



D49 Capacity Building Towards Public Health and Prevention Among Forensic Practitioners

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After attending this presentation, attendees will have an overview of the injury and violence prevention resources.

The presentation will impact the forensic science community by increasing their potential for public health program development and practice related to injury and violence prevention.

Public health practice can benefit from increased participation of medical examiners and other forensic disciplines as they are inherently involved in cases of injury and violence. Preliminary review suggests that medical examiner/coroner offices have limited in-house prevention programs and direct public health service because they may not have the skill set demanded of a prevention practitioner. If so, what can an individual forensic practitioner and other interested medical and public health personnel address capacity building in injury prevention? The goal of this paper is to provide the reader with an overview of the injury and violence prevention resources to increase public health program development and practice.

Forensic practitioners' knowledge of injury process and fatal injury risk factors put them in good stead to be a critical public health partner. With skill-building and better understanding of the opportunities and the resources in injury prevention, they can be valuable in the planning, implementation, and evaluation of preventive programs in the future. With existing resources, they can already promote better mental health for survivors and assist referral or intervention in vulnerable populations or individuals identified from their casework. Since the most crucial data set, fatality data, is essentially death investigation/medical examiner- derived, forensic practitioners should also support and advocate for stronger forensic and public health systems worldwide.

Numerous documents for individual skills and knowledge acquisition as well as system-wide capacity building are provided online and for free. Compendium of best practices, evidence-based recommendations of groups and public health ministries, coalitions up to the international level and United States fatality databases are highly accessible. Long-distance mentoring (MENTOR-VIP) and injury curricula (TEACH-VIP) through the World Health Organization can supplement knowledge as do subscription to free injury newsletters or relevant article listings (i.e., Safetylit). Memberships in coalitions of injury prevention professionals (STIPDA) or within a specialty (i.e., American Academy of Pediatrics, American Public Health

Association–Injury Control and Emergency Health Services) and participation in mailing lists from relevant agencies are additional ways to link with those in injury prevention.

Any additional stakeholders among the medical and public health disciplines are valuable to add to the cause against injury and violence. Knowledge of the ecological model and rigorous evaluation practices allow establishment of risk factors and effective interventions, the cheapest and most significant being primary prevention at a very young age. By being aware of appropriate and evidence-proven interventions, primary (stopping the violence before it takes place), secondary (minimizing harm), and tertiary (rehabilitation of offender and victim) prevention can be achieved.

Greater support, funding and professionalism are encouraged in all the forensic and public health disciplines towards injury prevention work. Awareness of public health through training and continuing education can nurture multi-sectoral thinking in medical examiner/coroner offices and encourage them and their peers in criminal justice among others towards less punitive and more preventative approaches. In death investigation where the standards are variable from either being a coroner or a medical examiner system, conversion to a medical examiner set-up and/or provision of support in either office to conduct research, develop alliances and initiate programs are helpful to increase public health interest.

Capacity Building, Prevention, Public Health