



Student Member Li Li, a doctoral student from the Ohio State University interviewed Dr. Linda Degutis, for a new installment of the “Careers in Injury and Violence” project. Linda is Past President of APHA, and current Executive Director of Defense Health Horizons, a project focused on identifying policy options for improving the military health system, at the Uniformed Services University of the Health Sciences, Bethesda, MD. In addition, she is the Chief Science Officer for The Avielle Foundation. She is a consultant specializing in policy, advocacy, and injury and violence prevention, with current work in prevention of injury, suicide prevention and intervention, and violence prevention. She is also involved in several initiatives to increase funding for injury and violence research. Li spoke with Dr. Degutis to gain

an understanding of her responsibilities in her current position with Defense Health Horizons, her career path in injury prevention, and her advice for young professionals in the field.

### *Could you tell us a little bit about your current position?*

**LINDA:** I am an Executive Director of Defense Health Horizons, which is a program based at the Uniformed Services University of the Health Sciences in Maryland. We work to develop proposals and recommendations related to issues in the military health system. There is a range of topics that I deal with. For example, we might be asked by the Service Surgeons General, generals from one of the areas of army service, or the Assistant Secretary of Defense for Health Affairs to evaluate a particular issue and how to deal with it. We might take 90 or 120 days to develop a short primer that describes the background of the problem, options for addressing it, and potential consequences. We have also done some work on women’s health, particularly looking at reproductive health in women and options for contraception, how military women understand and access all the options available to them, and what we can do to help them be more informed and be able to discuss the options with their practitioners. We also focus on how to make sure the people who are on active duty in the military are healthy and able to respond to crises when needed. We have to consider that they don’t just go to war areas, but they also respond to humanitarian emergencies and to disasters like hurricanes or major earthquakes.

### *How did you choose the field of injury and violence prevention?*

**LINDA:** When I was in high school, I started working as a volunteer in an emergency department in Chicago Community Hospital. I learned a lot when I was there. I continued to work there on a paid position as a nurse aide for the rest of high school and all through college, where I was majoring in nursing.

When I was working on my master’s degree, there was a new trauma surgeon who had come to set up the trauma service at Yale. I met with him to let him know what I was going to do for my thesis. Because I was going to interview families of trauma patients, I thought it would be important for him to know that I might see these families. We had a half-hour appointment, and about an hour and a half after the appointment started, we were still talking. At the end of the meeting, he asked me if I would be interested in working with him after my graduation. I said, “That sounds great!” So that was kind of how I got my first job after my master’s degree. I was working to help him set up the trauma service and critical care at Yale-New Haven Hospital. About a week after I met him, he called me and said, “Would you be interested in documenting the experiences we had here with trauma cases, and looking at what’s happened in the past of couple of years, documenting and doing some

research, and summarizing it?” And I said “Yeah, okay, that sounds good.” And he said, “We’ll pay you to do it.” So I did. Then I presented the results both to him and to the Chairman of the Department of Surgery. We started negotiating the job that I would have when I finished my master’s degree. The job that I had was one of the first people in that kind of role in the country- a trauma program coordinator. I was involved in not just helping to set up the trauma system but setting up the trauma registry, and actually, programming it. I was working with families and patients, writing protocols for clinical care, doing research, helping residents who were going through the program, and setting up teaching conferences.

In 1987, I decided to go back to school and work on my doctorate in chronic disease epidemiology at Yale. When I finished my DrPH, I had a faculty appointment as an Assistant Professor in Trauma and Surgical Critical Care and then transferred to Emergency Medicine. I was the Co-Director of the Injury Prevention Program at Yale. I then took a year off to be a Robert Wood Johnson Public Health Fellow and worked in Congress. I also helped start Connecticut’s Chapter of Mothers Against Drunk Driving. I was doing work on impaired driving policy at the city-level and working with legislators to write some of the laws. I was also doing a lot of work at the state-level and was the Co-Director of a Robert Wood Johnson Foundation initiative to reduce underage drinking- the Connecticut Coalition to Stop Underage Drinking. We were looking at how we could use policy to change access to alcohol for underage, primarily for teenagers. I was also doing some work on gun violence prevention, so was on the board of an organization called Connecticut Against Gun Violence. We were working on state gun laws, and, eventually, we got a number of them passed working with the legislators in the state.

### ***Could you share one or two of your favorite moments from your career with us?***

**LINDA:** In 1984, when I worked as the trauma program coordinator at Yale-New Haven Hospital, I submitted an abstract about injuries in older adults to APHA, and it was accepted. In the AHPA Program’s Business Meeting, I saw someone from my poster session, and we talked a lot. After the meeting, she said they are going to be talking with Dr. Bill Foege to ask him about starting an injury center at CDC, and asked if I would come with. So, we had coffee with Bill Foege (who later became head of CDC and now works for the Gates Foundation) and talked to him about the needs for an injury center at CDC. That was my first APHA meeting and I didn’t even know Dr. Foege. Many years later I became the director of the injury center at CDC.

In the injury research field, there are a lot of people who are willing to help each other and willing to see how they can forge somebody’s career or help somebody find funding. It’s not competition, but instead people become lifelong friends. That’s happened to many of us. Some of us got to know each other 30 years ago and we still do things together, travel together, and have dinner together. I hope that also happens for you. It’s really a good thing and makes a big difference. I could call them and say, “I have a question about this, or do you think this is a good idea?” Because sometimes you can be in an institution, especially for a lot of us at that time, and almost nobody else was doing the work in the same area. We had this network of people who we could call and say, “I’m trying to do this;” “I’m stuck.” They could give you feedback. I think we all try to do the same thing for younger people who are coming into the field or interested in the field. We want to encourage people to do it. Injury research is fun, and it’s something with which you really could make a difference in people’s lives.

### ***How did you get involved in SAVIR?***

**LINDA:** Early on, before the organization changed its name to SAVIR, I got involved and advocated for increasing the funding for injury centers and increasing the number of centers. I joined SAVIR and became a member of the Advocacy and Policy Committee. I worked with committee members to look at how SAVIR’s members could advocate for funding in injury and violence research. At that time, there was not much money in

injury. We really wanted to see how we could make the injury field more attractive to people who want to do good research and who can help us identify and prevent injuries. Research topics might include: what do we do with cars, what do we do with falls, how do we prevent falls in older adults, how do we prevent poisoning in children? There were so many questions in injury. There were a lot of us who really wanted to do this and SAVIR has become a vehicle for doing it.

I was less involved in SAVIR when I was the director of the Injury Center at CDC from 2010-2014. Since I left CDC, I started to do more again with SAVIR and the policy committee. I am now on the SAVIR board of directors and am President-elect.

### ***What tips can you share with the next generation of injury and violence prevention professionals?***

**LINDA:** First of all, talk to people, ask about experiences, and get into networking. There are lots of senior researchers who have been in the field for years and many of us are happy to give feedback on papers or help you with ideas that you have for research. Don't be afraid to talk to people, to ask them questions about their work, or to talk about the work that you're doing. There might be some people who are not willing to engage, but there are so many others who want to see the field grow and want to see younger researchers come up designing and developing studies, and really enhance the field. We want to see how young researchers use new technologies and how new technologies can be used to prevent injuries. There are plenty of senior researchers who are happy to talk to people who are starting out. Typically, people establish relationships with senior people through faculty members; see if they can introduce you to other people and help build your network. Taking advantage of the opportunities to meet people. Don't isolate yourself.

Second, I would suggest young researchers attend conferences, like SAVIR and APHA, where it's natural to get together and talk about injury and violence. You learn how to write an abstract, how to make a poster, and how to put information together for your presentation. Another thing I would say is if you don't get an oral presentation, a poster session is great too! When you do a poster, people walk by and talk to you and ask questions.

Third, I would suggest young people get involved in an organization. If there's a committee that sounds interesting, join it and get involved. It's good to have a range of experience on the committees. Our senior researchers do not know what is important to young people who are just come into the field, what you are thinking about, what you are really looking for. So to have you on the committee and have you involved is really good. You could say this is what we need in order to grow, and to move in our careers.

Get involved, talk to people, and learn who the key players are.

### **About funding strategy:**

There are grants that really target new researchers or junior researchers, obviously that is very important. Besides, some of the foundations often give money, maybe the money is less than what you would get from NIH, but is enough to get started and have a pilot so you could have the data that you can use for another grant. Another thing I would suggest is always follow the instructions, look at their requirements, and use the terminology that people who issue the application are using. Besides that, have someone who is a senior researcher and who has successful grants to review the application and give you feedback.

Look at things that are available and don't expect your first grant to be an NIH R01. Sometimes you'll have options, like senior researchers may need a co-investigator or another investigator to work with them, maybe as

co-PI, or they might say “Well, if you work on this project, I can pay for 15% or 20% of your time”. First, your institution would be happy because you are getting funded, but it also gives you the opportunity to work with a senior investigator, to learn from them and to help build your experience. Then, when you are applying for a grant, that experience will help.