

## NSC Welcomes Elisa Braver

Elisa R. Braver, Ph.D., has just joined the National Study Center for Trauma and Emergency Medical Services as an Associate Professor of Epidemiology and Preventive Medicine at the University of Maryland School of Medicine. Prior to joining the National Study Center, she worked for many years as Senior Epidemiologist at the Insurance Institute for Highway Safety. Her recent research has examined the efficacy of side airbags and frontal airbags, factors contributing to large truck crashes, the risks of older drivers and teenage drivers, and race, ethnicity, and socioeconomic status in relation to vehicle occupant fatality risk. She is the lead author on the first study of the effectiveness of side airbags in protecting drivers from dying in struck-side crashes; this paper is soon to appear in the American Journal of Epidemiology.



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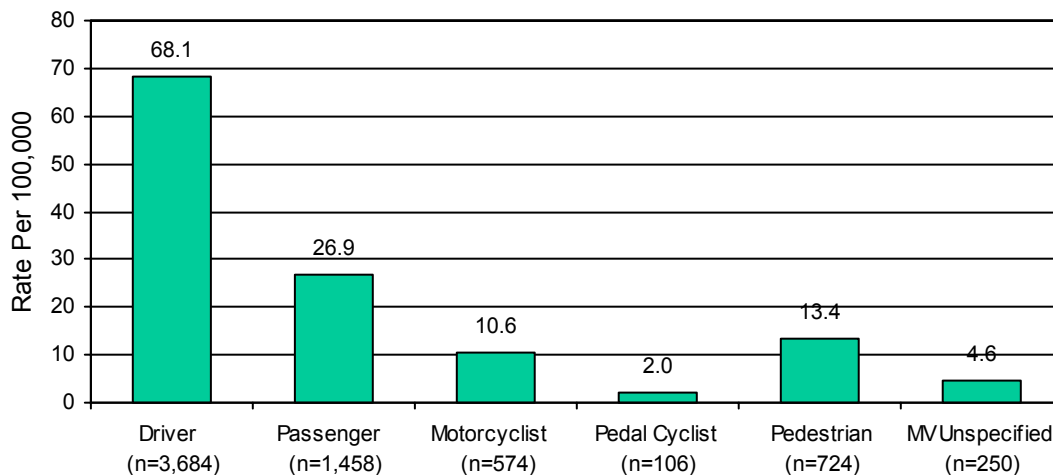
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Unless otherwise  
noted, information  
presented in Injury  
Watch is based on  
research and analysis  
conducted by National  
Study Center staff.

## Hospitalization rates for motor vehicle injuries

More than one-half of all persons discharged from Maryland hospitals following involvement in a motor vehicle crash were drivers, yielding a rate of 68 drivers per 100,000 population. Less than one-quarter of discharged patients involved in a crash were passengers, followed by pedestrians and motorcyclists.



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*"To prevent death and disability from injury and sudden illness through interdisciplinary research..."*

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Have a suggestion for future topics? Let us know.

*The Charles McC. Mathias, Jr., National Study Center for Trauma and Emergency Medical Systems (NSC) is an academic research organization dedicated to studying the causes, treatment, and outcomes of traumatic injury and sudden illness. The NSC is located on the campus of the University of Maryland, Baltimore. Since its creation in 1986, the NSC has earned an international reputation as a leader in trauma and emergency medicine research. The Center's strength resides in its teams of investigators and their expertise in study design, database linkages, interpretation of results, and application of findings. Results of NSC studies have been used to enhance patient care, to improve vehicular safety, to develop public education programs for the prevention of trauma, and to support state and federal legislation regarding injury prevention.*

## LOCAL AREA DEFENSE (LAD) EXERCISE

The Local Area Defense (LAD) Table Top Exercise, coordinated through the National Study Center, was held on February 27, 2004 in preparation for the LAD Demonstration that will take place on March 26, 2004 at the University of Maryland Baltimore campus. Representatives from five hospitals located in Baltimore City, six federal, five state, and three city agencies were among the more than 100 people who took part. Colonel Ronald Poropatich from the Walter Reed Army Medical Center and Dennis Schrader, Director of Homeland Security, the Maryland Governor's Office, addressed the group.



## THE DELTA PROJECT: BRINGING ABOUT CHANGE

In a seminal study published in 1997, The National Study Center for Trauma and EMS documented a high prevalence of psychoactive substance use disorder diagnoses among patients admitted to the R Adams Cowley Shock Trauma Center. Using standardized criteria to make diagnoses in a large cohort of unselected patients, we found that over 50% of patients had a current or lifetime substance use problem. Most often the problem involved alcohol. That effort was funded by a grant from the National Institute on Alcohol Abuse and Alcoholism (NIAAA). As an appropriate response to our initial findings we undertook a study of brief intervention for alcohol use problems in trauma center patients. The DELTA Project is a \$2 million, 4-year effort that was funded by NIAAA. It is a large randomized clinical trial investigating the effectiveness of a brief motivational intervention to reduce problem drinking in trauma patients. Carl A. Soderstrom, M.D. and Patricia C. Dischinger, Ph.D., are the senior research leaders from the NSC who are collaborating with other investigators in the University of Maryland School of Medicine and Carlo C. DiClemente, Ph.D. and his research team from the University of Maryland Baltimore County.

The period immediately following a serious injury is a distinctive window of opportunity for intervening with individuals with alcohol problems because the injury experience increases the motivation to change one's drinking behavior. For this study, patients were recruited from the Shock Trauma Center beginning September 2000 through November 2002. Patients with abuse/hazardous drinking patterns were identified using screening techniques that we validated in our previous prevalence study. They included use of the 4-item CAGE questionnaire and questions about amount and frequency of drinking. After screening, consent, and an initial brief intake interview, participants were randomized into the motivational intervention, consisting of a 20-minute interview with a feedback letter and two follow-up telephone calls, or the control condition of simple message of concern and an informational brochure about reducing their drinking. The intervention was developed by Dr. DiClemente, renowned for his work in assessing when individuals are ready to change their behavior, how to bring about the change, and how to assess the stages of change that they progress through. The interventionists were specially selected graduate students from UMBC's Department of Psychology. A total of 497 patients were entered into the study, representing almost one patient per day. All participants received the initial interview and 70% of those who received an intervention were contacted one or more times post discharge. To date, we have demonstrated the feasibility of identifying patients with alcohol use problems and delivering interventions in the hectic and busy environment of a trauma center. The study team looks forward to sharing their overall results in the near future.