

**American Public Health Association  
Injury Control and Emergency Health Services Section  
APHA ICEHS Electronic News  
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**Greetings from your new ICEHS Section Newsletter Editor John Lundell at the University of Iowa Injury Prevention Research Center. I am pleased to help share important information among the members of our section. Please send articles for future issues to me at *john-lundell@uiowa.edu*. Also thanks to Bella Dinh-Zarr and her colleagues at AAA for agreeing to distribute this electronic newsletter.**

## **SECTION NEWS**

### **Introducing WECCI – the Workgroup on External Cause Coding Improvement**

Back in 1991 the ICEHS developed an APHA Policy Statement on “Use of E Codes in Hospital Discharge Data”, which was subsequently approved by APHA. In 1992 an APHA mini grant to the section was used to develop the widely disseminated brochure “E Codes the Missing Link in Injury Prevention.” A flurry of activities followed resulting in the adoption of an E code mandate for uniform hospital discharge data by 22 states and the appearance of a voluntary field for an E code on the billing form for Medicaid and Medicare reimbursement. Yet little has happened since that time to move the improvement of external cause coding ahead. In 1997 the ICEHS led the way for a survey of state coding practices and distributed its findings in a report entitled “How states are collecting and using cause of injury data.” A 2004 update to the 1997 report was initiated by the Council of State and Territorial Epidemiologists (CSTE) and published early last year. The report indicated that:

- 26 states have a mandate for external cause coding on the uniform hospital discharge data set.
- States with laws or mandates requiring external-cause-of-injury coding continue to have a higher percentage of completeness of injury-related data.
- In states that have evaluated their systems, only 43.8% of hospital discharge data sets and 54.5% of hospital emergency department data sets have more than 90% of injury records E-coded.

A number of recommendations have resulted from both of these reports. In an effort to have a driver to address these recommendations, WECCI has been formed.

WECCI, the Workgroup for External Cause Coding Improvement, is comprised of the Council of State and Territorial Epidemiologists (CSTE) the Association of State and Territorial Health Officials (ASTHO), the State and Territorial Injury Prevention Directors Association (STIPDA), the Children’s Safety Network National Injury and Violence Prevention Resource Center (CSN), the American Public Health Association (APHA), and the National Center for Health Statistics (NCHS). Sue Gallagher is representing ICEHS on WECCI because of her previous work in this area.

Since January, WECCI has conducted monthly conference calls. The immediate charge is to address a recommendation from the CSTE survey report: “A “toolbox” of techniques to improve E-coding without mandating it should be compiled and promoted to state injury prevention programs to help states improve E-coding in these data systems.” As such, the workgroup is planning to survey state injury prevention directors to identify and share best practices for improving the quality of external cause coding.

Other WECCI activities center on:

- exploring ways to get a mandate on the billing form for Medicare and Medicaid reimbursement
- developing a comprehensive agenda to improve external cause coding.
- identifying and working with other partners to help improve external cause coding.

If you think your organization would like to be a partner, please contact Sue Gallagher at [sgallagher@edc.org](mailto:sgallagher@edc.org) or 617-618-2206

*~ Sue Gallagher*



**AgriWellness, Inc.**

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## **The Clock is Ticking for Rural America: A Behavioral Health & Safety Conference**



**February 12-14, 2007  
Sioux Falls, South Dakota**

**Sheraton Hotel & Sioux Falls  
Convention Center**

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*A UNIQUE CONFERENCE DEDICATED TO  
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Contact person: Shari Stucker  
AgriWellness, Inc.  
(712) 235-6100  
shari@agriwellness.org

### **Watch for more information:**

June, 2006: Call for Presentations  
October, 2006: Registration  
Information

**From a conference participant:**  
*"One of the best, if not the best rural conference I have ever attended in terms of quality presentations and effective sequencing of plenary and breakout sessions throughout the conference."*

Conference Sponsorship Packages are  
available now!

<http://www.agriwellness.org/ConfInfo.htm>

*You are welcome to contact me with any questions ~ Shari Stucker*

## **University Transportation Center Announcement**

You may be aware of this already, but in the event you are not, let me share with you for your readers a NHTSA announcement of the application cycle for University Transportation Centers, which I have pasted below.

With the current transportation act's increased emphasis on "safety" there is a great amount of activity in most states focused on including safety matters in their application for federal funding. It is likely that a corollary to this would be existing UTC's or universities making a new application would be increasingly motivated to include many issues relevant to injury and violence researchers and practitioners. If ICEHS member do not have a working relationship with an existing UTC or an applicant for one, this may be a good time to initiate one.

### **DOT Looking for Partner Universities to Tackle Nation's Transportation Challenges Through Research and Technology**

The U.S. Department of Transportation is inviting colleges and universities across the country to compete over the next two months to receive approximately \$6 million in federal transportation research funds. The ten winning schools will be designated as Regional University Transportation Centers (UTC) for a three-year period.

"These unique institutions not only train our next generation of innovators, but also are vital partners in solving challenges ranging from traffic congestion to safety," said U.S. Secretary of Transportation Norman Y. Mineta. "We are looking to our next generation of transportation pioneers to help keep America moving safely, reliably and efficiently through research and technology innovation."

Applications for the merit-based competition are due by June 1, and the Department will make its selections by July 14. Once selected, the new UTCs will be expected to provide leadership in solving national and regional transportation problems facing the nation today, Mineta added.

The 10 current UTCs are the Massachusetts Institute of Technology, the City College of New York, the Pennsylvania State University, the University of Tennessee, the University of Wisconsin - Madison, Texas A&M University, Iowa State University, North Dakota State University, the University of California, and the University of Washington.

Application forms, instructions and selection criteria can be accessed online at <http://utc.dot.gov> or [www.grants.gov](http://www.grants.gov). The UTC program is administered by DOT's Research and Innovative Technology Administration.

*~ Bill O'Connell*

## **Gulf Coast Disaster Leadership Awards**

*NOMINATIONS SOUGHT FOR A SPECIAL ROUND OF GULF COAST-RELATED ROBERT WOOD JOHNSON COMMUNITY HEALTH LEADERSHIP AWARDS (\$120,000)*

Deadline: June 30, 2006

The Robert Wood Johnson Community Health Leadership Program (CHLP) will be honoring 5 individuals this fall who have demonstrated leadership in responding to the challenges faced by the Gulf Coast as a result of the storms of 2005.

If you know someone who has found creative ways, despite overwhelming odds, to bring health services to their communities, they may be eligible for this award. Candidates...

- must be serving or have served individuals affected by the Gulf Coast Disaster, including those displaced from the region.
- must be working at least 3/4-time at the grassroots level.
- may not have received significant national recognition.
- must be in "mid-career," with at least five and no more than 15 years of community health experience.

Nominations are open and can be made by consumers, community health leaders, health professionals and government officials who have been personally inspired by the nominees.

The nomination form and supporting materials must be received by June 30, 2006. For more information or to submit a nomination, visit the CHLP Website at [www.communityhealthleaders.org](http://www.communityhealthleaders.org) or call the program office at 617-426-9772.

Mailing Address:

Robert Wood Johnson Community Health Leadership Program  
89 South Street, Suite 405, Boston, MA 02111

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~ Sharon McCarthy

## **All-Hazards Training Resources and Services Available from ASPH**

The 52 CDC-funded Centers for Public Health Preparedness (“CPHP” or “centers”), which span the US, work with state and local agency partners to assess training needs so as to strengthen capacity in all-hazards preparedness and emergency public health response. The CPHP are united by the Association of Schools of Public Health (ASPH) in a network that enables the centers to share expertise and resources while reducing duplication in trainings across state and local jurisdictions.

Evaluations show that the capacity for public health response at the state and local level has increased due to the simultaneous investments in infrastructure, personnel, and training made possible both by the state bioterrorism grants and the CPHP funding. For more information about the CPHP network, see <http://www.asph.org/acphp>.

Free network resources available to the state and local public health workforce and academics members include:

- **The Resource Center:** a free online repository of over 750 terrorism and emergency response training and educational resources searchable by keyword, available at <http://www.asph.org/acphp/phprc.cfm>.
- **CPHP National Public Health Preparedness Referral Service:** a service (<http://www.asph.org/acphp/expertise/search.cfm>) that connects national subject-matter experts on over 30 diverse topics in emergency preparedness and response to respond to needs in the field. This service is designed to match preparedness needs of state and local agencies and national organizations with available expertise, trainings and other useful services found at CPHP.
- **CPHP Education Calendar:** a listing of up-to-date, searchable web-based resource center of training products, programs, and educational services developed by CPHP (<http://www.asph.org/acphp/calendarDisplayOnly.cfm>).
- **CPHP Education Resource Guides:** compilations of national CPHP education resources, lessons learned and expertise around specific preparedness-related topics <http://www.asph.org/acphp>.

If you do not find the information that you require, or need additional assistance, contact ASPH directly at [CPHP@asph.org](mailto:CPHP@asph.org).

~ Mary Stickley

## **The Archivist's Attic: APHA's Annual Meeting. Back to the Future? : Boston and MA. Pioneering Leadership in Child Injury Prevention – 1950-1990<sup>1</sup>**

(The archivist has assessed national and states' leadership history in injury prevention (e.g. see California (ICEHS Newsletters June 2003, Jan 2004; Philadelphia, Nov 2002; NY State (members only MSS, Newsletters June 2003, Sept 2003; Nationwide (members only: Millennium and Fisher L and Brown TM. .Donald Budd Armstrong and W. Graham Cole: Early Injury Control Advocates. Am J Public Health, Jun 2004; 94: 941.). In honor of our forthcoming annual meeting in Boston, here's Boston's and MA's leadership history on our nation's seminal work):

In 1951, Massachusetts was one of the first state-funded injury prevention programs of the W.K. Kellogg Foundation of Battle Creek, Michigan.<sup>2</sup> In Cambridge, a five-year grant, to the Cambridge Health Department, research-demonstration-home accident prevention program to determine the causation and controllable factors of home accidents in Cambridge, develop practical methods for the prevention on those accidents, and to evaluate the place of local health departments in the community accident program. A number of epidemiological surveys were undertaken: 1) An analysis of all deaths due to home accidents during the past 10-15 years, 2) epidemiological investigations of all home accidents reported by hospitals in Cambridge, 3) an extensive study of the accident causation in a comparatively small and specially selected sample.

Nearby, another Kellogg-supported project of the Health Foundation of Boston, received funds from interested insurance companies, developed extensive in-service education for nurses and environmental health staffs on home accident prevention techniques in their education inspection activities and seasonal approaches large scale, campaigns with concentrated effort to eliminate specific seasonal hazards. Still another activity, was gathering data on victims of home accidents treated in the Boston municipal hospitals.

A third Kellogg project, the Massachusetts Department of Public Health's Advisory Committee promoted "politically useful activities", e.g., the public health nursing section's development of an accident prevention module for nurses.

Little is available as to the outcomes of these programs. Summaries are in folders and on microfiche in the W.K. Kellogg Foundation in Battle Creek.<sup>3</sup> The general conceptual framework of the day, however, was that with a massive public awareness for humanitarian needs, "accident

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<sup>1</sup> From a longer original paper : Historical Notes on Injury Prevention in Massachusetts In Honor of 10th Anniversary Celebration and Forum Commonwealth of Massachusetts SCIPP May 18, 1988 Cambridge, MA. Les Fisher, MPH, Manager Preventive Services, Injury Control Program New York State Department of Health. (not presented, submitted after celebration ) Leslie Fisher Copyrighted 2006. Title revised Feb 2006.

<sup>2</sup> Fisher, L., Childhood Injuries, Causes, Preventive Theories and Case Studies, Journal of Environmental Health, May/June 1988, 355

<sup>3</sup> Letter to Les Fisher dated September 19, 1987 from Laura A. Davis, Vice-President, Administration and Corporate Secretary, W.K. Kellogg Foundation

prevention" would receive the attention it required. The main thrust was informing the victim of faults and responsibility for changes. Today, we know better that injuries cannot always be controlled by the victim; however, a major philosophical contribution from the Cambridge program different in many respects from those other "home safety" programs was that public education was secondary to the promulgation of effective laws aimed at eliminating home hazards.

Massachusetts leaders during the 1950-60's provided national initiatives in injury prevention, as from samplings of the professional literature: John B. Gordon, Professor of Preventive Medicine and Epidemiology, Harvard School of Public Health, "The Epidemiology of Accidents", American Journal of Public Health, April 1949. In his conclusion, Gordon supported the concept of "specifically directed prevention based on the understanding of cause that has long guided the attack on communicable and other diseases. The technical method is that of the focal attack, a concentrated effort on recognized centers of infection and the causes that brought them intervened. The biological principles that govern disease as a community problem are interpreted equally well in injuries. A pattern of epidemiologic analysis is presented as a means for better understanding of accidents, and thereby through improved measures of prevention, a less cost in death or disability. Later, William Haddon, Jr. in Accident Research would critique Gordon's article for not recognizing that the true agent factors involve the transfer of energy. But, Gordon's work remains a contribution worthy of reading, even today, not only for students but researchers, educators, and practitioners.

Another leader from Massachusetts in child injury prevention and poison control, Dr. Robert Haggerty (later, the Executive Director of the W.T. Grant Foundation), in 1959, Director of Pediatrics at the Harvard Medical School and the Children's Medical Center and the Boston Poison Information Center, in the New England Journal of Medicine, June 1959, "Home Accidents in Childhood" (page 1322 ff), reviewed the nature and extent of injuries in New Bedford, MA, against the "theory of the dynamics of how home accidents take place". Children have marked differences in accident hazards at different development levels and he advocated the role of the physician's primary responsibility for promoting the prevention of accidents. As a pediatrician, he leveraged the polity of injury prevention.

"Epidemiologic Principles Applicable to the Study of Prevention of Child Accidents", by Ross McFarland, October 1955 American Journal of Public Health: Dr. McFarland was Associate Professor at the Harvard School of Public Health in Boston. The control of "accidents" falls within the province of preventive medicine and public health because of the strictly medical aspects of injuries and because of the important role of human variables. That control, he adequately and prophetically stated for us today, requires a coalition of medical, administrative, architectural, and other professions.

While the school of Human Factors predominated as the primary cause of "accidents", the Boston area's earlier contribution had set strong "shoulders" on which others nationwide would "climb" in subsequent decades to further develop or carry out the new ideas which they had developed or modified from others: noteworthy - Dr. William Haddon Jr., Harvard Medical

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School Internship Program at the New York State Department of Health (1957-1961) and his NYS and national legacy!

The MA.SCIPP Program has provided a continuation of that tradition under founders Bernie Guyer and Sue Gallagher. For example, as I wrote to Cindy Rodgers, MA. DOH in 1983, we guided DHHS-MCH development of 1983 "Childhood Injury Prevention Programs: An Administrative Guide". David Heppel, the federal MCH program director, who Sue Gallagher and I met at the Boston session on the Guide, became very supportive of the need to expand training and funding for child injury prevention. The teaching modules and studies of SCIPP that later guided programs across the country. Injury Prevention: Meeting the Challenge prepared by Patty Molloy and the group at Education Development Center, Inc. reflect greatly on the expertise and successes of the Commonwealth. You have also guided the SPRANS CDC, and state's programs. Sue Gallagher's state and regional workshops represent the peak of knowledge and capability in this country.

We in New York State also appreciate a special linkage: In the late 1970's representatives from the Poison Control Centers in New York and I literally met for the first time in Boston at a federal DHHS training program on Regional Poison Control Centers conducted by Sylvia Micik.<sup>4</sup> From that meeting, in Boston, we agreed to develop a statewide network which led two years ago to the enactment of regional poison control network law with more than \$3 million in insurance reimbursement to fund these Centers.<sup>5</sup>

*~ Les Fisher*

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<sup>4</sup> Developing Regional Poison Systems, Sponsored by San Diego Regional Poison Control Center, Massachusetts Poison Control System and DHEW, June 11-14, 1979, Copley Plaza, Boston.

<sup>5</sup> Fisher, L., "The Next Five Years: The Goals and Objectives of Regional Poison Control Center Systems in New York State", Veterinary and Human Toxicology, April 1981.

## **POSITION ANNOUNCEMENTS**

### **INJURY RESEARCH EPIDEMIOLOGIST University of Arkansas for Medical Sciences**

The Center for Applied Research and Evaluation (CARE), at the University of Arkansas for Medical Sciences, Department of Pediatrics, in Little Rock, Arkansas, seeks applicants for a full time junior faculty position in injury research on a basic scientist pathway (tenure track). Applicants should have doctoral degree a public health related field with content emphasis in epidemiology, health services and/or injury research. Preference will be given to those with doctoral training in epidemiology, along with strong methodological and statistical training. The position is available beginning July 1, 2006, but the starting date is negotiable.

CARE, a research affiliate of the Arkansas Children's Hospital Research Institute, conducts multidisciplinary pediatric research in injury prevention, obesity/nutrition, and chronic diseases of childhood.

The program is staffed with a team of seven faculty members whose expertise includes pediatrics, health economics, health behavior, medical sociology, and nutrition. The Center is expanding its research focus in injury prevention, including injury surveillance, epidemiology, and interventions focusing on high risk rural populations. The successful candidate will assist with the development of this program and have the opportunity to collaborate with CARE faculty in other areas of research.

The UAMS Department of Pediatrics employs over 185 faculty members and 75 residents. Arkansas Children's Hospital is among the largest children's hospitals in the United States. Located in the foothills of the Ozark Mountains, Little Rock is an exceptionally family-oriented community combining Southern civility and friendliness, affordable housing, quality school options, a mild climate, excellent cultural and artistic venues, professional minor league sports, world class hunting, fishing and other outdoor recreational opportunities plus extraordinary natural beauty. With a population in excess of 500,000, Greater Little Rock offers the most desirable features of large cities without sacrificing ease of access and convenience.

For more information, please see our website:  
[www.uams.edu/pediatrics](http://www.uams.edu/pediatrics).

Interested individuals should submit a cover letter, curriculum vitae, and three letters of reference to:

Mary E. Aitken, MD, MPH  
Associate Professor  
Co-Director, Center for Health Promotion Arkansas Children's Hospital 800 Marshall Street.,  
Slot: 512-26 Little Rock, Arkansas 72202-3591  
Phone: (501) 364-3300  
Fax: (501) 364-1552  
e-mail: [AitkenMaryE@uams.edu](mailto:AitkenMaryE@uams.edu)

*~ Mike Furbee*

**BEHAVIORAL SCIENTIST – INJURY RESEARCH**  
**University of Pennsylvania School of Medicine**

The Department of Pediatrics at the University of Pennsylvania's School of Medicine seeks candidates for an Assistant Professor position in the non-tenure research track. Responsibilities include expanding and building a strong program of behavioral injury prevention research for children, teens, young adults and their parents. Applicants must have a Ph.D. or equivalent degree and have demonstrated excellent qualifications in Education and Research. Ph.D. from accredited university in public health, education or social science discipline-psychology, sociology, or anthropology.

Working in the Center for Injury Research and Prevention the candidate should have research experience or demonstrated postdoctoral training or research focus. Three+ years of specialized experience in leading and conducting evidence-based research from an academic approach, preferably in injury prevention. Candidate will apply his/her background to collaborating with a team of scientists, developing the capability of the Behavior Science Core of the Center in order to extend its national and international reputation in pediatric injury prevention research.

The University of Pennsylvania is an equal opportunity, affirmative action employer. Women and minority candidates are strongly encouraged to apply.

Please submit curriculum vitae, a letter of interest, and Three Reference Letters to:

Dennis Durbin, M.D, MSCE  
Associate Professor of Pediatrics-CE  
University of Pennsylvania School of Medicine  
Chair-Search Committee  
c/o Center for Injury Research and Prevention  
3535 Market Street, Suite 1024  
Philadelphia, PA 19104  
Attn: Karen D. Matthews  
Fax: 215-590-5425

*~ Joel Fein*

## **EDC Job Opportunities**

**Job Title:** Prevention Specialist (Research/Development Associate)  
**Project Name:** Suicide Prevention Resource Center (SPRC)  
**Cluster:** Health and Human Development Programs

### **Contact Information:**

**Shannon Reynolds** Email: [sreynolds@edc.org](mailto:sreynolds@edc.org)  
EDC, 55 Chapel Street, Newton, No Phone Calls Please  
MA 02458-1060

### **Description of Job Posting:**

This position provides prevention support to the stakeholders and constituents of the Suicide Prevention Resource Center (SPRC). The Prevention Specialist is the primary point of contact for SPRC's stakeholders and constituents. Prevention Specialists report to the SPRC Prevention Support Coordinator, and work collaboratively across SPRC service areas.

Some regional/national travel involved (not to exceed 45 days per year). Flexible work schedule may be required based on the needs of constituents.

The SPRC is a federally funded project which provides support, training and informational materials to strengthen suicide prevention coalitions and advance the National Strategy for Suicide Prevention. See [www.sprc.org](http://www.sprc.org) for more information on SPRC.

### **Primary Duties:**

- Provide customized prevention support to some of the states funded for suicide prevention through the Garrett Lee Smith Memorial Act.
- Assist national, regional, state, and tribal coalitions in developing, sustaining and evaluating appropriate strategies for advancing suicide prevention.
- Responsible for being the primary contact to 10-15 states.
- Build readiness for suicide prevention in each assigned state, and serve the technical assistance needs of stakeholders for evidence-based information, methods of evaluation and continuous program development.
- Make personal contacts with stakeholders via phone, email and site visits.
- Provide trainings and presentations to state and national audiences on various aspects of suicide prevention
- Respond reactively to requests for assistance and support and reach out proactively to states and coalitions interested in suicide prevention.
- Serve on SPRC and related committees as assigned and appropriate
- May manage or support management of SPRC subcontracts
- Document support provided into an internal database and through other reporting mechanisms
- Other duties as assigned

### **Qualifications:**

*Required*

- Master's degree in relevant field of study and understanding of public health approach to prevention.
- Excellent written and oral communication and facilitation skills, good problem solving skills.
- Proficiency in MS Office applications, working with databases, and with the internet.
- Ability to manage multiple tasks and work both with a team and independently.

*Preferred*

- Knowledge of issues related to suicide prevention and public mental health strongly preferred.
- 3-5 years experience providing technical assistance or working with state health departments
- Experience working with state health departments or community-based organizations.
- Experience in providing information (technical assistance, information services, or similar functions) via phone, email and personal contact.
- Spanish speaking ability a plus.

Application Deadline: **May 31<sup>st</sup>, 2006**. Position open until filled.

Salary range: \$45,000 to \$55,000

EDC is committed to creating and maintaining a diverse workplace. EDC is an Affirmative Action/Equal Opportunity Employer.

*~ Anara Guard*

**NHTSA Public Health Intern and Fellowships Positions:**

NHTSA's New England regional office in Cambridge, MA is seeking applications for a public health intern (student currently enrolled in a nearby accredited School of Public Health) to work part time during the 2006-7 school year. NHTSA is also seeking applications for a fellowship position (within a few years of graduation). The fellow will work in our behavioral research division in Washington, DC. The position descriptions are on the website below.

[http://www.asph.org/document.cfm?page=751&JobProg\\_ID=11](http://www.asph.org/document.cfm?page=751&JobProg_ID=11)

*~ Julie Ross*

## **Florida Department of Health State Trauma Epidemiologist:**

### **Job Title**

**State Trauma Epidemiologist**

### **Organization**

**Florida Department of Health, Office of Trauma**

### **Job Location**

**Tallahassee, Fl.**

### **Position Description**

Location: Florida. The successful candidate will serve as the Florida Department of Health, Trauma Epidemiologist within the Division of Emergency Medical Operations, Office of Trauma. Position provides major epidemiological support to the Office of Trauma and provides minor support to the Brain and Spinal Cord Injury Program and Bureau of Emergency Medical Services. Position reports to the Director, Office of Trauma and works effectively with a small team of a Trauma Registry Manager, Computer Systems Analyst and other professionals such as the Business Manager and Operations Management Consultant. The successful candidate will conduct routine epidemiological analysis of trauma data on a regular basis and when requested disseminates results to support program planning and evaluation. Position includes conducting periodic and ad hoc detailed analytic epidemiological research using valid, auditable and relevant statistical methods. Position develops implements, manages and evaluates processes for the validation of trauma registry data utilized for dispensing of funds and provides in depth analysis of program development, planning and evaluation.

Position develops, implements and evaluates various periodic trauma registry reports regarding patient care outcomes against national norms and provides epidemiological consultation or technical assistance to internal staff or external stakeholders on data-related issues. Position prepares written comparison reports of injury mortality between and among local, regional and statewide data. Position prepares and submits various reports that demonstrate data sharing, data linkage, well defined roles and responsibilities and assesses trauma reports to improve system performance.

As needed, position prepares timely injury surveillance reports, trauma registry reports, data summaries and other written documentation, plus conducts evaluations of statewide injury prevention programs and trauma data in coordination with other program staff. Position investigates injury hazards, risk factors and clustering that require a timely response, epidemiological investigation or field study in coordination with the Bureau of Epidemiology, as needed. Other duties include assisting with Office of Trauma bill analysis, preparing and delivering presentations on trauma surveillance, trauma registry and related topics to local, state and/or national groups, preparing and submitting journal articles on EMS/Trauma topics for publication in both local and national peer-reviewed scientific journals when warranted. Other duties are assigned as needed and may include providing assistance in response and recovery following natural or man-made disaster.

### **Qualifications**

Minimum of a Ph.D. in Epidemiology. A background in injury prevention or trauma and a background in performance improvement, preferably in relationship to trauma and EMS. Ability to use SPSS to access Access or SQL-server databases and to write and run code as required for basic statistics. Have demonstrated database knowledge (e.g., importance of consistent data definitions, data value, mapping, etc.) with ability to organize data into logical formats for presentations, reports documents and written reports. Ability to work independently with minimal direction and to plan, organize, coordinate and complete work assignments timely. Having good interpersonal relationship skills and effective interactions at all levels of the organization in a positive, teamwork approach is essential. Experience in formal project management and with the programming of web-based or client server applications is highly preferred.

### **Organization Description**

The Office of Trauma, Florida Department of Health is the designated statewide Trauma Center Program for legislation, funding, regulation, oversight, Trauma Registry and research of the 21 trauma centers in

Florida.

**Closing Date**

6/30/06

**Desired Starting Date**

ASAP or April-May 06

**Contact Information**

**Tom Weaver, FACHE(r)**

Business Manager

Florida Department of Health, Office of Trauma

(mailing address) 4052 Bald Cypress Way, Bin C-18

Tallahassee, Florida 32399-0178

US

Work Phone: 850-245-4444 ext 2754

Fax Number: 850-488-2512

Email: [Tom\\_Weaver@doh.state.fl.us](mailto:Tom_Weaver@doh.state.fl.us)

Website:

**How to Apply**

Submit letter of intent and resume to the mailing address above, but no later than June 30,2006. Review of submissions will begin in late March 2006 and continue until position is filled.

**Additional Information**

Position will initially be a contracted position through a staffing service and then later likely transfer to a state contract. Another option may be the hiring status of an OPS position.

*~ Michael Lo*