

**American Public Health Association
Injury Control and Emergency Health Services Section
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CONTENTS:

New Research on Intimate Partner Violence and Firearms.....	2
ICEHS Late Breaker Submission Site.....	3
2006 National Environmental Public Health Conference.....	3
National Center for Environmental Health Workshop/Abstract Submission Form.....	4
National Center for Environmental Health Exhibit Request Form.....	7
National Center for Environmental Health Poster Submission Form.....	9
Injury Research Methods Course.....	12
QuickStats: Percentage Change in Death Rates...United States, 1999-2003.....	13
Archivist's Attic.....	14

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 and her former colleagues at AAA for agreeing to distribute this electronic newsletter.

SECTION NEWS

New Research on Intimate Partner Violence and Firearms

The June 2006 issue of *Evaluation Review* is a special issue on intimate partner violence and firearms. Dedicated to the memory of Linda Saltzman and Susan Schechter, the issue contains information about the rationale for and the development, implementation and effect of policies designed to keep guns out of the hands of batterers. Authors from Johns Hopkins, Harvard, Duke, Boston University, and UCLA as well as local, state, and federal government contributed. The special issue contains the following articles:

Firearms use in intimate partner violence: A brief overview (Susan B. Sorenson)

Introduction – Reflections of a prosecutor (Casey Gwinn)

Disarming batterers through restraining orders: The promise and the reality in California (Paul L. Seave)

Are temporary restraining orders more likely to be issued when applications mention firearms?

(Katherine A. Vittes and Susan B. Sorenson)

Gun possession among a sample of Massachusetts batterer program enrollees (Emily Rothman, Renee Johnson, and David Hemenway)

Separating batterers and guns: A review and analysis of gun removal laws in 50 states (Shannon Frattaroli and Jon Vernick)

Do laws restricting access to firearms by domestic violence offenders prevent intimate partner homicide? (Elizabeth Richardson Vigdor and James Mercy)

Understanding and informing policy implementation: A case study of the domestic violence provisions of the Maryland Gun Violence Act (Shannon Frattaroli and Stephen P. Teret)

Taking guns from batterers: Public support and policy implications (Susan B. Sorenson)

Through a grant from the Joyce Foundation, individual copies are available at no charge by contacting:

Susan B. Sorenson, Professor
UCLA School of Public Health
650 C.E. Young Drive South
Los Angeles, CA 90095-1772
e-mail: sorenson@ucla.edu

If you have any questions, please let me know. In advance, thanks.

-SBS

~ Susan Sorenson

ICEHS Late Breaker Submission Site

Dear Leadership Committee,

This email is to notify you that the ICEHS Late breaker submission site is now open. To submit an abstract, please go to <http://apha.confex.com/apha/134am/oasys.epl> and select 'Late breakers.' Once you are at the late breaker site, make sure you submit your abstract to ICEHS.

Abstracts must be limited to 250 words, contain no figures or tables, and be submitted online. We will accept abstracts through July 24th.

I will be using other methods to get the word out but I wanted to make sure everybody here got the word.

~ Larry Cook

2006 National Environmental Public Health Conference, *Advancing Environmental Public Health: Science, Practice, New Frontiers*

Dear National Center for Injury Prevention and Control (NCIPC) Colleagues and Friends,

Below please find an announcement calling for abstracts, posters, and exhibits for CDC National Center for Environmental Health's (NCEH) **2006 National Environmental Public Health Conference, *Advancing Environmental Public Health: Science, Practice, New Frontiers***, to be held December 4-6, 2006, in Atlanta, Ga. At this conference, the intersection between environmental health and injury prevention will be highlighted by including topics such as the relationship between the built environment and violence prevention. Submissions on all injury topics (intentional and unintentional injury prevention and control) are encouraged. As NCIPC's partner in CDC's Coordinating Center for Environmental Health and Injury Prevention, we are pleased to share with you information about this important national meeting.

We hope you will submit abstracts, posters, or exhibitor requests for the **2006 National Environmental Public Health Conference**. Conference information; abstract, poster, and exhibit submission forms; and examples of abstract topics can be found on the NCEH 2006 Conference website: <http://www.cdc.gov/nceh/conference/index.htm>.

~ Marsha L. Vanderford

NATIONAL CENTER FOR ENVIRONMENTAL HEALTH/
AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY
CENTERS FOR DISEASE CONTROL AND PREVENTION

2006 NATIONAL ENVIRONMENTAL PUBLIC HEALTH CONFERENCE

DECEMBER 4 – 6, 2006

WORKSHOP/ABSTRACT SUBMISSION FORM
NCIPC/NCEH/ATSDR INTERNAL

Workshops and presentations should be responsive to the theme of the conference, *Advancing Environmental Public Health: Science, Practice, New Frontiers*.

Please complete this form, save a copy, and submit it as an e-mail attachment to smargolis@cdc.gov. The form is a Word document and the shaded areas will expand to accept your responses.

If you have questions regarding your submission, please contact: Dr. Stephen Margolis, at smargolis@cdc.gov [Telephone: (404) 498-0193]

Deadline for submission is August 1, 2006

All workshop sessions will be 1½ hours long. Rooms will be set-up theater style with a head table unless otherwise requested. They also will contain a computer, projector for PowerPoint presentations, and screen. Other special equipment and supply requests (e.g., overhead projectors, slide projectors, and flip charts) should be noted at the bottom of this form.

If more than one abstract is submitted, please check the priority of this submission:

Priority (one is highest): One Two Three

Type of Session: Panel Individual Presenter Other:

Anticipated Audience Size:

Name of Session:

Description of Session (as it will appear in the conference booklet, not to exceed 175 words):

Objectives for Session (list two specific and measurable objectives; 25-word limit each):

1:

2:

Moderator:

Name: Degrees:

Agency/Organization Name:

Mailing Address:

Telephone Number: () Fax: ()

E-mail Address:

Presenter 1:

Name: Degrees:

Title of Presentation (not to exceed 25 words):

Agency/Organization Name:

Mailing Address:

Telephone Number: () Fax: ()

E-mail Address:

Presenter 2:

Name: Degrees:

Title of Presentation (not to exceed 25 words):

Agency/Organization Name:

Mailing Address:

Telephone Number: () Fax: ()

E-mail Address:

Presenter 3:

Name: Degrees:

Title of Presentation (not to exceed 25 words):

Agency/Organization Name:

Mailing Address:

Telephone Number: () Fax: ()

E-mail Address:

Presenter 4:

Name: Degrees:

Title of Presentation (not to exceed 25 words):

Agency/Organization Name:

Mailing Address:

Telephone Number: () Fax: ()

E-mail Address:

Contact Person:

Name: Degrees:

Telephone Number: () Fax: ()

E-mail Address:

Special Equipment Needs: Overhead Projector Slide Projector Flip Chart
Other (describe)

Additional Comments:

PLEASE SAVE THE COMPLETED FORM AS A WORD DOCUMENT.

SUBMIT THIS FORM AS AN E-MAIL ATTACHMENT TO smargolis@cdc.gov.

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2006 NATIONAL ENVIRONMENTAL PUBLIC HEALTH CONFERENCE

DECEMBER 4 – 6, 2006

EXHIBIT REQUEST FORM
NCIPC/NCEH/ATSDR INTERNAL

Exhibits should be responsive to the theme of the conference, *Advancing Environmental Public Health: Science, Practice, New Frontiers*.

Please complete this form, save a copy, and submit it as an e-mail attachment to smargolis@cdc.gov. This form is a Word document and the shaded areas will expand to accept your responses.

If you have questions regarding your submission, please contact: Dr. Stephen Margolis, at smargolis@cdc.gov, [Telephone” (404) 498-0194].

Exhibit space can be modified to meet the special needs of each exhibitor, but the typical space allocation will be 8 feet by 10 feet. A table (3 feet x 8 feet) and two chairs will be provided for each exhibitor. If there are special needs (e.g., larger exhibit space, larger table, additional chairs, etc.) it should be noted in the space provided at the bottom of this form.

Deadline for receipt is August 1, 2006

Title of Exhibit:

Description of Exhibit (as it will appear in the conference booklet, not to exceed 175 words):

Exhibitor:

Name: Degrees:

Agency/Organization Name:

Mailing Address:

Telephone Number: () Fax: ()

E-mail Address:

Special Needs (please describe):

Additional Comments:

PLEASE SAVE THE COMPLETED FORM AS A WORD DOCUMENT.

SUBMIT BY SENDING AS AN E-MAIL ATTACHMENT TO smargolis@cdc.gov.

NATIONAL CENTER FOR ENVIRONMENTAL HEALTH/
AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY
CENTERS FOR DISEASE CONTROL AND PREVENTION

2006 NATIONAL ENVIRONMENTAL PUBLIC HEALTH CONFERENCE

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POSTER SUBMISSION FORM
NCIPC/NCEH/ATSDR INTERNAL

Poster submissions should be responsive to the theme of the conference, *Advancing Environmental Public Health: Science, Practice, New Frontiers*.

Please complete this form, save a copy, and submit by sending as an e-mail attachment to smargolis@cdc.gov. This form is a Word document and the shaded areas will expand to accept your responses.

Posters should be designed for placement on 2 x 8 foot board and will be available for viewing in the conference exhibit area.

If there are special needs, they should be noted at the bottom of this form.

If you have any questions, please contact Dr. Stephen Margolis, at smargolis@cdc.gov, [Telephone: (404) 498-0194].

Deadline for submission is August 1, 2006.

Note: If more than one poster is being submitted, please check the priority of this submission:

Priority (one is highest): One Two Three

Name of Poster:

Description of Poster (as it will appear in the conference booklet, not to exceed 175 words):

Objectives for the Poster Session (list two specific and measurable objectives; 25-word limit each):

1:

2:

Primary Author:

Name: Degrees:

Agency/Organization Name:

Mailing Address:

Telephone Number: () Fax: ()

E-mail Address:

Author 2:

Name: Degrees:

Title of Presentation (not to exceed 25 words):

Agency/Organization Name:

Mailing Address:

Telephone Number: () Fax: ()

E-mail Address:

Author 3:

Name: Degrees:

Title of Presentation (not to exceed 25 words):

Agency/Organization Name:

Mailing Address:

Telephone Number: () Fax: ()

E-mail Address:

Author 4:

Name: Degrees:

Title of Presentation (not to exceed 25 words):

Agency/Organization Name:

Mailing Address:

Telephone Number: () Fax: ()

E-mail Address:

Author 5:

Name: Degrees:

Title of Presentation (not to exceed 25 words):

Agency/Organization Name:

Mailing Address:

Telephone Number: () Fax: ()

E-mail Address:

Contact Person:

Name: Degrees:

Telephone Number: () Fax: ()

E-mail Address:

Special Needs (please describe):

Additional Comments:

PLEASE SAVE THE COMPLETED FORM AS A WORD DOCUMENT.

SUBMIT THIS FORM AS AN E-MAIL ATTACHMENT TO smargolis@cdc.gov.

Injury Research Methods Course

The Harborview Injury Prevention and Research Center (HIPRC) is offering a one-week, intensive summer course on how to conduct research on injury prevention and outcomes.

This course is designed for professionals and students who wish to conduct research on causes and outcomes of injuries, or those who need to evaluate injury research studies and findings. Past participants have included emergency physicians, trauma surgeons, nurses, public health professionals, as well as graduate students in epidemiology, public health and nursing—all with a special interest in injury prevention.

Upon successful completion of this course, participants will have skills and knowledge to conduct injury research, as well as a foundation for further related study. Participants will be able to describe the advantages and disadvantages of major research design categories and to apply what they have learned to their professional work or graduate study in injury prevention and research methods.

Details:

Injury Research Methods
September 18 – 22, 2006
Harborview Injury Prevention and Research Center Seattle, WA

Cost: \$825 if received by August 15, 2006 and \$885 after that date.

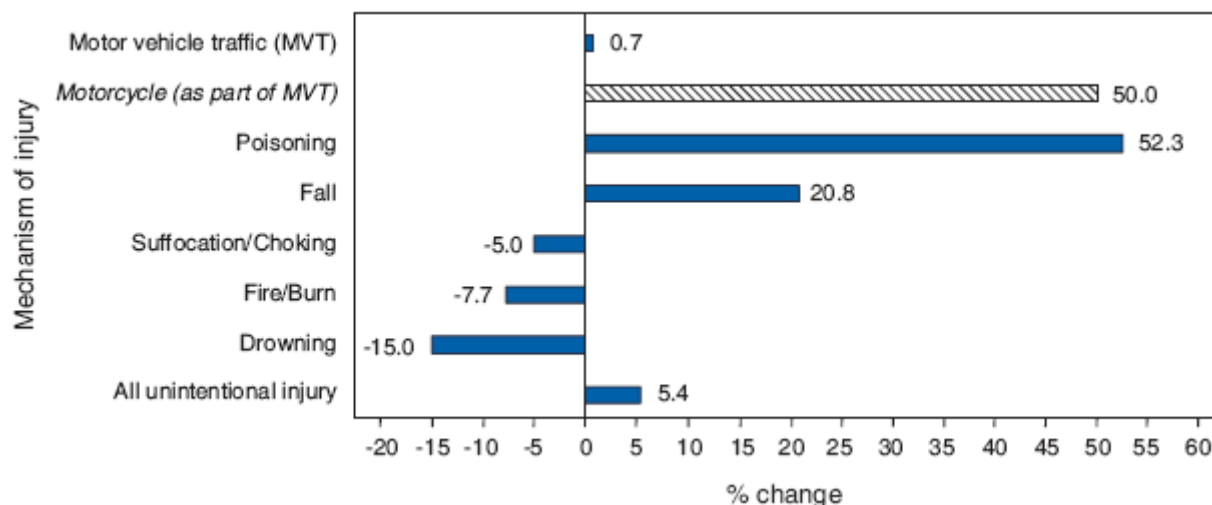
Course information page: <http://depts.washington.edu/hiprc/epi590/>

To register, download the registration form at www.extension.washington.edu/ext/courses/regform.pdf or call 206-897-8939 or 1-800-506-1325 (reference Reg#77245).

For more information about the course, accommodations, parking and driving directions to the course site, please call 206-685-8936 or 1-800-506-1325, or email certificate@extn.washington.edu, or visit www.extension.washington.edu/ext/courses/health/injury.asp. To register by phone with a credit card, call 206-897-8939 or 1-800-506-1325. Reference Reg# 77245.

~Lisa H. Arose

QuickStats: Percentage Change in Death Rates for the Leading Causes of Unintentional Injury, by Mechanism of Injury --- United States, 1999--2003



During 1999--2003, unintentional injury mortality increased 5.4%. Increases in mortality rates from motor vehicle traffic, poisoning, and fall exceeded declines in mortality rates from suffocation/choking, fire/burn, and drowning. The 0.7% increase in the motor vehicle injury rate resulted from a 50.0% increase in motorcycle-related injury.

SOURCE: National Vital Statistics System (NVSS), 1999--2003. NVSS injury mortality data are available from WISQARS™ (Web-based Injury Statistics Query and Reporting System) at <http://www.cdc.gov/ncipc/wisqars>.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

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~ Anara Guard/Jeanette Hudson
From Morbidity and Mortality Weekly Report
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5525a5.htm?s_cid=mm5525a5_e

Archivist Attic: Some Historiography in Injury Control Leadership for Limiting New Emerging Risks and Injuries

My October 2002, ICEHS Newsletter commentary, Rivers and Steams of Injury Control History, illustrated certain historical flows where our disciplines grew, other ended and still others branched off into to newer leadership system archetypes. Historiographically, each generation reflects its own stories and perceptions onto early history and this changes over time. In general, history greater then some 200 years ago was just the history of religion or kings and queens; with the Age of Enlightenment it was also the history of nations; one hundred years ago it portrayed mostly economics and demography, and fifty years ago every day life, forty years ago social histories, most recently its mostly a matter of influence and power that makes history. Our injury field historical leadership also reflects these larger currents (see ICEHS members only, my MSS on injury control leadership systems metahistory) (long term trends over many years with all its leadership challenges and the competing system values systems of power and influence leadership).

Today's injury surveillance and control during newer emerging risks and injuries might only over focus on obtaining the most sophisticated evidence and representative based surveillance data before any preventive programming. And that paradigm both may become impractical and expensive for the "average" state or local injury control resources of researchers, practitioner, educators and advocates. (Fisher L. Community Based Interventions – Less than Perfect .*Injury Prevention* 2004;10:255.)

Peter Senge, (Senge PM. *The Fifth Discipline: The Art and Practice of the Learning Organization*. New York: Currency Doubleday;1994,378-379.) the leadership theory pioneer, might suggest a better (one of many) archetype : "balancing system archetypes with any delays, (BSAD)" to help guide an injury control organization or individual adjusts its behavior in response to delayed feedback on the need for perfect data collection and follow up preventive actions. More particularly, Senge might suggest that when newer types of injuries emerge (e.g. injuries from auto back overs to adolescent self strangulations, etc) and good epi data is not available, not to wait entirely to create the good epi data ('suffering paralysis by waiting for great data analysis') from unavailable perfect surveillance and epidemiology. Instead, look outside the perfect box and begin "imperfect" injury prevention and control - which can lead to more resources for more perfect epi and programming.

Four chosen historiographical examples, from my own experiences, of the interrelationship injury surveillance and control BSAD archetype systems follow for consideration for back over or other emerging early warnings of newer injuries:

1. Oven Roasting Bags

Here's how the same system archetype from hospital ED's and consumer telephone injury reporting stopped exploding and injurious plastic oven roasting bags, circa 1972, long before any sophisticated NEISS (which I helped develop at the state level) or Federal DOT injury surveillance systems. The national CBS-TV and two articles in NY Times led to my meetings with plastic roasting bag (used to cook food) manufacturers who cooperatively voluntarily reformulated the roasting bags, nationally, so that zero injury were later reported. (Fisher, L. "Risks Associated With Roasting Bags and Other Consumer Products", Editorial, American Journal of Public Health. December 1973.)

2. Zulu War Guns

In 1965, I had used the same leadership archetype at the Philadelphia City Health Department for limiting childhood trachea injury from a plastic toy pea (dart) shooter, distributed nationally in cereal boxes, for which the child's inhaled plastic dart was not visible on X-ray across the city. And kids began to also use needles as makeshift shooters. The Philly nationally-based toy manufacture, with Kellogg's cooperation, ceased distribution of thousands after we publicly asked for more reports of cases and demonstrated at the manufacturer's headquarters the risk and injury pattern. The company president

told us at our meeting that was no problem; then after being asked to try to shoot a plastic dart, he began to choke! Consumer Reports carried the injury control success story. (Steer Kids Away from this Toy Zulu gun. Consumer Reports. 33:572 Nov.1968 and Final Report of National Commission on Product Safety, April 1970); see also www.icehs.org Newsletters, Nov 2002)

3. Toys

Circa 1972, the National Study Commission on Product Safety held hearings on injurious toys in the marketplace. The industry promised to remove them; our survey using consumer activist volunteers showed these toys still for sale and our report was shared with the Commission and the State Attorney General. The AG under the state's general business law (GBL) - no need for any new state legislation nor new laws - held hearings (also the GBL was applied in 1969 for safety glass regulations in homes and in early 1970's for children's sleep wear flammability regulations, from cases we collected from press clippings and ED phone and record reports to NYSDOH Year's later MASS. AG did the same for gun safety regulations.) In circa 1978, a consumer called that a cloth pin shaped rattle had almost stuck in a baby's mouth. The field investigation and our petition under Section 15 sent to the federal CPSC led to an amended the federal toy small parts regs. (A similar petition on unstable tipping refuse bin led to national standards; leaking chemicals in teething rings led to a FDA voluntary industrial recall; mobile homes safety standards were upgraded when fire hazards (e.g one exit only) were shared with State Building Codes Council - Fisher, L., "Communications and Home Product Safety", Association of American Food and Drug Officials Annual Conference, Portland, Oregon, June 22, 1977, Association of Food and Drug Officials Quarterly Journal, January 1978. Fisher, L., Van Buren, J., et al. "Product Safety -Monroe County, NY IS Involved", Journal of Environmental Health, November-December 1977. Mattison, B., Fisher, L., et al "Monoxide Slight Hazard in Mobile Homes: Fire Dangers High", Journal of Environmental Health, July/August 1972.)

4. Poison Prevention and Control

One last example - It was cost savings not public health nor injury concerns that interested NYS legislative leaders in 1986. It took many tries to get the NYS Regional PCC Act and its cost-savings funding of 4M\$ annually of medicaid funds to the hospitals with poison control centers until the bill sponsor gave the bill to the majority leadership party. The full bill and its funding promptly moved and was signed by the Governor.

I mention all this personal history as I believe it is generally efficacious for many of today's modern injury surveillance and prevention challenges (article pending in *Injury Prevention*) on newer injury risks especially when new epi surveillance data are incomplete. How prior early warning challenges were handled, may guide continued current leadership in epi research and injury prevention practices under limited resources - and in fact help obtain those new resources - while limiting a newer growing substantial injury.

For more details on these and other early warning alerts leading to national and state injury prevention, see: Fisher MS at members only.

(The opinions above are mine alone)
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~ Les Fisher