

**American Public Health Association
Injury Control and Emergency Health Services Section
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"While I am saddened by the drug deaths, frustrated by the traffic and fire deaths, and enraged by the homicides, I remain haunted by the suicides."

-- Dr. Thomas Andrew, New Hampshire chief medical examiner, commenting on teen suicides in New Hampshire, summer 2004.

EDITOR'S NOTE:

The next 2004 ICEHS E-News distribution date is October 25th. Please send your submissions no later than October 15th in Word (attachment) to: (Maggi.Gunnels@fmcsa.dot.gov). [NOTE: change in email address]

SECTION NEWS

NOTES FROM THE CHAIR

We have entered the busy season of fall—gearing up for the annual meeting, Nov. 6-10. I hope you are registered and your hotel room is reserved. Latebreaker sessions are posted on the website and soon the entire ICEHS program will be available. The October issue of this newsletter will have information on the Awards Dinner and Social Hour as well.

Over the summer, your section has been busy:

The *Disaster/EHS committee* is representing us on the National Task Force for Advanced Emergency Information Exchange Networks. David Kingdon, chair of the committee, is participating in two focus groups to assist the task force.

I represented ICEHS and APHA at a recent planning meeting held by CDC, STIPDA and NAICRC re: the next *national injury control conference*, May 2005 in Denver. Details will be in the next issue of the newsletter. Stay tuned!

John Lundell represented us at the *STIPDA* annual meeting in Park City, Utah and distributed our membership brochure there.

We had the opportunity to nominate three *students* to receive complimentary APHA memberships thanks to Geico Insurance. The students are: Sarah Rieber at Harvard University (nominated by Julie Ross), Starr Kelly Sage at University of Minnesota (nominated by Sue Gerberich), and Michelle Canham Chervak at Johns Hopkins (nominated by Susan Baker). Thanks to everyone who participated in the process. We hope that Geico will continue to provide this extra support to young professionals in years to come.

We also forwarded a nomination to APHA for *Legislator of the Year Award*. Our nominee was New York State Assemblyman Pete Grannis, who introduced fire-safe cigarette legislation that was passed earlier this year. (See Fairchild A, Colgrove J. Out of the ashes: the life, death and rebirth of the "safer" cigarette in the United States. *Am J Public Health*. Feb. 2004;94:192–204 and letter, Ahrens M. Smoking and fire. July 2004; 97:1076-1077.)

So, what's left for YOU to do?

If you would like copies of the section brochure to bring to meetings and conferences to help recruit new members, please get in touch with me.

If you haven't registered for the annual meeting yet, or made your hotel reservations, please do so ASAP. See www.apha.org or *AJPH* for all the details.

Plan on attending as many ICEHS events as you can—business meetings, fun social events, our many scientific sessions, posters and roundtables, and take a turn at staffing the exhibit.

Join a committee. The Nominations Committee is re-forming *now* to nominate candidates for next year's election. The immediate past chair (which will shortly be my role) takes on chairing this committee. I could use your help, either as a committee member or by nominating yourself or someone else. We have a short window of time -- following the annual meeting and before the end of January.

Let me know your ideas and interests for the section.

I hope to see you in DC in November.

NEWS FROM APHA ON AGING TASK FORCE

APHA's New Task Force Explores Aging and Injury

With the aging of the baby boomer population, the number of older adults in our population is dramatically increasing. With this will come an increase in the number of older adults suffering injuries from falls, motor vehicle crashes, poisonings and variety of other means. In response to this trend, APHA has launched a new initiative to focus on the needs of our burgeoning aging population. The Task Force on Aging (TFA) was launched at the 2001 annual meeting of the APHA after the APHA Executive Board approved Aging and Public Health as an organizational priority area for the period 2000-2003. The Injury Control and Emergency Health Services Section is represented on the TFA by Patti Yanochko of the Center for Injury Prevention Policy and Practice and Karin Mack of the Centers for Disease Control and Prevention.

The TFA focuses on all adults aged ≥ 65 years as well as adults aged < 65 years with chronic illnesses and disabilities. Its aims are to:

- Raise awareness and promote education about individual and population aging within APHA and in the public health community;
- Recommend ways to improve the public health infrastructure in the context of an aging population; and
- Develop and advocate for public policies to improve the health and well-being of aging populations throughout the world.

The TFA has produced a "Scope of Public Health and Aging" framework to help guide the aims of the group. Many of the issues addressed in this framework overlap with the interests of our section's constituency. By working together with other sections in the TFA, we anticipate the development of diverse and creative avenues in which to prevent injuries in our aging population. For a complete copy of this document or more information about the TFA, please contact Patti Yanochko at pyanochko@projects.sdsu.edu.

In response to the concerns raised in the TFA, we are seeking ICEHS members who would be interested in forming a section committee on Aging and Injury. If you are interested, please contact Patti Yanochko at pyanochko@projects.sdsu.edu or Karin Mack at kim9@cdc.gov.

ELECTION RESULTS

Congratulations to the following individuals who won the recent election for section leadership posts.

Chair-elect: Maria Anderson mariamicio2001@hotmail.com

Secretary-elect: Susan Avila savila@interaccess.com

Section councilors: Guang Chen (who will immediately fill the seat vacated by Maria Segui-Gomez) gdc0@cdc.gov

Michael Greene mgreene@ycs.org

Alex Kelter akelter@dhs.ca.gov

Joyce Pressley jp376@columbia.edu

And many thanks to all who agreed to run. Contested elections are one measure of an organization's vitality. We sincerely thank all the candidates.

ATTEND APHA PRE-SESSION ON MENTAL HEALTH EVIDENCE-BASED PRACTICE

Turning Evidence-based Practices into Home-grown Best Practices: The Road to High Quality Services #2012 (Register now!)

In partnership with APHA Mental Health Section

Time: Sunday, November 7 -- 8:00 am – 11:30 am

Pre-Registration Fee: \$175

CE Hours: CE Hours: 3 contact hours – Consult CE page for approvals by discipline.

http://www.apha.org/meetings/continuing_ed.htm

Presenter:

Rex S. Green, PhD, CQE, RHIT, Principal Advisor, GreenScene Results Group, Fremont, CA

Target audience: Mental health and health service clinical supervisors and program evaluators.

Statement of Purpose and Institute Overview: The purpose of this workshop is to empower staff in local mental health and health service organizations to straightforwardly evaluate and improve their practices, as well as adopt and evaluate evidence-based practices, without acquiring special evaluation skills or credentials. Techniques and tools for assessing client satisfaction and the productivity of the services will be described and copies of computer files e-mailed to attendees. The Plan-do-check-act (PDCA) approach to continuously improving service quality will be reviewed, and all attendees will participate in an exercise to gain familiarity with this continuous quality improvement method. Issues relating to preserving the fidelity of an evidence-based practice will be reviewed, in the context of evaluating such practices following their implementation.

MEMBERS MAKING NEWS

Congratulations to Dr. Garen Wintemute, director of the Violence Prevention Research Program at the University of California at Davis and nationally known for his research on the effects of gun violence, was elected to the Johns Hopkins University Society of Scholars in 2004.

Wintemute, an emergency-room physician, has been named a Hero in Medicine by Time magazine and has received numerous awards from professional and academic societies. He also served as a consultant for the World Health Organization, the U.S. Centers for Disease Control and Prevention, and the American Red Cross. Since 1967, the Society of Scholars has been honoring former postdoctoral fellows and junior or visiting faculty members at Johns Hopkins who have distinguished themselves in physical, biological, medical, social, or engineering sciences, or in the humanities.

Karen Liller has been promoted to full Professor and Associate dean for academic affairs at the College (University of Southern Florida).

Maria Anderson has been admitted to Northwestern University Law School and will start there in the fall. She intends to stay involved in injury control as well as earning her law degree.

Les Fisher is active in the national clown organization: COAI -- Clowns of America International. www.coai.org and his local clown alley is Electric City in Schenectady, New York. Les graduated in 1996 from a course at Klown Kollage offered at Schenectady Community College. His clown name is Les the Kvetch, at his wife's suggestion that he complained too much about some subject they were talking about. While there is an organized clown safety web group, he chooses to do his own safety clowning, remaining a member of COAI.

NEWS AND MEETINGS

PARTICIPATE IN THE U.S. CPSC NEIGHBORHOOD SAFETY NETWORK

The U.S. Consumer Product Safety Commission has a critically important mission: to keep all consumers safe from harm from dangerous products. Unfortunately, we find that certain groups of Americans, such as the elderly, urban and rural low-income families, and some minority groups, often do not hear about our safety messages.

In order to carry out our mission more effectively, the CPSC has embarked on a special project to put our lifesaving information in the hands of these populations by creating the Neighborhood Safety Network. By entering your organization's contact information into the NSN database, you are becoming a partner in our campaign to share lifesaving safety information with consumers who may not be aware of the many hazards that exist in and around the home.

CPSC will use the contact information you provide to send out posters, publications and announcements that are specially tailored to meet the needs of specific groups – such as child safety tips for new parents and fire safety advice for older Americans living on their own. With the responsibility to ensure the safety of over 15,000 consumer products, you will soon realize that CPSC has information that can benefit every American.

<http://www.cpsc.gov/nsn.html>

POSITIONS

PROJECT COORDINATOR, CHILDREN'S NATIONAL MEDICAL CENTER, WASHINGTON DC

Position Summary: Manages the Crash Investigation Research Engineering Network CIREN project. Initiates, organizes, and manages programs and activities related to achieving the goals of the project. Responsible for fiscal management. Collaborates with appropriate CNMC staff, federal and private funding agencies and professional organizations.

Education and Training Required:

Masters Degree preferred in Public Health, Health Sciences Administration

Experience Required:

One-three years experience in hospital or health care related organization

Special Knowledge, Skills, Abilities:

Understanding research methodology, organizational structure, and human resource management, excellent written and oral communication and computer skills.

Areas of Responsibility:**Case Load**

Coordinates and implements research protocol for the NHTSA crash investigation project, ensures confidentiality of all patient data, and coordinates activities with all contractors regarding crash and patient data.

Data Management

Organizes and manages data collection and entry activities, abstracts data from medical records and performs preliminary data analysis. Performs data analysis on study variables.

Meetings

Coordinates monthly case-review meetings with NHTSA, contractors, and participating staff. Prepares data and cases for presentation. Maintains collaborative relationship with participating CIREN Centers.

Budget

Collaborates with the Principal Investigator and Program Manager, Trauma Service in the budget process. Prepares budget for submission to NHTSA. Monitors budget on a monthly basis.

Reports

Prepares monthly, quarterly, and annual progress reports for review by the PI before submission to NHTSA. Monitors project compliance and contractual obligations to NHTSA. Initiates manuscripts from findings of the CIREN data.

Outside Activities

Participates and disseminates research findings in representing CNMC and the NHTSA project through participation with the National SAFE KIDS Campaign, Emergency Medical Service agencies, and other professional groups in their efforts toward understanding vehicle crashes and car seat safety.

Contact Information:

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**ASSISTANT OR ASSOCIATE PROFESSOR, INJURY RESEARCH CENTER –
MEDICAL COLLEGE OF WISCONSIN****DEPARTMENT OF EMERGENCY MEDICINE, MEDICAL COLLEGE OF
WISCONSIN****Position Description:**

The Injury Research Center (IRC) at the Medical College of Wisconsin is seeking a faculty member to provide leadership to the IRC in the area of injury-related public policy research and education. The incumbent will co-direct a newly created Policy Core within the IRC, which will bring together an interdisciplinary group of injury control and public health scientists to oversee the development and implementation of an injury

control policy research and education agenda. As part of the dissemination of the research agenda, the incumbent will publish injury policy research findings in peer-reviewed journals, present at scientific meetings, prepare scientific testimony, and secure extramural funding. It is expected that the incumbent will respond to requests for information from legislators, advocacy groups, and the media, as well as monitor opportunities to disseminate relevant injury policy research findings to public policy decision makers, organizations, and community agencies. It is expected that the incumbent will focus on state, regional, and national levels of injury policy research.

The incumbent will also be responsible for curriculum development and direct teaching of medical school students, residents, and health care providers at MCW. The incumbent will work closely with other MCW Departments and Centers that have a similar interest in health policy research and education.

The candidate would be expected to develop statewide and regional collaborations in education and research, with special emphasis in injury control policy research and evidence-based injury policies.

Qualifications:

The successful candidate will have a Ph.D. or equivalent, an M.D., or a J.D. It is desirable that the candidate also have a history of peer-reviewed publications in public health policy research and a track record of securing extramural funding.

Organization description:

The Injury Research Center at the Medical College of Wisconsin is federally funded by the Centers for Disease and Control's National Center for Injury Prevention and Control. The successful candidate will have a primary appointment in the Department of Emergency Medicine and affiliate faculty appointments in appropriate additional Departments and Centers/Institutes. This faculty position is funded for a period of three years. It is expected that the incumbent would secure extramural funding, at least equaling one-half of the faculty salary, by the end of year three.

Contact Information:

Dr. Stephen Hargarten, MD, MPH
Director, Injury Research Center – MCW
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Email - policy@mcw.edu
Website - <http://www.mcw.edu/irc>

Deadline – October 15th, 2004

HEALTH SCIENTIST, CDC DIVISION OF ADOLESCENT AND SCHOOL HEALTH, ATLANTA, GA

The Division of Adolescent and School Health (DASH) is currently searching for a health scientist who will provide scientific guidance for the division's research, programmatic, and policy initiatives related to the prevention of unintentional injuries and violence among school-aged populations. Desirable qualities include a master's or doctoral degree

in a behavioral science discipline, experience in conducting and/or synthesizing research on interventions designed to prevent unintentional injuries and violence among youth, experience in school health programs, and a strong interest in public policy.

Responsibilities include:

- Monitors and synthesizes research on prevention of unintentional injuries and violence among school-aged populations. Communicates results of research syntheses through professional and scientific journals, books, newsletters, presentations, training programs, listservs, and interviews. Provides assistance in reviewing Branch and Division reports. Reviews relevant manuscripts and book chapters.
- Develops unintentional injuries and violence prevention tools to facilitate best practices and effective strategies for schools, education agencies, and national organizations.
- Within the Division, provides technical assistance on the development and analysis of unintentional injury and violence items for surveillance systems; the development and review of program announcements; and subsequent implementation of funded activities.
- Provides technical assistance related to prevention of unintentional injuries and violence among school-aged populations to the Division's other branches, other Divisions within CDC, federal agencies, state and local education and health agencies, national and international organizations, universities, and individuals involved in policies and programs designed to prevent unintentional injuries and violence among school-aged populations.
- Serves on various work groups and task forces as directed and invites outside organizations and agencies to serve on DASH work groups and expert panels as appropriate.

For more information about this position, please contact Lisa Barrios at (770) 488-6172 or by email Lbarrios@cdc.gov.

SENIOR TRAFFIC SAFETY EXPERT NEEDED, AAA, SOUTHERN CALIFORNIA

Duties: Contribute to the development of the Auto Club of Southern California traffic safety strategies, policies and programs. Represent member interests on a full range of safety issues including traffic, pedestrian, and DUI, school and senior mobility. Represent the Club's traffic safety interests within the state and national level. Provide leadership/management of staff and programs. Direct, analyze and interpret research, identify the need for and oversee development of research projects.

Qualifications: Four-year college degree in relevant field or equivalent combination of education and experience required. Advanced degree (Master's or PhD) and/or professional license related to traffic safety in one of the following highly desirable: legislative/policy development, program planning, program evaluation or program administration work concerned with traffic, pedestrian or motor vehicle safety, community programs and crash/injury prevention. Comprehensive understanding of principles and practices in the fields of traffic safety and mobility in both public and private sectors is required.

Knowledge of research methodologies, data collection, and analysis techniques required. Ability to manage projects across multiple departments and to clearly communicate both

verbal and written forms to internal and external audiences at all levels. Proficiency in MS Office programs required. Good driving record required.

Visit the website at www.aaa-calif.com/jobs, go to Search for Jobs, and look for Public Affairs Specialist III position.

COMMENTARY FROM ICEHS ARCHIVIST LES FISHER ON INJURY PREVENTION AND CONTROL HISTORY

Fisher L. *Leveraging Leadership in Poison Prevention and Control, Burn and Motor Vehicle Injury in New York State's History* In: **Shaping the Millennium. From the History of Child - Home Injury in the United States, in public health journals (1900-1975) to Applications of Leadership Systems, 2003.**
Table 2 a, b and c. page 14.

New York State (NYS) for more than six decades has led in injury prevention and control leveraging for new legislation and other interventions; here are several major historical timelines (refer to my web article for more details and references WWW.ICHS.ORG) that may continue to guide national, states and local injury control efforts:

Table 2a: Historical Leveraging of Poison Prevention and Control (PCC) Leadership in NYS

1956 Mixed proficiency from four update poison control centers and 17 smaller; \$5,000 NYS Legislative appropriation to Department of Health (DOH) to coordinate; NYC PCC contracted for its expertise; beginnings of governmental supports.

1970 DOH requests PCC data and operational tabulations on cases which were used in National Study Commission on Product Safety on drain cleaner poisoning risks and in NYS to show overlapping services and limited proficiencies of smaller centers.

1979 Federal Title V, MCH funds (\$15,000) to centers, later only to NYC PCC; Bill for Federal appropriations to regional poison control centers not funded so PCC Directors go to DOH Commissioner for support. No funding but an Ad Hoc Advisory Committee established of regional centers who submit annual reports to DOH.

1980 Monroe County Regional Poison Prevention Project illustrates, after five year intervention, significant changes in risks and poisoning ingestions; Used by Congress in late 1990s; DOH PCC Advisory Committee established. State Legislature bill to fund Pittsburgh PCC to support NYS PCCs not supported by DOH.

1983 DOH data on poisonings and PCC submitted to Legislature leads to a NYS bill justified by cost containment of PCCs. After some there years, NYS legislative minority party gives up bill; Bill picked up and passed by majority party, signed by Governor with appropriation enhancing hospital reimbursements from Medicaid funds to DOH designated regional poison control centers. Standards developed by PCC Advisory Panel to DOH, lead to NYSD and national regs. (Fisher L. Community-based poison prevention. Injury Prevention). In print; Voices from the Past. *Amer J of Public Health*, June 2004, in print and Committee on Poison Prevention and Control. ***Forging a Poison***

Prevention and Control System. Institute of Medicine of the National Academies of Science. National Academy Press Washington, DC: 2004,73-100, 189-238.).

Table 2b: Historical Burn and Fire Prevention Leveraging in NYS

Penal Code: 270.000

State Attorney General (AG) requests Department of Health (DOH) background information on clothing burns in NYS. Newspaper clippings of incidents and other data submitted. AG creates a state intergovernmental agencies task force, leveraging toward potential new state requirements. Federal DHEW-PHS contracts with DOH to study CO levels in mobile homes; findings led in 1973 to Executive Law on fire resistance, multi exits and smoke detector requirements; Fire departments lobby State Legislature for Burns Care Institute as firefighters are being injured results in Public Health Law C 806.

1970 for coordinating burn care; AG's Office request DOH begins statewide fire injury surveillance system from fire departments and for State Labor Department to analyze flammability of sampled fabrics.

1972 National Commission on Fire Safety requests DOH, only State Department nationwide to testify in Chicago; National interest grows burns prevention and control.

1974 DOH establishes a hospital ED surveillance system sample; hot beverage scalds predominated followed by meetings with beverage industry for assistance; Federal Consumer Product Safety Commission awards contract (\$88,000) for investigations of consumer product related injuries. DOH had helped set up the precursor to NEISS.

1978 NYS leverages and obtains state and federal flame retardant standards for tents following investigations of childhood burn injuries and deaths followed by written press and television coverage showing ignited tents burning in minutes.

1979 The NYS Executive Office, Consumer Protection Board, establishes an interagency coordinative panel and initiates programs on the proper selection and use of smoke detectors, alerts on retrofitting for risks of aluminum house wiring fires.

Table 2c : Historical Leveraging for Motor Vehicle Injury Prevention in NYS

1942 De Haven's 'Protective shell' for airplane pilots later conceptualized to motor vehicle occupants.

1956 NYS Governor Jonathan Bingham establishes Governor's Traffic Safety Committee, interagency coordinative body.

1959 D.P. Moynihan, Secretary to NYS Governor, lectures at Syracuse University and West Point, NY on auto safety as not an accident, law enforcement, but a public health issue.

1960 Moynihan inserts into President Kennedy's speech that motor vehicle injuries are one of the greatest national public health problems.

1965 NYS Legislator Senator's bill (S228) for safety designed car, passed.

1966 National Traffic and Motor Vehicle Safety Act, (PL 86-563) links national, state polity and fiscal resources with funding to Governors' offices.

1968 National Highway Safety Act (PL 89-564)

1980 NYS Senate passes child auto restraints; however, NYS Assembly does not.

1981 Consumer and medical advocacy leads to child auto restraint law.

1982 National Highway Traffic Safety Administration leverages states to pass child auto restraint laws by funding supports; NYS Health Commissioner requests from Executive Director, Governor's Traffic Safety Committee seed funding for three low income health clinics and similar sites; some 30 eventually funded.

1984 NYS Occupant Restraint Law requires all drivers, front seat passengers and children under age 10 to use car safety restraints; John State, MD, Chair, Injury Prevention, NYS Medical Society had led a statewide coalition of various groups.

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