

**American Public Health Association  
Injury Control and Emergency Health Services Section  
APHA ICEHS Electronic News  
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CONTENTS

SECTION NEWS

Comments Requested on Proposed ICEHS Name Change.....	2
Public Health Traffic Safety Institute for Preventing Impaired Driving.....	2
New Linked Data Resources at the National Center for Health Statistics (NCHS).....	3
Monitoring the Public's Health using Data from the National Center for health Statistics...	4
SAVIR Busy with Advocacy.....	5
SAVIR Invites you to Its Annual Business Meeting.....	5
The PREVENT Institute: Developing Leaders in Violence Prevention.....	6
Archivist's Attic.....	9

POSITION ANNOUNCEMENTS

NHTSA Public Health Intern - Cambridge, Massachusetts.....	10
Epidemic Intelligence Service Application Deadline — September 15, 2006.....	10
SOPHE/CDC Student Fellowship in Injury Prevention.....	11

**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 for agreeing to distribute this electronic newsletter.**

## **SECTION NEWS**

### **Comments Requested on Proposed ICEHS Name Change**

ICEHS leadership would like to receive comments from members of the section regarding a name change for the section. Current discussions have centered on the pros and cons of adding the word “Violence” to the name. Other suggestions include dropping the word “health” from “emergency health services” with the idea that “emergency services” is a more encompassing term that also better reflects our mission in terms of disaster preparedness. Using the term “Emergency Services” is broader than “Emergency”.

One newly proposed name is “Injury, Violence, and Emergency Services” or IVES. Written comments on this name as well as alternative proposals for other renditions are requested from now until November 3<sup>rd</sup>. Current plans are to receive comment and to present these at the section wide meeting being held during the Annual APHA meeting in Boston in November. All comments will be made available in their unedited form for inspection at the annual meeting as well as summarized and distributed to those in attendance. E-mail your section name preferences and suggestions, come to the meeting, voice your opinion and participate in the discussion! We are looking for a section-wide participation in this important decision.

**Comments should have “ICEHS Name Change” in the subject line.** All proposed comments can be e-mailed to Joyce Pressley at [jp376@columbia.edu](mailto:jp376@columbia.edu) with a cc: to Rene Johnson [REJOHNSO@hsph.harvard.edu](mailto:REJOHNSO@hsph.harvard.edu) from now until November 3<sup>rd</sup>.

We are looking forward to seeing you at the meeting.

*~ Joyce Pressley*

### **Public Health Traffic Safety Institute for Preventing Impaired Driving**

The American Public Health Association and the National Highway Traffic Safety Administration are pleased to announce the Public Health Traffic Safety Institute for Preventing Impaired Driving. The institute will focus on the promotion of Alcohol Screening and Brief Intervention (SBI) and will be held Saturday, Nov. 4, at the Annual Meeting in Boston. The purpose of this Public Health Institute is to provide background information on the benefits of Alcohol Screening and Brief Intervention (SBI) and to promote the use of this skill by public health professionals within emergency departments and various other healthcare settings. SBI has been shown to be effective in identifying people with alcohol problems (both risky drinking and alcohol use disorders), motivating them to cut down their consumption or to seek treatment, and ultimately in reducing return visits to emergency rooms for treatment of injuries. This full-day training will be offered as a Continuing Education Institute (CEI); faculty members are: Thomas Babor, Edward and Judith Bernstein, David Rosenbloom, and Jennifer Smith. Registration for this institute is free and limited to 50 registrants. On-site registration will not be available. ICEHS and the Alcohol, Tobacco and Other Drugs section have been advising APHA on the creation of this institute. For more information, contact [mighty.fine@apha.org](mailto:mighty.fine@apha.org) or visit [http://apha.confex.com/apha/134am/techprogram/session\\_18987.htm](http://apha.confex.com/apha/134am/techprogram/session_18987.htm) for a description.

Please let your colleagues know about this opportunity.

*~ Anara Guard*

## **ANNOUNCING: New Linked Data Resources at the National Center for Health Statistics (NCHS)**

NCHS has completed a linkage of several of its population-based surveys with administrative data collected from the Social Security Administration (SSA) and the Centers for Medicare and Medicaid Services (CMS), which is available for research use through the NCHS Research Data Center (RDC). The 1994-1998 National Health Interview Survey (NHIS), the Second Longitudinal Study of Aging (LSOA II), and the National Health and Nutrition Examination Survey (NHANES I and III) have been linked to data on the receipt of retirement, survivors and disability insurance (RSDI) benefits and Supplemental Security Income (SSI) benefits from SSA as well as Medicare enrollment and utilization data from CMS.

The linked files combine health and socio-demographic information from NCHS surveys with claims and benefit information from the Medicare and SSA programs, resulting in unique population-based information that can be used for an array of epidemiological and health services research.

The linkage of the NCHS survey participants with the administrative data provides the opportunity to examine the factors that influence disability, chronic disease, health care utilization and expenditures in the elderly and disabled U.S. population.

The linked SSA data files include: Master Beneficiary Record (MBR, 1962-2003), Payment History Update System File (PHUS, 1984-2003) and the Supplemental Security Record (SSR, 1974-2003). The linked Medicare data files include Denominator, Inpatient MEDPAR, Skilled Nursing Facility MEDPAR, Carrier (formerly known as physician services), Outpatient, Home Health Care, Hospice, and Durable Medical Equipment, all for the years 1991-2000.

Due to confidentiality requirements, access to these files is available only through the NCHS Research Data Center (RDC). The NCHS RDC offers on-site and remote access capabilities. Interested researchers must submit an application to the NCHS RDC. For more information on the RDC application process, please visit <http://www.cdc.gov/nchs/r&d/rdc.htm>.

To assist researchers interested in accessing these data resources, NCHS has created a Summary Linkage Status File that is downloadable from the NCHS Data Linkage Web site. The Summary Linkage File provides information about which survey respondents have been successfully linked to SSA and CMS data files and which types of benefit records will be available for each linked survey respondent. This file should serve as a tool for researchers interested in assessing potential sample sizes and the feasibility of pursuing a RDC application.

Please visit the NCHS SSA and CMS Web pages for more detailed information, including file documentation, data matching methodology, frequencies of selected variables and analytic guidelines:

[http://www.cdc.gov/nchs/r&d/nchs\\_data linkage/data linkage cms.htm](http://www.cdc.gov/nchs/r&d/nchs_data linkage/data linkage cms.htm)

[http://www.cdc.gov/nchs/r&d/nchs\\_data linkage/data linkage ssa.htm](http://www.cdc.gov/nchs/r&d/nchs_data linkage/data linkage ssa.htm)

For more information on NCHS data linkage activities, please visit

[http://www.cdc.gov/nchs/r&d/nchs\\_data linkage/data linkage activities.htm](http://www.cdc.gov/nchs/r&d/nchs_data linkage/data linkage activities.htm)

*~ Lois Fingerhut*

## MONITORING THE PUBLIC'S HEALTH USING DATA FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

CDC's National Center for Health Statistics (NCHS) invites you to attend a pre-conference workshop at this year's American Public Health Association convention in Boston. The purpose of this workshop is to facilitate the use of the wealth of data and resources from NCHS. The workshop will be held from 9:00 a.m. to 5:00 p.m. on November 4, and attendees will receive 6 units of Continuing Education credit.

NCHS is the nation's principal health statistics agency, providing data to identify and address health issues. NCHS compiles statistical information to help guide public health and health policy decisions. Researchers, policymakers, public health practitioners, journalists, students and others rely upon these data to identify health problems, risk factors and disease patterns; plan and assess public health programs; and compare populations, providers and geographic areas.

Participants will be introduced to the portfolio of NCHS data sets, including data collection methods, analytic considerations, data findings, and methods of data access. Examples will be presented on use of data from each of the major NCHS data systems, as well as how to use data from multiple sources, to help understand the population's health, influences on health, and health outcomes. Experts from each of the major NCHS program areas will contribute to the presentation, and participants will be encouraged to ask questions and seek guidance about their particular information needs.

For questions about the workshop, contact Robert Weinzimer of NCHS at [rweinzimer@cdc.gov](mailto:rweinzimer@cdc.gov). To register for the workshop, go to the APHA website at <http://www.apha.org/meetings/>

Topic: Monitoring the Public's Health: Using Data from the National Center for Health Statistics

Date and Time: Saturday, November 4, 2006; 9:00 a.m. - 5:00 p.m.

9:00 - 9:30	Overview of National Center for Health Statistics
9:30 - 10:30	NCHS Vital Statistics Program
10:30 - 10:45	Break
10:45 - 11:45	National Health Interview Survey
11:45 - 1:00	Lunch
1:00 - 2:00	National Health and Nutrition Examination Survey
2:00 - 3:00	National Health Care Survey
3:00 - 3:15	Break
3:15 - 4:00	Using data from multiple NCHS surveys to answer research questions
4:00 - 4:45	NCHS data access tools
4:45 - 5:00	Eval/Wrap up

*~ Lois Fingerhut*

## **SAVIR BUSY WITH ADVOCACY**

The Society for Advancement of Violence and Injury Research (SAVIR) began the “fall season” of advocacy efforts with two events intended to move ahead its agenda to raise injury and violence research in the priority of public policy makers.

SAVIR worked with its partners in the Campaign for Public Health to sponsor a “fly in” on August 31 and September 1<sup>st</sup> of eighteen House committee staff to CDC. The concept was that many of these staff are unaware of the valuable work done throughout CDC, including in the National Center for Injury Prevention and Control. They were brought to Atlanta for two days of presentations and a walk through of the campuses. While there Ileana Arias, PhD had an opportunity to make two presentations to them as well as speak with them informally during a reception. SAVIR provided these House staff with pre-event reading material about the value of investing in injury research and prevention programs and will follow up with added messages.

SAVIR is joining with the Congressional Prevention Coalition, Research!America and the Partnership for Prevention to hold a Congressional Luncheon Briefing about the Value of Investing in Injury Research and Prevention. This event is, again, primarily directed at House staff with finance and health responsibilities. Ileana Arias, PhD will be the key speaker. These forty assembled staffers will also receive presentations highlighting the positive return from research-based programs for the prevention and control of injury and violence from: Linda Cosgrove, PhD, Chief of Injury Prevention Research Division, National Highway and Transportation Services Administration, Patricia Adkins, Chief Operating Officer, Home Safety Council, Dan McGlathery, a car crash survivor due to his experience in a “click it or ticket” screening, Bobby Jackson, Senior Vice President of National Programs at the National Safety Council, and a senior executive from DuPont’s Safety & Protection Division.

*~ Bill O’Connell*

## **SAVIR Invites You to Its Annual Business Meeting**

SAVIR will hold its annual business meeting Saturday, November 4<sup>th</sup> from 8:00 am to 2:30 pm in the Otis Room of the Westin’s Waterfront Hotel. Among the key agenda items will be a discussion of its strategic plan. This plan is in its formative stage; as such, ICEHS members’ input is both welcomed and encouraged.

*~ Bill O’Connell*

***Announcing The PREVENT Institute: Developing Leaders in Violence Prevention***

**The PREVENT Institute: Developing Leaders in Violence Prevention**, an intensive training experience for multi-organizational teams working to prevent violence of any type *before it starts*, is now accepting applications. Violence topics include but are not limited to, intimate partner violence, suicide, youth violence, child abuse and neglect, sexual assault and elder abuse. The PREVENT Institute enhances skills to:

- Prevent violence before it starts
- Plan and evaluate evidence-based prevention efforts
- Lead teams to produce lasting results
- Communicate effectively with policy makers, stakeholders and others
- Build a network of colleagues

***When:***

**Cohort 1:** January 29<sup>th</sup> – February 1, 2007

**Cohort 2:** January 30<sup>th</sup> – February 2, 2007

***Where:***

*Rizzo Conference Center, 150 Dubose Home Lane, Chapel Hill, NC 27517*

See the following pages and visit [www.PREVENT.unc.edu](http://www.PREVENT.unc.edu) for Institute information and application process.

**PREVENT** is supported by a Cooperative Agreement from *Centers for Disease Control and Prevention* and operated by *The University of North Carolina Injury Prevention Research Center* as a component of the *National Training Initiative for Injury and Violence Prevention (NTI)*. NTI is a joint project of the *State and Territorial Directors Association (STIPDA)* and the *Society for the Advancement of Violence and Injury Research (SAVIR)*.

*~ Corinne Peek-Asa*



*Announcing the 2007*

# **PREVENT INSTITUTE:**

## **Developing Leaders in Violence Prevention**

*An intensive training experience for leaders in multi-organizational teams working to prevent violence of any type before it starts*

The **PREVENT Institute: Developing Leaders for Violence Prevention** will expand violence prevention and leadership skills and provide teams with an intensive and supportive environment to learn about and work on a prevention program. It focuses on developing leadership skills for engaging in violence prevention and social change work at the state and/or national level. Violence topics include but are not limited to, intimate partner violence, suicide, youth violence, child abuse and neglect, or sexual assault. The Institute is for teams that are advanced in their primary violence prevention work and can provide leadership at the state and/or national level.

**The PREVENT Institute enhances skills to:**

- Prevent violence before it starts
- Plan and evaluate evidence-based prevention efforts
- Lead teams to produce lasting results
- Communicate effectively with policy makers, stakeholders and others
- Build a network of colleagues

**WHEN/ WHERE :**

Cohort 1: January 29<sup>th</sup> – February 1, 2007

Cohort 2: January 30<sup>th</sup>- February 2, 2007

Rizzo Conference Center,  
150 DuBose Home Lane,  
Chapel Hill, NC 27517

<http://www.aramarkharrisonlodging.com/properties/rizzo/index.html>

**PREVENT is a program of the National Training Initiative for Injury and Violence Prevention, jointly sponsored by State and Territorial Injury Prevention Directors Association (STIPDA) and the Society for the Advancement of Violence and Injury Research (SAVIR), and is operated by the University of North Carolina.**

For more information visit our website [www.PREVENT.unc.edu](http://www.PREVENT.unc.edu)  
or email us at [PREVENT@unc.edu](mailto:PREVENT@unc.edu)

## More about the PREVENT Institute....

**HOW:** The three-pronged PREVENT approach to learning combines education, networking and technical assistance with 6 days of courses lead by expert faculty and 6 months of project work back on the job with your team, working with a PREVENT coach.

Part 1: Four days of coursework and team-based activities

Part 2: A six-month team project back home with assistance from a “coach” to apply new skills working on an actual violence prevention initiative

Part 3: Finish program with two more days of courses and team presentations

After the Institute: Distance learning resources will reinforce skills and help extend the learning to others.

**COST:** CDC’s National Center for Injury Prevention and Control provides support for most of the costs associated with the team’s participation in the Institute, including program fees, accommodations, and limited transportation stipends.

**APPLY:** Teams must complete an application by Sept. 29th. Applications can be found at [www.PREVENT.unc.edu](http://www.PREVENT.unc.edu). The deadline is final and applications received after this date will not be accepted. You will be notified by Nov. 3<sup>rd</sup> if your team is selected. **Team selection is final and substitutions for team members will not be accepted.**

### Here’s what participants have said about the PREVENT Institute:

“The Institute was excellent, informational, thought-provoking and most of all provided opportunity to network. Thanks for providing this wonderful experience!”

“I believe the PREVENT is a great institute and can be very useful in the prevention movement.”

“I did learn new things and was surprised to grasp new ways of looking at topics I felt like I was very knowledgeable about at the start.”

“Great Institute. Great location, great food! Great speakers! And coaches too! Days were long, but well spent. Glad for the time to work with our group with the assistance of PREVENT staff and coaches readily available. Thanks for all your support and encouragement and expertise.”

**PREVENT** is supported by a Cooperative Agreement from the Centers for Disease Control and Prevention and operated by The University of North Carolina Injury Prevention Research Center as a component of the **National Training Initiative for Injury and Violence Prevention (NTI)**. NTI is a joint project of the State and Territorial Directors Association (STIPDA) and the Society for the Advancement of Violence and Injury Research (SAVIR).

For more information visit our website [www.PREVENT.unc.edu](http://www.PREVENT.unc.edu)  
or email us at [PREVENT@unc.edu](mailto:PREVENT@unc.edu)

## Archivist's Attic

I'd like to share another of my ongoing correspondence and comments, in print soon at [www.timesunion.com](http://www.timesunion.com) (editorial page/letters of the Albany, NY, Times Union (TU), New York State's primary written press.)

Over the last four decades my and other injury control articles have "educated" state and local legislative staffs on injury control needs and have helped lead to enactment of safety laws and programs. In two local cities children had recently fallen out of apartment windows. The public debate centers on what should be done. Our field's effective history illustrates the way clearly as supported (below) with my brief comments from the seminal work of Hugh De Haven, Mechanical Analysis of Survival in Falls From Heights of Fifty to One Hundred Fifty Feet. War Medicine, 2:586-596. In W Haddon (NYSDOH, Albany, NY), EA Suchman (U of Pitt) and D Klein (Association for Crippled Children, NYC) Accident Research. Methods and Approaches. Harper & Row Publishers, NY, NY 1964, 539ff. I invite others to "Kudo" their local media with our rich history.

Kudos to the TU on its continued fine coverage (Aug 1, 2006 TU reporter, Brian Nearing, "Falls..", Local Pages, B1) of the trend of tragic childhood falls from apartment windows and the proven injury prevention strategy of installing approved window guards in NYC and Boston.

Since WWI the survival in falls from heights of 100 to 150 feet has been well documented and understood, while airplanes (and cars) fronts now absorb kinetic crash energy by applying Hugh De Haven's 1942 research. However, for children's home window fall injury control, the use of the window guard is evidenced based in limiting kinetic energy in the first instance to prevent serious injury and substantial preventable related economic burden to cities and regional emergency medical, hospital emergency department and admissions, and costs to families, insurance, potential wages, taxes, etc. Children falls from windows are a well-recognized, imminent, preventable risk. The fall control solution is much broader and more practical than blaming the victim or his/her family for the injury and economic loss to anyone. And any child can just not be supervised all the time. Supervision must be reinforced by proven and reasonable safety engineering and legislation - as cited and proposed by TU. That's not only the best use of science but ethics as well, cited some fifty years ago by William Haddon, Jr. the father of modern injury control.

The opinions are mine alone and not any organization.

*~ Les Fisher*

## **POSITION ANNOUNCEMENTS**

### **NHTSA Public Health Intern - Cambridge, Massachusetts**

NHTSA's New England Regional Office in Cambridge, MA is seeking a part-time public health intern to start immediately. The ASPH/NHTSA Public Health Training Program is a collaborative effort between ASPH, and the U.S. Department of Transportation (DOT), National Highway Traffic Safety Administration (NHTSA). The program provides unique opportunities for motivated and experienced individuals to play major roles in increasing linkages between the public health and traffic safety sectors.

To download an application, go to [www.asph.org](http://www.asph.org) and click on Training Opportunities/Internships and Fellowships.

The position description can be found at <http://www.asph.org/AuxDocs/Intern.Announce.06.pdf>.

*~ Julie Ross*

### **Epidemic Intelligence Service Application Deadline — September 15, 2006**

The Epidemic Intelligence Service (EIS) is a 2-year, postgraduate program of service and on-the-job training for health professionals interested in the practice of epidemiology. Each year, EIS provides approximately 90 persons, who have been selected from around the world, opportunities to gain hands-on experience in epidemiology at CDC or state or local health departments. EIS Officers, often called CDC's "disease detectives," have gone on to occupy leadership positions at CDC and other public health agencies nationally and internationally. However, the experience also is useful for health professionals who want to gain a population health perspective.

Persons with a strong interest in applied epidemiology who meet at least one of the following qualifications may apply to EIS:

- physicians with  $\geq 1$  year of clinical training;
- persons with a PhD, DrPH, or other doctoral degree in epidemiology, biostatistics, the social or behavioral sciences, natural sciences, or the nutrition sciences;
- dentists, physician assistants, and nurses with an MPH or equivalent degree; or
- veterinarians with an MPH or equivalent degree or relevant public health experience.

Applications are now being accepted for the July 2007–June 2009 EIS Program. Application materials must be postmarked by September 15, 2006. Application information and EIS Program details are available at <http://www.cdc.gov/eis> or by e-mail ([eisepo@cdc.gov](mailto:eisepo@cdc.gov)). You also may contact Erica Lowe by telephone at 404-498-6110.

*~Michele Huitric*

## **SOPHE/CDC Student Fellowship in Injury Prevention**

### New Deadline (September 15) for SOPHE/CDC Student Fellowship in Injury Prevention Applications

The Society for Public Health Education (SOPHE) is now accepting applications for a one-year fellowship (starting in November 2006) designed to assist and train four students in either unintentional injury or violence prevention. The fellowship is a joint initiative of SOPHE and the CDC's Injury Center.

Recipients of the award will receive:

- \* \$1,500 stipend to be distributed throughout the year
- \* Fellowship certificate
- \* Student membership in national SOPHE for one year
- \* Complimentary registration at the SOPHE Annual Meeting in Washington, DC in November 2007 and space for a poster presentation on the proposed project
- \* Recognition in SOPHE's newsletter, News & Views, on the SOPHE Injury Web Site, and through the CDC Injury Listserv

The fellowships will be awarded to four full-time students in graduate degree programs in health education, health promotion, behavioral sciences or related fields. Fellows will work at their own institutions on research or practice-based projects that consider unintentional injury prevention or violence prevention from the perspectives of health education or behavioral science.

Projects in unintentional injury prevention should address unintentional home and recreation or motor vehicle-related injuries, such as those from residential fires, older adult falls, supervision of children, alcohol-involved driving, older drivers, and adolescent drivers. Projects in violence prevention should apply the public health framework to violence against women, including dating violence, sexual violence, intimate partner violence; child maltreatment, such as child abuse, neglect or sexual abuse; suicide; or youth violence prevention, including media influence and bullying.

Proposals may be related to surveillance, risk factor identification, intervention evaluation, or dissemination. Projects related to the development or use of theory in injury prevention also are acceptable.

For more information about selection criteria or to receive an application form, visit SOPHE's web site: [www.sophe.org](http://www.sophe.org); or write to the Society for Public Health Education, Injury Prevention Fellowship, 750 First Street, NE, Suite 910, Washington, DC, 20002.

Applications must be postmarked by September 15, 2006.

*~ Darryl Owens*