlem Hospital Center 506 Lenox Avenue, Suite 11-103 New York, NY 10037	212-939-4003	212-939-4015	Arthur Cooper, MD Director ac38@columbia.edu	http://www.injuryfree.org
	Gertrude H. Sergievsky Center on Aging	630 W. 168 St. New York, NY 10032	212-305-2515	212-305-2426	Richard Mayeux, MD, MSc Director rpm2@columbia.edu	http://cpmcnet.columbia.edu/dept/sergievsky/index.html DIRECTOR
Emory	Center for Injury Control	Rollins School of Public Health 1518 Clifton Road NE Atlanta, GA 30322	404-778-2600	404-778-2630	Arthur Kellerman, MD, MPH, Director akell01@emory.edu	http://www.sph.emory.edu/CIC/
GWU	Center for Injury Prevention and Control, The Ronald Reagan Institute of Emergency Medicine ²	The George Washington University Medical Center 2150 Pennsylvania Ave. N.W. Suite 2B-417 Washington, DC 20037	202-741-2934	202-994-9042	Rachel Mazzotta Executive Director	http://www.gwemed.edu/reaganinst.htm
JHU	The Johns Hopkins Center for Injury Research and Policy	624 North Broadway, Hampton House - 5th floor Baltimore, MD 21205	410-614-2636	410-614-2797	Ellen MacKenzie, PhD Director emackenz@jhsph.edu	www.jhsph.edu/research/centers/cirp
	The Johns Hopkins Center for the Prevention of Youth Violence	624 North Broadway Room 819 Baltimore, MD 21205	410-955-0194	410-614-4890	Philip Leaf, PhD Director pleaf@jhsph.edu	http://www.jhsph.edu/PreventYouthViolence
	The Johns Hopkins Center for Gun Policy & Research	624 North Broadway 5th floor Baltimore, MD 21205	410-955-3995	410-614-9055	John Vernick, JD, MPH Co-director; and, Daniel Webster, ScD Co-Director jvernick@jhsph.edu; and, Dwebster@jhsph.edu	http://www.jhsph.edu/gunpolicy

Appendix B

Formal Injury Structures at Schools of Public Health: Contact Information

SPH	Formal SPH Injury Structure ¹	Location	Tel	Fax	Contact Person	Web Address
JHU (cont.)	Department of International Health Center for International Emergency, Disaster and Refugee Studies <i>(international injury)</i>	Bloomberg School of Public Health 615 N. Wolfe Street -E8132 Baltimore, MD 21205	410-955-1253	410-614-1419	Adnan Hyder, MD, PhD Assistant Research Professor	http://www.jhsph.edu/Refugee/
Harvard	Harvard Injury Control Research Center	677 Huntington Avenue Kresge 3rd Floor Room 309 Boston, MA 02115	617-432-3420	617-432-4494	David Hemenway, PhD Director hemenway@hsph.harvard.edu	http://www.hsph.harvard.edu/hicrc
SLU	Heartland Center for Public Health Preparedness	3545 Lafayette Ave., Suite 300 Saint Louis, MO 63104	314-977-4060	314-977-8150	Kathleen Wright, EdD Director wrenam@slu.edu	http://www.slu.edu/centers/heartland/hc_preparedness.htm
SDSU	Center for Injury Prevention Policy and Practice	6505 Alvarado Road - Suite 208 San Diego, CA 92120	619-594-1994	619-594-1995	David Lawrence, MPH, RN Director david.lawrence@sdsu.edu	http://www.cccip.org
UC-Berkeley	Traffic Safety Center	140 Warren Hall - #7360 Berkeley, CA 94720-7360	510-643-7625	510-643-9922	David Ragland, PhD, MPH Center Director davidr@berkeley.edu	http://www.tsc.berkeley.edu
UCLA	Southern California Injury Prevention Research Center	10911 Weyburn Avenue Suite 200 Los Angeles, CA 90024	310-794-2706	310-794-0787	Jess F. Kraus, PhD, MPH Director jfkraus@ucla.edu	www.ph.ucla.edu/sciprc
Iowa	Injury Prevention Research Center	126 IREH Oakdale Research Campus 100 Oakdale Boulevard Iowa City, IA 52242-5000	319-335-4428	319-335-4225	Craig Zwerling Director craig-zwerling@uiowa.edu	www.public-health.uiowa.edu/iprc
UMDNJ	Violence Institute ²	30 Bergen Street, Room 208 Building 2 Newark, NJ 07107	933-972-1700	732-235-5828	Bruce Stout, PhD Executive Director stoutbde@umdnj.edu	http://www.umdnj.edu/vinjweb/

Appendix B

Formal Injury Structures at Schools of Public Health: Contact Information

SPH	Formal SPH Injury Structure ¹	Location	Tel	Fax	Contact Person	Web Address
Michigan	Flint Youth Violence Prevention Center	Dept. of Health Behavior and Health Education School of Public Health 1420 Washington Heights Ann Arbor, MI 48109	734-647-0224	734-647-7379	Mark Zimmerman, PhD Director marcz@umich.edu	www.sph.umich.edu/yvpc
Minnesota	Regional Injury Prevention Research Center: Center for Violence Prevention and Control	School of Public Health 1260 Mayo (MMC 807) 420 Delaware Street SE Minneapolis, MN 55455	612-625-5934	612-626-0650	Susan Goodwin Gerberich, PhD, MS Director sgerb@mail.eoh.umn.edu	http://www1.umn.edu/cvpc/exec_comm.html
UNC	UNC Injury Prevention Research Center ²	Bank of America Building Suite 500 137 East Franklin Street CB# 7505	919-966-2251	919-966-0466	Carol Runyon, PhD, MPH Director Carol_runyon@unc.edu	http://www.sph.unc.edu/iprc/
USF	James and Jennifer Harrell Center for the Study of Domestic Violence	Department of Community and Family Health College of Public Health MDC 56 13201 Bruce B. Downs Blvd. Tampa, FL 33612-3807	813-974-7841	813-974-7830	Martha Coulter, DrPH, MSW Director mcoulter@hsc.usf.edu	http://harrellcenter.hsc.usf.edu/index.html
	Center for Disaster Management and Humanitarian Assistance (in partnership with Tulane University's Payson Center for International Development and Technology Transfer)	University of South Florida College of Public Health 13201 Bruce B. Downs Blvd. Tampa FL 33612	813-974-2908	813-974-9980	Thomas J. Mason Co-Director USF tmason@hsc.usf	http://www.cdmha.org
Washington	Center for Disability Policy and Research (CDPR)	46 N. Canal Street Suite 313 Box 358852 Seattle, WA 98103-8652	206-685-7260	206-616-3135	Donald Patrick, Ph.D cdpr@u.washington.edu	http://depts.washington.edu/cdpr/

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Formal Injury Structures at Schools of Public Health: Contact Information

SPH	Formal SPH Injury Structure ¹	Location	Tel	Fax	Contact Person	Web Address
	Harborview Injury Prevention and Research Center ²	Box 359960 325 Ninth Avenue, Seattle, WA 98104-2499	206-521-1520	206-521-1562	David Grossman, MD, MPH Director navajo@u.washington.edu	http://depts.washington.edu/hiprc/
Yale	The Claude D. Pepper Older Americans Independence Center at Yale ²	333 Cedar Street Room LMP-1072 P.O. Box 208056 New Haven, CT 06520-8056	203-785-4119	203-785-4580	Linda C. Degutis, DrPH Associate Professor	http://pepper.med.yale.edu/index.htm

¹ Formal injury structure is defined as an organized establishment administered from the school of public health, such as a center, institute, office, etc.

² This injury establishment is not based at the school of public health. The structure is based at another university college or department (e.g., medical school), and the school of public health is a main partner.

APPENDIX C

School Contact for Injury Training and Research Issues

Appendix C
School Contact for Injury Training and Research Issues

SPH	SPH Contact for Injury Research & Training Issues	Address			Tel	Fax	E-mail	SPH House Formal Injury Program
BU	Ronda Zakocs, PhD, MPH Assistant Professor and Associate Chair	Department of Social Behavioral Sciences	School of Public Health 715 Albany Street Talbot 2 West	Boston, MA 02118	617-638-5835	617-638-4483	rzakocs@bu.edu	
Columbia	Bruce Link, PhD Director	The Center for Violence Research Prevention	60 Haven Avenue B4-432	New York, NY 10032	212-305-7744	212-305-8280	Bgl1@columbia.edu	X
Emory	Arthur Kellerman MD, MPH Director	Rollins School of Public Health Center for Injury Control	The Rollins School of Public Health 1518 Clifton Road NE	Atlanta, GA 30322	404-778-2600	404-778-2630	akell01@emory.edu	X
GWU	Katherine Hunting, PhD, MPH Associate Professor	Departments of Environmental Health, Epidemiology and Biostatistics	School of Public Health and Health Services 2300 K Street, NW Room 201	Washington, DC 20037	202-994-4024	202-994-0011	eohklh@gwumc.edu	
Harvard	David Hemenway, PhD Director	Harvard Injury Control Research Center	677 Huntington Avenue Kresge 3rd Floor Room 309	Boston, MA 02115	617-432-3420	617-432-4494	hemenway@hsph.harvard.edu	X
JHU	Ellen MacKenzie, PhD Director - <i>contact for Bloomberg School of Public Health</i>	Johns Hopkins Center for Injury Research and Policy	624 North Broadway Hampton House - 5th floor	Baltimore MD 21205	410-614-2636	410-614-2797	emackenz@jhsph.edu http://www.jhsph.edu/Research/Centers/CIRP/	X
	Philip Leaf, PhD Director - <i>contact for the Center for the Prevention of Youth Violence</i>	Johns Hopkins Center for the Prevention of Youth Violence			410-955-0194	410-614-4890	pleaf@jhsph.edu http://www.jhsph.edu/PreventYouthViolence	
	Adnan Hyder, MD, PhD, Assistant Research Professor - <i>Contact for international injury programs</i>	Department of International Health	Bloomberg School of Public Health 615 N. Wolfe Street - E8132	Baltimore, MD 21205	410-955-1253	410-614-1419	Ahyder@jhsph.edu	X
Loma Linda	David Dyjack, DrPH, MS, RD Dean	Office of the Dean	Loma Linda University 1711 Nichol Hall	Loma Linda, California 92350	909-478-8621	909-558-4087	pjohnston@sph.llu.edu	
OSU	J.R. Wilkins, III, DrPH, MPH, MACE, Professor	Department of Epidemiology and Biometrics	B-150 Starling-Loving Hall 320 West 10th Avenue	Columbus, OH 43210	614-293-3923	614-293-3937	wilkins.2@osu.edu	

Appendix C
School Contact for Injury Training and Research Issues

SPH	SPH Contact for Injury Research & Training Issues	Address			Tel	Fax	E-mail	SPH House Formal Injury Program
SDSU	Mel Hovell, PhD, MPH, Director C-BEACH	Center for Behavioral Epidemiology and Community Health, Graduate School of Public Health (C-BEACH)	9245 Sky Park Court Suite 230	San Diego, CA 92123	858-505-4770	858-505-8614	hovell@mail.sdsu.edu	X
SUNY-Albany	Edward Hannan, PhD Professor and Chair	Department of Health Policy, Management and Behavior	School of Public Health One University Place	Rensselaer, NY 12144-3456	518-402-0333	518-402-0414	elh03@health.state.ny.us	
UAB	Katherine Terry, MPH Program Administrator John W. Waterbor, MD, DrPH Associate Professor	UAB Injury Control Research Center	CH19 403 1503 3 rd Avenue South	Birmingham, AL 35294-2041	205-934-7845	205-975-8143	katherine.terry@ccc.uab.edu h2obor@uab.edu	
UC-Berkeley	Bill Satariano, PhD, MPH Professor	Department of Epidemiology	102 Haviland Hall	Berkeley, CA 94720	510-642-6641	510-643-5163	bills@uclink4.berkeley.edu	
UCLA	Jess F. Kraus, PhD, MPH Director	Southern California Injury Prevention Research Center	10911 Weyburn Avenue Suite 200	Los Angeles, CA 90024	310-794-2706	310-794-0787	jfkraus@ucla.edu	X
Iowa	Corinne Peek-Asa, PhD, MPH, Associate Director for Science	Iowa Injury Prevention Research Center	College of Public Health 114 IREH Oakdale Research Campus 100 Oakdale Blvd.	Iowa City, IA 52242-5000	319-335-4895	319-335-4225	corinne-peek-asa@uiowa.edu	X
UMDNJ	Mitchel Rosen, MS, Director of Office of Public Health Practice - <i>contact for injury training</i> Bruce Stout, PhD Director of Violence Institute – <i>contact for injury research</i>	Office of Public Health Practice Violence Institute Of New Jersey	317 George Street 30 Bergen Street, Room 208 Building 2	New Brunswick, NJ 08903 Newark, NJ 07107	732-235-9452 973-972-1700	732-235-9460 732-235-5828	mrosen@umdnj.edu stoutbde@umdnj.edu	
Michigan	Richard P. Garrison, PhD, Associate Professor	Department of Environmental Health Sciences	School of Public Health 1420 Washington Heights	Ann Arbor, MI 49109-2029	734-936-0761	734-763-8095	garrison@umich.edu	X
UNC	Karen Demby, PhD Social Research Associate	UNC Injury Prevention Research Center	Bank of America Building, Suite 500 137 East Franklin Street, CB# 7505	Chapel Hill, NC 27599	919-966-2251	919-966-0466	Karen_demby@med.unc.edu	

Appendix C
School Contact for Injury Training and Research Issues

SPH	SPH Contact for Injury Research & Training Issues	Address			Tel	Fax	E-mail	SPH House Formal Injury Program
Oklahoma	Edward N. Brandt, Jr. MD, PhD Regents Professor	Department of Health Administration and Policy	College of Public Health P.O. Box 26901	Oklahoma City, OK 73190	405-271-2114	405-271-1868	edward-brandt@ouhsc.edu	
Pittsburgh	Thomas Songer, PhD Assistant Professor of Epidemiology	Department of Epidemiology, Graduate School of Public Health	Center for Injury Research and Control 200 Lothrop Street Suite B400;	Pittsburgh, PA 15213	412-648-2600	412-648-8924	tjs@pitt.edu	
USF	Karen Liller, PhD Associate Professor - <i>Contact for research and training on unintentional injuries</i> Martha Coulter, DrPH, MSW Director - <i>Contact for violence research</i>	Department of Community and Family Health	College of Public Health 13201 Bruce B. Downs Blvd.	Tampa, FL 33612	813-974-6685	813-974-5172	klliller@hsc.usf.edu mcoulter@com1.med.usf.edu	X
Washington	David Grossman, MD, MPH Director	Harborview Injury Prevention and Research Center	Box 359960 325 Ninth Avenue	Seattle, WA 98104-2499	206-521-1520	206-521-1562	navajo@u.washington.edu	
Yale	Linda C. Degutis, DrPH Associate Professor	Surgery (Emergency Medicine) & Public Health Yale University School of Medicine	464 Congress Avenue - Suite 260	New Haven, CT 06519	203-785-4363	203-785-4580	linda.degutis@yale.edu	

APPENDIX D

What SPH Need Most to Prepare Students and Practitioners *Lower Ranked Responses of Department Chairs*

The following are departmental responses on what schools of public health need most to better train students and current practitioners. These responses represented less than 2% of the total responses.

Funding

- Scholarships for students
- Training grants for pre-post doctoral students
- Fellowship Funding
- More research funding
- Funding for an SPH "injury team"
- Increased state funding
- Increased federal funding
- Increased CDC funding for prevention research

Teaching & Curriculum Methods

- Better understanding by students and faculty of child and adolescent development and how injury hazards are related to human development
- Distance learning
- Certificate courses
- Better inclusion/integration of injury in current courses

Infrastructure/Organizational Methods

- Focus on student recruitment
- Create and sustain interdisciplinary partnerships
- More partnerships outside US
- More consultation on the issue for SPH faculty
- More centers to serve as models at federal level in order to disseminate best practices in training, education and research

Research & Practice Methods

- Standard uniform data
- Better access to data
- Cohort studies of high risk population
- Science-based community intervention for different market segments

APPENDIX E

Injury Course Offerings Per School and Department Type

Department /Division Codes: The following departments codes represent the general department type and may not be the exact department title per school. Each SPH has different nomenclature for departments, so ASPH categorized the departments according to core public health study areas. For example, if one SPH entitles the health education department, "Health Behavior and Education," and another SPH entitles the department, "Health Education Sciences," then ASPH categorized both departments as Health Behavior and Health Education.

EPI	Department of Epidemiology
HAP	Department of Health Administration and/or Policy
HBHE	Department of Health Behavior/Health Education
EH	Department of Environmental Health Science
EXSCI	Exercise Science
IH	Department of International Health
MCH	Department of Maternal and Child Health
PH Law	Public Health Law
SES Division	Division of Sociomedical Sciences

School	Department / Division	Course Offered through Department / Division
BU	HBHE	Family Violence and the Practice of Public Health
	HBHE	Injuries: Causes, Consequences, and Controls
	PH Law	Legal Regulation of Health Risks: Laws to Reduce Injury
Columbia	SES Division	Introduction to Theory and Research in Interpersonal Violence
	SES Division	Social Aspects of Physical Disability and Rehabilitation
	SES Division	Seminar: Theory and Research on Interpersonal Violence
	EH	Ergonomics
	EPI	Special Topics in Epidemiology: Injury Epidemiology
	EPI	The Epidemiology of Disabilities: Counting the Consequences
Emory	HBHE	Injury Prevention and Control
	HBHE	National Security and Public Health: Consequences of Disasters and Terrorism
	HBHE	Public Health Impacts of War and Terrorism
	HBHE	Public Health Issues in Disasters
	HBHE	Public Health Preparedness and Bioterrorism
	HBHE	Violence and Injuries
	HBHE	Violence as a Public Health Problem
GWU	EPI	Injury Epidemiology and Prevention
	EXSCI	Principles of Epidemiology for Exercise Science
	EXSCI	Physical Assessment of Athletic Injuries
	EXSCI	Kinesiology
Harvard	EH	Ergonomics and Safety
	EH	Ergonomics and Human Factors
	HAP	American Violence: The Intersection Between Home and Street
	HAP	Child Abuse and Neglect: Public Health Perspectives
	HAP	Disaster Management
	HAP	Injury Epidemiology and Prevention
	HAP	The Practice of Preventing Intimate Partner Violence
	HAP	Principles of Injury Control
	HAP	Urban Violence in America

School	Department / Division	Course Offered through Department / Division
Harvard	HAP	Violence Prevention and Control
	MCH	Gender-based Violence: Origins and Remedies
JHU	EH	Tissue Injury, Inflammation, and Repair
	HAP	Behavioral Sciences Research and Application In Injury Prevention
	HAP	Biomechanics of Injury
	HAP	Biomechanical Epidemiology
	HAP	Confronting the Burden Of Injuries: A Global Perspective
	HAP	Design And Evaluation Of Injury Interventions
	HAP	Emergency Medical Services And Trauma Systems
	HAP	Issues in Injury and Violence Prevention
	HAP	Principles and Practice of Injury Control
	HAP	Public Health Perspectives On Disability
	HAP	Understanding and Preventing Violence
	HAP	Seminar: Injury Research And Policy
Loma Linda	HBHE	Biomechanics
	HBHE	Community and Domestic Violence
	HBHE	Injury Prevention
	IH	Principles of Disaster Management
	IH	Violence Issues - A Global Health Perspective
OSU	HAP	Disability Policy and Politics
	HBHE	Youth Violence in America
SLU	EH	Bioterrorism: The Public Health Response
	EPI	Disability Epidemiology
SDSU	HBHE	Childhood Injury Prevention
Texas A & M	With University College of Engineering	Ergonomics
	With University College of Engineering	Human Factors & Behavior-Based Safety
Tulane	EPI	Injury Epidemiology
	HBHE	Violence: Antecedents, Consequences, and Prevention
	IH	Epidemiological Approaches to Disaster Mitigation in International Settings
Albany	EPI	Injury Epidemiology
	EPI	Topics in Injury Control Epidemiology
UAB	EPI	Injury Epidemiologic Principles and Prevention Strategies
	EPI	Childhood Injury Prevention
	EPI	Violence: Antecedents, Consequences, and Prevention
	IH	Health Issues in Disasters and Complex Emergencies
UC-Berkeley	HBHE	Public Health Implications of Human Violence
	HBHE	Violence Prevention: Community-Based Public Health
	HBHE	Planning for Traffic Safety and Injury Control
UC-Berkeley	HBHE	Public Health Injury Prevention and Control
UCLA	EPI	Injury Epidemiologic Principles and Prevention Strategies
	EPI	Disaster Epidemiology
	EPI	Epidemiology of Assault, Homicide, and Suicide

School	Department / Division	Course Offered through Department / Division
UCLA	EPI	Epidemiology of Injuries in the Elderly
	EPI	Epidemiology of Nonintentional Injuries
	EPI	Injury Prevention Strategies and Countermeasures
	EPI	Making Children Safe: Causes and Prevention of Pediatric Injuries
	EH	Biomechanics of Traumatic Injury
	EH	Fire Prevention, Protection, and Facility Design
	HAP	Cooperative Interagency Management in Disasters
	HAP	Policy and Public Health Approaches to Violence Prevention
	HAP	Making Children Safe: Causes and Prevention of Pediatric Injuries
	HAP	Program Planning in Community Disaster Preparedness
	HBHE	Bioterrorism: A Deliberate Public Health Disaster
	HBHE	Cooperative Interagency Management in Disasters
	HBHE	Family and Sexual Violence
	HBHE	Intentional Disasters: Complex Emergencies and Forced Migration
	HBHE	Post-Disaster Community Health
UIC	HBHE	Public Health Aspects of Family Violence
	EPI	Epidemiology of Violence
	Interdisciplinary Public Health Sciences	Introduction to Injury Control
Iowa	EH	Research Methods in Disaster Research
	EPI	Biomechanics of Traumatic Injury
	EPI	Bioterrorism: A Deliberate Public Health Disaster
	EPI	Cooperative Interagency Management in Disasters
	EPI	Disaster Epidemiology
	EPI	Fire Prevention, Protection, and Facility Design
	EPI	Injury Epidemiology
	EPI	Keeping Children Safe: Causes and Prevention of Pediatric Injuries
	EPI	Program Planning in Community Disaster Preparedness
	MCH	Domestic Violence as a Public Health Issue
	HBHE	Policy and Public Health Approaches to Violence Prevention
Massachusetts	EPI	Injury Epidemiology
	EXSCI	Biomechanics
	EXSCI	Biomechanics Laboratory Techniques
	EXSCI	Mechanisms of Skeletal Muscle Fatigue
	EXSCI	Nonlinear Dynamics of Human Movement
UMDNJ	HBHE	Violence in Society
	HBHE	Violence in the United States
Michigan	HBHE	Human Communities and Disasters
	HBHE	Bioterrorism: Community Preparation and Response
	HBHE	Youth Violence: Issues and Prevention
Minnesota	EPI	Violence Prevention and Control: Theory, Research, and Application
	EH	Injury Prevention and Control
	EH	Injury Prevention in the Workplace, Community, and Home
	EPI	Violence in Society

School	Department / Division	Course Offered through Department / Division
UNC	HBHE	Injury as a Public Health Problem
	EPI	Injury as a Public Health Problem
	EPI	Epidemiology Basis for Injury Control
	HAP	Public Policy and Injury Control
	HAP	Strategies for Prevention (Policies upon injury, premature death, prevention and falls]
	MCH	Injury as a Public Health Problem
Oklahoma	EH	Applied Ergonomics and Safety
	EH	Violence Prevention and Control: Theory, Research, and Application
	HBHE	Psychosocial Aspects of Disability
	HBHE	Violence and Public Health
Pittsburgh	EPI	Injury Epidemiology
	EPI	Epidemiology of Strokes and Cardiovascular Disease
	HAP	Injury Prevention and Control
	HAP	The Regulation of Health, Safety, and Environmental Risks
Puerto Rico	HBHE	Injury Prevention in the Workplace, Community, and Home
	HBHE	Violence Prevention and Control: Theory, Research, and Application
USC	HBHE	Injury Prevention and Control
	HBHE	Driving Simulation and Education
	EXSCI	Seminar: Epidemiology of Trauma
USF	HAP	Violence and Public Health
	HBHE	Prevention and Control of Unintentional Injuries
	EH	Emergency/Disaster Recovery
	EH	Emergency/Disaster Preparedness and Planning
	EH	Public Health Emergencies in Large Populations
	EH	Overview of U.S. and International Emergency/Disaster Management
	EH	Safety Management Principles and Practices
UT-Houston	EPI	Special Topics: Injury Epidemiology
Washington	EPI	Injury Research Methods
	EPI	Injury Epidemiology
	EH	Pathobiology of Human Disease - Biomarkers of Injury
	EH	Safety Management Principles
	EPI	Traffic Safety Training (includes injury and preparedness)
	Center Public Health Practice	Continuing Education: Bioterrorist Attack on Food
	Center Public Health Practice	Continuing Education: Injury Research Methods
	Center Public Health Practice	Continuing Education: Injury Prevention and Mass Trauma Preparedness
	Center Public Health Practice	Continuing Education: Preparing for and Responding to Bioterrorism - Information for the Public Health Workforce
	Center Public Health Practice	Continuing Education Seminar: Injury Prevention and Control
Yale	EH	Injury Epidemiology
	EH	Public Health Management of Disasters
	EH	Seminar: Disaster Preparedness

APPENDIX F

What SPH Need Most to Prepare Students and Practitioners *Lower Ranked Responses of Deans of Academic Affairs*

The following are the lower-ranked responses from the Deans of Academic Affairs which were insufficiently cited to rank as one of the top four responses. Funding for training grants was also cited by department chairs; see Appendix D.

FUNDING

- More training grants for pre- and post-doctoral students
- Increased CDC funding for prevention research

TEACHING & CURRICULUM METHODS

- More injury concentrations, specializations, and injury-oriented degree programs

ENDNOTES

ⁱ Approximately 5,800 students graduate from accredited public health schools, and some 35 courses on the fundamental issues of injury control and prevention exist (unintentional and intentional). Given that students average 2 years of training, if each class optimally averaged 20 students and no student took more than one injury course, then fewer than 25% would have taken an injury course.

ⁱⁱ Injury Control Research Centers conduct research in all three-core phases of injury control (prevention, acute care, and rehabilitation) and serve as training centers as well as information centers for the public. Research design in these centers is interdisciplinary and incorporates the fields of medicine, engineering, epidemiology, law, and criminal justice, behavioral and social sciences, biostatistics, public health, and biomechanics.

ⁱⁱⁱ National Academic Centers of Excellence on Youth Violence foster collaboration between university researchers and communities to address jointly the pressing public health problem of youth violence.

^{iv} ASPH has defined public health practice as "the strategic, organized, and interdisciplinary application of knowledge, skills, and competencies necessary to perform essential public health services and other activities to improve the population's health." From: *Demonstrating Excellence in Academic Public Health Practice*, June 1999; Association of Schools of Public Health (Washington, DC) and the U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions (Rockville, MD).

^v A degree objective is the formal degree conferred upon a student upon matriculation: MPH, MHSA, MS, MSPH, DrPH, PhD, ScD, etc.



Centers for Disease Control and Prevention

National Center for Injury Prevention and Control

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