

**American Public Health Association
Injury Control and Emergency Health Services Section
APHA ICEHS Electronic News
August 2007 Vol. 14 Issue 8**

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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 with the MAKE ROADS SAFE organization for agreeing to distribute this electronic newsletter.

Notes from the Chair

I hope all of you are making plans to attend this year's Annual Meeting in Washington, D.C. this November. Washington, you may have noticed, is the seat of debate about why, apparently, it makes sense to wage war on health care insurance for children in families at or near the poverty level – and why it is apparently a good thing that between 10% to 15% of families currently eligible for the federally-funded SCHIP program don't know that these services are available to them. So, too, it must be that by continuing to under-serve the most vulnerable populations, it is of no consequence that their homes have no smoke detectors, that their parents are not counseled on appropriate car seat use and access to subsidized seats, that handguns remain readily accessible to children, that infants are not placed on their backs in safe cribs free from other objects that might contribute to SIDS, and that recalls of dangerous toys are largely mediated over the internet – access to which is significantly limited among SCHIP-eligible households.

All of the above is but one sliver of what should be an all-hands health care/public health policy equivalent of our nation's 1960's lunar landing program. But, sadly, this is not the current focus – and will never be without collective and individual actions that – like global climate change – provide decision-makers with no choice but to act – appropriately.

Your voice and your participation is critical – without you, our nation's public health and health care agenda will remain stuck – where injury and disability rates show signs of increasing to levels once widely acknowledged as unacceptable. I hope you can attend this year's APHA Annual Meeting in Washington, D.C. in November. There, you can engage with fellow ICEHS members and those with supporting interests in other Sections. You will have opportunities to make Hill visits, according to your interests, and address congressional representatives and staff. You will be able to evaluate a wide range of leadership opportunities for yourself, for colleagues, or for your students – within ICEHS and within APHA. You can help shape many agendas at many levels, and add your voice to funding and appropriations decision-making.

Speaking of funding, our Section has immediate needs for generous donations and focused development in support of many current obligations and future endeavors. We would like to secure a total of \$2,000 immediately to partially defray costs of the Section's 2007 Annual Awards Banquet – this to keep ticket prices as low as possible for both members and students. A wonderful venue has been selected and a caterer engaged – information on purchasing tickets in advance will be sent to you shortly. In the interim, if you are in a position to make a (tax-deductible) financial donation (of any amount) – OR if you have suggestions or relationships pertaining to prospective institutional donors, please contact me immediately. We need a timely response in order to ensure that our ticket prices are reasonable and that ticket purchasing can proceed rapidly.

Additionally, the Section is also soliciting donors to support additional Annual Meeting and yearly strategic and operational costs – examples of sponsorship and underwriting opportunities include:

- 2007 ICEHS Social Hour (light refreshments and cash bar)
- 2007 ICEHS Welcoming “Eye Opener” Breakfast
- Special 2007 Annual Meeting Saturday Night ICEHS/SAVIR/STIPDA joint social event (to be announced)
- ICEHS Booth/Display Rehabilitation and annual shipping budget to support use at other meetings and conferences
- ICEHS materials printing and distribution costs
- Support for ICEHS sponsored awards
- Support for defraying student costs to attend APHA
- Support for future National Injury Congress (2008-09 time frame)

All of the above – particularly the first two items – are urgent needs. ICEHS receives an annual appropriation of about \$3 per member (currently ICEHS has approximately 500 members). Typically, Annual Meeting expenses underwritten by ICEHS are in the neighborhood of \$2,500 to \$3,000.

All donations – for any purpose – are arranged in such a way that the donor(s) deposit their contribution directly into ICEHS’s account at APHA. ICEHS is also implementing procedures that ensure that all significant financial expenditures are approved by an Executive Committee.

I look forward to hearing from you and anyone interested in supporting the Section’s activities!

I will close this month with a digest of some recent publications and events that may be of interest to some of our members:

- Impaired Driving Prevention in Rural Communities Compendium
NACCHO, and NHTSA have released “*Impaired Driving Prevention in Rural Communities*,” a compendium of programs undertaken by LHDs in rural jurisdictions to combat the problem of impaired driving. The compendium can be viewed at:
<http://www.naccho.org/topics/hpdp/documents/impaireddrivingcompendium.pdf>
- NHTSA's National Survey on the Usage of Booster Seats
Findings from NHTSA's first-ever National Survey on the Usage of Booster Seats are available online on the NHTSA website. See www.nhtsa.gov.
- Nonfatal Traumatic Brain Injuries From Sports and Recreation Activities
An estimated 38 million children and adolescents participate in organized sports in the United States each year. The health benefits of these activities are tempered by the risk for injury, including TBIs. The July 27, 2007, issue of Morbidity and Mortality Weekly Report contains recent data on the incidence and prevalence of these injuries. See
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5629a2.htm?s_cid=mm5629a2_e
- National Suicide Prevention Week Kit
The American Association of Suicidology (AAS) has compiled a kit to assist in preparing for this year's National Suicide Prevention Week, September 9-15, 2007. See <http://www.suicidology.org/>

Best Wishes,

Erich M. Daub
Chair, ICEHS
Scientific Technologies Corporation
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Action Board Update

Greetings to all ICEHS members from Sue Gallagher, your Action Board representative

Congressional recess is this month and legislators are on their home turf.
This is the perfect opportunity for you to make a difference.

APHA members are being asked to schedule meetings with their legislators in their district offices or to participate in the many town hall meetings hosted by their legislators.

You can advocate for issues within APHA's three priority areas: Increasing access to care, eliminating health disparities, rebuilding the public health infrastructure.

Or you can select something more relevant to injury prevention or your work in your state. Tell them of your concerns and interests as a constituent. Show how you can be a future resource to them.

Examples:

1. Given the media attention to product recalls from China, your sound bite might be about product safety and contamination or giving more authority to CPSC for regulatory vs voluntary approaches to preventing injuries. Children are most vulnerable population for this issue. Just select an angle to work. It is an excellent opportunity to introduce yourself as a resource to staff and legislators.

2. Public health infrastructure depends on data. NCHS has had their budget cut and needs to maintain or increase their current funding in the CDC budget in order to continue to produce mortality and other data reports as planned. NCHS lacks the resources to collect a full year's worth of Vital Statistics from states. Go to friends of NCHS website for more details.

3. State public health infrastructure and many injury prevention programs and research are dependent on the Preventive Health Services or MCH Block Grants and also the NCIPC at CDC. Tell your legislators how these funds are used for injury prevention in your state and ask them to support a higher level of funding.

Whatever you choose, **this is an easy task** because all the materials and information you need is on the APHA website under the advocacy section.

<http://www.apha.org/advocacy/>

It includes tips and tools on how to:

- schedule meetings with your elected officials
- speak at a town hall meeting
- calendar of town hall meetings and public events scheduled in each state in August
- talking points on APHA priorities
- materials to leave with your legislator
- state fact sheets on public health funding
- a place to click and send an action alert to capitol hill offices and submit an op-ed to your local or state paper.

Please take some time out of your August schedule to initiate a relationship with your legislators on their home turf.

They want to hear from constituents.

And I would love to hear of your actions and successes.

Sue Gallagher, MPH
ICEHS Action Board representative
For help in your outreach efforts:
ssgallagher@earthlink.net
617-694-1788

Donald Hoppert at APHA
donald.hoppert@apha.org
202-777-2514

APHA 2007 Proposed Policies and Archiving Consent Calendar Now Online

Each year, APHA adopts new policy statements to reflect current science and create a record of the Association's stance on a variety of public health issues. The policies reflect the diverse interests of the APHA membership. The development process for the Association is open to full participation of the membership and includes careful review by appropriate APHA boards, committees and other membership entities. All 17 proposed policies being considered at this year's Annual Meeting are available at <http://www.apha.org/advocacy/policy/newpolicy/2007policies.htm> .

Members are encouraged to present their comments in person at the public hearings held Sunday, Nov. 4 at 3:30-6 p.m. during the Annual Meeting or e-mail comments to policy@apha.org beforehand if unable to attend. ICEHS section members can also email Billie Weiss (bweiss@ucla.edu) or Lois Fingerhut (Lfingerhut@cdc.gov) if you would like to discuss comments with them. For more information about the Policy Development Process, please visit <http://www.apha.org/advocacy/policy/newpolicy/>. PLEASE NOTE that proposed policy statement D-3 comes from our section. Sue Gallagher led the effort to bring this forward-Improving External Cause Coding in Hospital Discharge Data.

In addition to policy development, existing APHA policies are reviewed each year to ensure that they are up-to-date and to identify gaps that may exist. The preliminary consent calendar of policies to be archived, combined or updated is available at <http://www.apha.org/advocacy/policy/archive/2007policyreview.htm>

and will also be considered at this year's Annual Meeting. Members should send any comments regarding this document to their Governing Council representative (Billie Weiss or Lois Fingerhut). For more information about the Policy Review and Archiving Process, please visit <http://www.apha.org/advocacy/policy/archive/> .

If you have any other questions, please contact the Policy Development Coordinator at policy@apha.org

~Billie Weiss and Lois Fingerhut

Save the Date: ICEHS Annual Awards Dinner November 6, 2007

This year we are pleased to tell you that our annual dinner will be held at the DACOR Bacon House on Tuesday, November 6 beginning at approximately 6:30 PM. We are very fortunate that our colleague, Bella Dinh-Zarr has a friend who is a member of the Diplomatic and Consular Officers, Retired (DACOR), and we are thus able to have our dinner in this facility. The House is located close to the Convention Center at 1801 F Street, NW—just a short taxi or metro ride away. Check out their website: http://www.dacorbacon.org/DACOR/DACOR_MAIN.htm

Because DACOR Bacon House can only accommodate 100 persons for a sit-down dinner, we encourage you to reserve your space early; to guarantee a space, reservations must be made by October 23rd. The cost for regular members will be \$50 and for current students, \$35. Of course, donations beyond the cost of dinner will be greatly appreciated to offset further costs to the section.

To reserve a space for dinner, please mail a check made out and sent to:
Lois Fingerhut
4540 Fessenden St. NW
Washington, DC 20016

If you prefer to first make a reservation and pay later, you can do that as well.

Please e-mail Lois at LFingerhut@cdc.gov . She will be out of town from August 29th-September 17th and will acknowledge all reservations when she returns. If you are sending a check, please be sure and include a return address.

Your choices for dinner include either:

(1) Rainbow trout, (2) Cornish hen or (3) Vegetarian lasagna.

Please be sure to let Lois know your choice when you make a reservation or send your check.

*~Your host committee,
Lois Fingerhut on behalf of our dynamic trio
Lois, Joyce Pressley and Bella Dinh-Zarr*

Public Health Fellowship in Emergency Medical Services – Applications Due Sept. 14

The Association of Schools of Public Health (ASPH) and the National Highway Traffic Safety Administration (NHTSA) are accepting applications for the EMS Public Health Fellowship Program. This prestigious program provides an opportunity for a recent public health graduate to work closely with NHTSA and other Federal agencies committed to saving lives through the comprehensive improvement of EMS systems nationwide. This paid fellowship is open to recent graduates of ASPH-affiliated schools of public health who have strong research and analytic skills and who are dedicated to improving the quality of emergency medical care in the United States. Detailed information on the EMS Public Health Fellowship is accessible via the following web link: http://www.asph.org/AuxDocs/07_NHTSA_Fellowship_RFA.pdf

The application deadline for this fellowship opportunity is 5pm EDT on September 14th, 2007. Applications are available via the following web link: http://www.asph.org/AuxDocs/NHTSA_Fellowship_Application_07.doc

~Cathy Gotschall

Invited Session: Sleep from a Public Health Perspective: Epidemiology, Risk Factors, and Implications for Public Health Policy

Despite increasing evidence that sleep disturbance is a risk factor for depression, cardiovascular disease, injuries, and other medical problems, sleep has been largely ignored by the public health community. To encourage greater public health interest in sleep, an invited symposium entitled, *Sleep from a Public Health Perspective: Epidemiology, Risk Factors and Implications for Public Health Policy*, will be presented at the APHA Annual Meeting in Washington, D.C. on Monday, November 5, 2007 from 10:30 to 12:00. This symposium will summarize the epidemiology of sleep and sleep disorders and the role of sleep as a medical and psychiatric risk factor across the lifespan. Sleep disturbances and disorders impact a wide range of public health areas including epidemiology, health promotion, mental health, medical care, and injury control, so anyone interested in expanding their public health efforts to include sleep are encouraged to attend. Public health policy implications such as the need for greater monitoring and surveillance of sleep in national health surveys, initiation and evaluation of health promotion programs to encourage adequate sleep, improved methods for early detection of sleep problems, and modifications to occupational, transportation, and other governmental policies to reduce sleep-related health risks will also be discussed.

The invited symposium includes the following presentations:

- *Sleep Disturbances: Definitions, Prevalence, and Associations to Mental Disorders*. Maurice Ohayon, MD, DSc, PhD, Professor of Psychiatry and Behavioral Science at Stanford University, and Director of the Stanford Sleep Epidemiology Research Center.

- *Sleep Disorders and Cardiovascular Risk.* Sean Caples, D.O., Assistant Professor of Medicine at the Mayo Clinic College of Medicine.
- *Sleep, Circadian Rhythms, and Environmental Light Pollution: Public Health Issues.* Michael Smolensky, PhD, Professor of Environmental Physiology at The University of Texas Health Science Center at Houston, School of Public Health.
- *Public Health Perspectives on Sleep Research from the National Center on Sleep Disorders Research.* Al Golden, MPH, Public Health Advisor at the National Center on Sleep Disorders Research (NCSDR) in the NIH National Heart, Lung, and Blood Institute.

The symposium will be chaired by William Riley, Ph.D., Coordinator of Sleep Research, National Institute of Mental Health.

~William Riley

Family Violence Prevention

Dear Colleagues,

We have good news to share with all of you. The Family Violence group that has been working for several years to establish the Family Violence Prevention Forum is pleased to announce that it is now an official APHA forum.

Currently, our membership includes individuals from at least 20 APHA Sections, SPIGS and Caucuses. We have new members and full professors. Some are new to family violence and others are pioneers in the field with landmark programs.

In the coming months, we will be growing. We would like to take this moment to thank all those who helped to make this happen.



Join Us!

Our executive committee is busy and always looking for more people to become involved. Please forward this email to people who might be interested in being a part of our group.

To join, please email Vivian Ng at icanvng@gmail.com. You will receive a short questionnaire and be entered into our directory.

We will keep you posted on future activities through email.

APHA 135th Annual Meeting & Exposition in Washington, DC

November 3-7, 2007

<http://www.apha.org/meetings/>

The Family Violence Forum will be participating in the APHA Annual Conference in November in Washington. We will have two poster sessions and two oral sessions. Further details will be announced when they become available.

The executive committee would like to thank you for your continued interest in this forum.

Sincerely,

Michael Durfee, MD
Consultant
ICAN National Center on Child Fatality Review

Pat West, MSSW
Public Health Consultant

Peggy Goodman, MD
Associate Professor
ECU Emergency Medicine

Susan M. Hadley, MPH
Adjunct Faculty, University of Minnesota Medical School
School of Public Health

Derrick Gordon, Ph.D.
Assistant Clinical Professor of Psychology in Psychiatry
Yale University School of Medicine

Martha Coulter, Dr.P.H.
Professor and Director
USF COPH Harrell Center for the Study of Family Violence

~Peggy Goodman

PREVENT Leadership Institute

Two former ICEHS Chairs, Sue Gallagher and Lenora Olsen, recently served as coaches for the PREVENT (Preventing Violence through Education, Networking and Technical Assistance) Leadership Institute at



University of North Carolina. Several other ICEHS members have also participated as coaches, instructors or steering committee members of this program, led by Carol Runyan (also an ICEHS member). Teams from 44 states with interests in child maltreatment, sexual violence, intimate partner violence, youth violence, and/or suicide have been trained in the public health approach to primary prevention of violence. Contact PREVENT if you would like to be involved or connect to teams in your area: www.prevent.unc.edu

~Sue Gallagher

Pictured above is the PREVENT team from the Navaho Nation in Shiprock. The name of their project to prevent child abuse is: "Sa'anaaghai BiK'ehozho K'egoina"- Living a Long, Beautiful Life.

Road Safety Conference of the Americas

YOU ARE INVITED!

Road Safety Congress of the Americas
Congreso de Seguridad Vial de las Americas
North America, Latin America, and the Caribbean
December 2-4, 2007
San Juan (Rio Grande), Puerto Rico

Hosted by: The Puerto Rico Traffic Safety Commission

Topics: Occupant Protection, Alcohol-Impaired Driving, Pedestrian Safety, Data Systems, Citizen Involvement, Industry Involvement, Speeding and Other Moving Violations, Policing, Vehicle Harmonization, Safety Audits, Commercial Vehicle Safety, Public Information, Emergency Response, and more.

Early Registration Deadline: September 30, 2007 (save \$100). Register online at the bilingual website www.csva2007.com.

Location: Wyndham Rio Mar Beach Resort & Spa in San Juan (Rio Grande), Puerto Rico. The conference rate is \$149/night.

Other Information:

- All sessions will be conducted in English and Spanish with simultaneous translation via headphones.
- Diverse expert speakers from government and non-government organizations from North America, Latin America, and the Caribbean.
- The Latin American and Caribbean Stakeholders Forum will meet immediately following this conference.
- Don't miss this unique opportunity to meet and share knowledge with safety experts from North America, Latin America, and the Caribbean.

For more information about attending or exhibiting at the conference, contact the Puerto Rico Traffic Safety Commission at (787) 723-3560 or info@csva2007.com.

The Puerto Rico Traffic Safety Commission is a member of MAKE ROADS SAFE – The Campaign for Global Road Safety. Please contact Bella Dinh-Zarr, PhD, MPH, dinhzarr@dinhzarr.org, with questions.

~Bella Dinh-Zarr

New Book Published-
Before Their Time: The World of Child Labor
Photographs and text by David L. Parker, M.D., M.P.H.
Foreword by Senator Tom Harkin

Published by Quantuck Lane Press
Distributed by WW Norton

In the introduction to *Before Their Time*, Dr. Parker writes, “The photographs in this book portray the range of work and working conditions of children around the world. In a larger sense, this book documents an

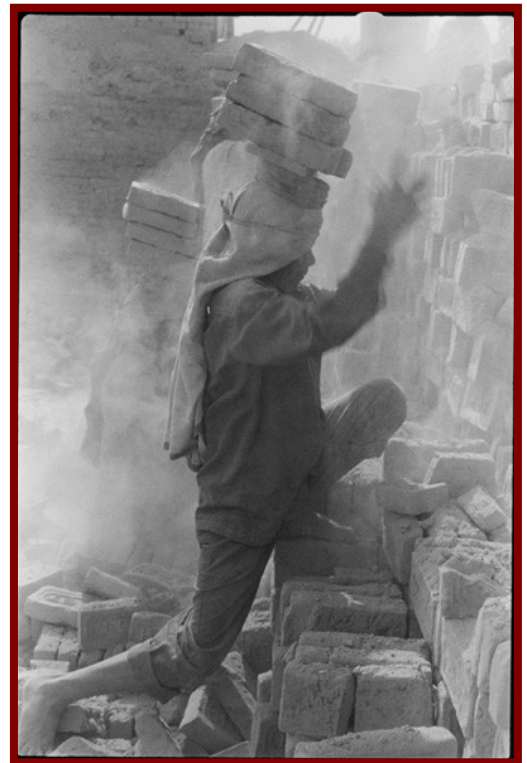
ongoing failure to meet children’s basic needs—a goal that is clearly out of reach of their families. I have no doubt that poverty forces most working children and their families to become victims of economic exploitation. Some of these situations, such as sex trafficking, make regular news headlines. But problems such as lack of schools and lack of jobs from which parents can earn enough money to feed a small family go largely unnoticed.”

Senator Tom Harkin writes, “These photographs are both eloquent and captivating. One haunting and engrossing series of images captures children working in garbage dumps. These are places where children scavenge alone or with their parents for anything they might sell or eat. The photographs confront us with the intolerable reality that in many parts of the world, large numbers of children live on top of rotting garbage, eat contaminated food, and do not have potable water to drink.”



Before Their Time contains 134 photographic images. Photographs were taken between 1992 and 2004. This is the only comprehensive volume of photographic work that has been published apart from the work of Lewis Hine. Thus, it is the only volume that provides a visual overview of child labor for almost 100 years. The images come from most parts of the developing world and comprise a wide variety of trades, jobs, and industries. These range from street vending to underground mining.

The book is organized by major sectors in which children are engaged. Each sector (e.g., street workers) is accompanied by text explaining what children do and some of the reasons specific types of work are harmful. The text makes the images easy to understand and place the work in the clear context of public health.



Seeing the work it is easy to understand why work is harmful to children – both as a cause of injury as well as illness.

Photographs and text were written by Dr. David Parker. Dr. Parker received his MD in 1978 from the University of New Mexico School of Medicine. He received his MPH in occupational epidemiology from the University of Michigan in 1981.



He completed two years of advanced training in the Epidemic Intelligence Service (1984-1986), a program run the United States Centers for Disease Control. Dr. Parker has published numerous scientific manuscripts on child labor and its impact on health.

Parker’s photographs have been exhibited widely in museums and universities across the United States, Canada, and Latin America. His work was the feature of a major exhibition at the Minneapolis Institute of Arts. It has also been exhibited at the Canadian Museum of Civilization. At this time, Dr. Parker is a researcher and clinician at the Park Nicollet Clinic in Minneapolis, MN. His research is supported by the National Institute for Occupational Safety and Health.

Mary Robinson, former president of Ireland and U.N. Commissioner for Human Rights (1997-2003) wrote, “Dr. Parker’s work is compassionate, direct, and intimate. He has provided important historical documentation of an ongoing human rights problem. This may be the most comprehensive examination of child labor since Lewis Hine photographed child labor over 100 years ago.”

Dr. Parker may be reached via the following -

Website: childlaborphotographs.com

Email: parke065@umn.edu

~David Parker

POSITION ANNOUNCEMENTS

NCIPC EIS Positions

The Centers for Disease Control and Prevention’s (CDC) Epidemic Intelligence Service (EIS) is the nation’s premier applied epidemiology training program. This prestigious, two-year, paid postgraduate program trains health-related professionals such as anthropologists, epidemiologists, nurses, physicians, psychologists, sociologists, and veterinarians in the practice of applied epidemiology and public health.

CDC’s National Center for Injury Prevention and Control (www.cdc.gov/injury) sponsors several EIS positions each year. The injury field needs additional qualified and well-trained researchers, and the EIS program offers graduating students and researchers interested in training in field epidemiology an opportunity to improve and expand their research skills, publish in peer-reviewed journals, and conduct epidemiological investigations while working for the nation’s leading public health agency.

Learn more about the EIS program and the application process (deadline September 15) at www.cdc.gov/eis.

~Lee Annest

Team Chief Position, Safety and Occupational Health Manager National Institute for Occupational Safety and Health (NIOSH/CDC)

POSITION

Team Chief, Fatality Investigations Team
Safety and Occupational Health Manager GS-14

LOCATION

Morgantown, West Virginia

The City of Morgantown is located 75 miles south of Pittsburgh, PA and 220 miles east of Washington DC, in the north central part of West Virginia. Morgantown is the home to West Virginia University and is the medical, cultural, and commercial hub of the region. Morgantown offers an unsurpassed quality of life which includes low cost of living, short commutes, low crime, and outstanding recreational opportunities.

ORGANIZATION

The National Institute for Occupational Safety and Health (NIOSH) is the federal agency responsible for conducting research and making recommendations for the prevention of work-related injury and illness. NIOSH is part of the Centers for Disease Control and Prevention (CDC) in the Department of Health and Human Services.

NIOSH helps assure safe and healthful working conditions for working men and women by providing research, information, education, and training in the field of occupational safety and health. NIOSH provides national and world leadership to prevent work-related illness, injury, disability, and death by gathering information, conducting scientific research, and translating the knowledge gained into products and services. NIOSH's mission is critical to the health and safety of every American worker.

NIOSH objectives include:

- Conduct research to reduce work-related illnesses and injuries.
- Promote safe and healthy workplaces through interventions, recommendations and capacity building.
- Enhance global workplace safety and health through international collaborations.

The NIOSH Morgantown facility is a national leader in occupational safety research to prevent job-related injuries. The Division of Safety Research serves as the focal point for the Institute's occupational traumatic injury prevention and safety programs.

POSITION SUMMARY

The Team Chief is responsible for the overall guidance, direction, and supervision of the Fatality Investigations Team within the Surveillance and Field Investigations Branch, which is composed of Safety and Occupational Health Specialists, Safety Engineers and other project support staff. The incumbent is also responsible for independent occupational injury research. The Fatality Investigations Team conducts and/or directs selected in-depth field investigations of traumatic occupational injuries and fatalities and maintains databases which include data on these investigations. Included in the team are a congressionally funded initiative to investigate line-of-duty fire fighter injury deaths, and a cooperative agreement program in which NIOSH provides guidance and support to numerous states in the conduct of injury fatality investigations. Investigations are conducted for purposes of gathering information on potential causal factors underlying injury events. Information is collected on worker characteristics and behavior, the work environment, workplace tools and equipment, and interactions of all these factors. High-risk work situations are identified and recommendations are made for preventing future similar injuries and deaths. Investigative findings and recommendations are provided back to employers and other stakeholders; coupled with surveillance data in journal articles and NIOSH educational documents, and used as a basis for NIOSH policy recommendations.

KEY DUTIES

Directs, manages, and instills strong leadership to an investigative research program and establishes strategic plans and policies, evaluates program accomplishments, and builds and maintains a diverse staff.

Deals with complex precedent-setting research, programmatic, or evaluation issues that have far reaching implications for occupational injury research.

Interacts with high-level governmental officials, the scientific and academic communities, national and international public health organizations, diverse community and non-governmental groups, and the public at large.

Concurrent to management responsibilities, pursues individual research with publication objectives and supports research collaborations that are consistent with the scope, mission and priorities of the Institute.

REPORTING RELATIONSHIP

Incumbent will report to the Chief, Surveillance and Field Investigations Branch, Division of Safety Research.

Incumbent will manage approximately 12 investigators, technical and support staff.

Incumbent will interface with extensive intramural and extramural research programs.

CANDIDATE QUALIFICATIONS

We are searching for a leader in the field of occupational injury to provide overall guidance and direction to this program of highly specialized personnel. The incumbent will have experience providing technical and administrative leadership in guiding a difficult and complex basic and applied research program in the area of risk assessment and/or occupational injury prevention and be recognized as a national/international expert in the field. As Team Chief, the incumbent is administratively and professionally responsible for the planning, direction and execution of the investigative programs and

services of the Team. The incumbent formulates Team policies and programs, performs all administrative and supervisory responsibilities for the Team, and serves as a principal advisor to the Branch Chief and Division Director.

COMPENSATION

GS-14 Salary range for this position is **\$89,115 - \$115,848**.

A comprehensive range of benefits will be offered as well as relocation incentives.

CONTACT

Dawn N. Castillo, M.P.H.; Chief, Surveillance and Field Investigations Branch

Division of Safety Research , NIOSH

1095 Willowdale Road

Morgantown, WV 26505

PH: 304-285-5894

DCastillo@cdc.gov

FAX: 304-285-6046

APPLICATION PROCEDURES

Applicants must apply online at USA Jobs and follow the procedures outlined on the vacancy announcement. This position is currently announced through **August 28, 2007**.

~ Tonya Jacquez

Safety and Occupational Health Specialists

National Institute for Occupational Safety and Health (NIOSH/CDC)

The National Institute for Occupational Safety and Health (NIOSH), Division of Safety Research (DSR), within the Centers for Disease Control and Prevention (CDC) located in Morgantown, West Virginia, has two immediate openings for **Safety and Occupational Health Specialists** in the Fire Fighter Fatality Investigation and Prevention Program.

NIOSH is the federal agency responsible for conducting research and making recommendations for the prevention of work-related injury and illness. NIOSH is part of the Centers for Disease Control and Prevention (CDC) in the Department of Health and Human Services. The NIOSH Morgantown facility is a national leader in occupational safety research to prevent job-related injuries. The Division of Safety Research serves as the focal point for the Institute's occupational traumatic injury prevention and safety programs.

The NIOSH Fire Fighter Fatality Investigation and Prevention Program was initiated in 1998. The overall goal of this program is to better define the magnitude and characteristics of work-related deaths and severe injuries among fire fighters, to conduct field investigations of work-related fatalities, and to develop and disseminate recommendations for injury prevention.

NIOSH conducts independent investigations of line of duty fire fighter fatalities. Investigations are conducted for deaths under a variety of circumstances, including deaths that occur on the fireground, while responding to or from alarms, or while training or performing other non-fire emergency duties. The investigations involve site visits, interviews with fire department personnel, and interviews and meetings with other relevant parties. The program does not seek to determine fault or place blame on fire departments or individual fire fighters, but to identify steps that can be taken across the country to prevent future deaths and injuries. The investigation findings are summarized in an investigative report with recommendations for preventing future similar deaths or injuries. Health communication materials are developed from investigations of similar types of deaths. For example, documents have been developed summarizing findings and prevention recommendations from multiple investigations involving structure fires, and fire fighters working along roadways.

Individuals interested in seeking a challenging opportunity and future career in the prevention of fire fighter deaths and injuries, and who feel they qualify for these positions, are encouraged to apply. Salary range for the position(s) is **\$52,912 - \$82,446**.

Applicants must apply online at USA Jobs and follow the procedures outlined on the job announcement.

The announcement will remain open until **August 30, 2007**.

~ Tonya Jacquez

Director, Centre for Automotive Safety Research The University of Adelaide, Australia

Job Reference Number: 3354

The University is seeking to appoint an outstanding individual as Director of the Centre for Automotive Safety Research (CASR). The successful applicant will be appointed as a Professorial Research Fellow in Road Safety and will provide professional, academic and administrative leadership to CASR.

CASR evolved from the Road Accident Research Unit, which was established at the University of Adelaide over 30 years ago, and comprises a multi-disciplinary team of researchers and key support staff who conduct research in road safety and injury control aimed at reducing the human and economic costs of road crashes. It is supported by contract research and sustaining funds from the Government of South Australia through the Department for Transport, Energy and Infrastructure and the Motor Accident Commission.

You should have:

- a PhD, or equivalent standing, in a field relevant to road safety research
- an international reputation for outstanding research in one or more areas relevant to road safety and a record of attracting research funding
- demonstrated experience in leading and managing a group of research staff and building collaborative research partnerships

Salary: (Level E) \$123,035 per annum, plus an employer superannuation contribution of 17% applies.

This fixed-term position is available immediately for a period of five years. Further information, including the selection criteria, may be obtained from Ms Leonie Witter, telephone: (08) 8303 5997 or email: leonie.witter@adelaide.edu.au. Information about CASR may be obtained from www.casr.adelaide.edu.au

Deadline: 7 September 2007

Your application must:

- include your resume/Curriculum Vitae
- address the selection criteria
- quote the relevant reference number
- include residency status
- include the names, addresses and/or email details of three referees

Email applications to: christine.vascosabat@adelaide.edu.au or forward in duplicate to:

Ms Christine Vasco
Human Resources
The University of Adelaide
South Australia 5005
UADHRD011381

~Bella Dinh-Zarr

ARCHIVIST'S ATTIC

Fifty Years Ago in Home Injury Mortality and Morbidity Statistics. From Evelyn H, Halpin, Ph. D., (National Office of Vital Statistics). HISTORICAL DEVELOPMENT OF HOME-ACCIDENT STATISTICS (Condensed from her material). *In: Proceedings of the First Conference on Home Accident Prevention*. Ann Arbor: University of Michigan School of Public Health, National Safety Council, USPHS, APHA Committee on Home Accident Prevention, 1953. 35-38 (APPENDIX A):

Once there was a time a 'mouse' was just a rodent; and a 'web' just for spiders; our terms for gathering of injury stats have also evolved:

"Statistics on home accidents can be approached historically in terms of mortality figures as compared with figures on nonfatal injuries. While a considerable today of annual data on fatalities has "been built up over 20 years for many cities, for a number of States and for the country as a whole, material on injuries is limited largely to non-repetitive surveys made in small geographic areas or groups of cities.

MORTALITY STATISTICS from Vital Statistics

The death certificate has been the principal source of home-accident statistics. It serves in two ways: First, it contains a skeleton description of the accident, the fatal injury that it caused, and basic personal facts about the victim; secondly, it can be used as the basis for obtaining more detailed information from someone who knows how the accident happened.

For two decades, some States and larger cities have been classifying deaths by place of accident and external cause or manner of injury for reports to the National Safety Council, but not more than half of the States provided these data on which national estimates were based. National figures have been tabulated by the Public Health Service since 1935, but they are subject to the limitation of having roughly 20-25 percent reported as occurring in unspecified places.

The second use of death certificates depends on the name of someone who knew the victim, appearing thereon. A form designed to obtain the desired facts can then be mailed to that person, or completed through a personal interview.

This means of learning details about fatal accidents was used in a few States, in the late twenties and was advocated by a subcommittee of the American Public Health Association through the thirties, 1./ Alabama and Kansas have collected data in this way since 1930; until 1951, Kansas published annual reports of the findings, Nassau County, N.Y., is another area where supplementary data on home-accident deaths have been collected regularly. There, data are obtained also by requiring reporting of accidental injuries in nursing and convalescent homes.

Two programs using the death certificate have been developed in recent years by the Public Health Service for State application. One was the general accident fatality program, which covered not only home-accident deaths, but also all other non-motor-vehicle accidents, 2/ Fourteen States, in which roughly one-fifth of accidental deaths occur, participated in this program in 1950.

The other program for obtaining supplemental data is concerned only with home accidents. These data relate not only to the exact circumstances of the accident, "but also to pre-existing physical handicaps of the victim, the part played by any other person, the previous accident experience, the effect of lighting, and the number of persons dependent on the victim for their livelihood. Data for the areas participating in these programs should be available from the HOYS within the next few months,

National Safety Council Compilations and Estimates

Estimates of home-accident injuries and deaths have been published by the National Safety Council since 1922. _3/ The sources were reports of city health and police departments and studies by two insurance companies of accidents to policy holders. It was from the Travelers Insurance Company study that the home accident ratio of 150 disabling injuries ,per death was obtained. This ratio has been used annually through 1951 to obtain an estimate of the number of nonfatal injuries.

Besides summarizing in Accident Facts what figures could be obtained from cities and States, the National Safety Council has made special analyses of home-accident data.

NONFATAL INJURIES

There are data from the National Health Survey of 1935 on the frequency of disability of one week or more from accidents by means and nature of injury, age, sex, employment, extent of impairment, and rental or dwelling value, and persons disabled for the twelve months immediately preceding the day of interview according to diagnosis, *k/*

Although collected in the early forties, data on accidents reported in the household surveys in the Eastern Health District of Baltimore are now becoming available. *5/* One of the striking things shown by this study is that, with proper allowance made for the length of time spent at home, the injury rates are lower for home accidents than for public or work accidents.

Of a qualitative nature is the oft-quoted study of home-accident cases hospitalized in the Cook County Hospital in 1933 and 1934, which was conducted by the Works Progress Administration and the National Safety Council staff.

Another qualitative study of home accidents was that of the Metropolitan Life insurance Company, *6/* based on reports of its home-nursing service in 1940. It shows the relative distribution of 6,315 home accident injuries among certain of the company's policy-holders who required nursing care, by type of accident, objects involved, location of accident, nature of injury, and part of body involved. A sequel *7/* to this investigation was carried out in 1948-49 "to determine if any change had occurred in the home - accident pattern.

In connection with analyzing accidents to school children, the Kansas Board of Health has a summary of both fatal and nonfatal accidents to children from 5 to 19 years of age, *8/* Data on nonfatal accidents were collected by the school teachers and nurses.

A summary of the injuries, agents involved, and age of the victims of home accidents requiring hospital emergency-room treatment, was compiled by the District of Columbia Chapter of the American Red Cross in 1944 and 1945. The Kansas City and Jackson County, Missouri, Chapter of the Red Cross made similar studies from 1945-1949.

The epidemiological approach to accidents, for a fuller understanding of them, was advocated in 1936 by Dr. E. S. Godfrey, *9/*. Since then, this method has been developed by Dr. John E. Gordon, *10/* for accidents in general, and for home accidents, in particular.

In 1945 the Subcommittee on Accident Prevention of the APHA, under the chairmanship of Dr. D.B. Armstrong, made very specific recommendations for incorporating accident prevention, including the collection of factual data, into public-health services, *11/*

Evidence of continued awareness of the home -accident problem was given by organization of the National Home Safety Conference in the forties. Among its members were the National Safety Council and the American Red Cross. A definition of a home was one contribution of that Conference.

Recent studies have placed added emphasis on the incidence of nonfatal home accidents. Among these were the survey of disabling home accidents in four nonconsecutive months of 1950, made in Lynn, Massachusetts, by public-health nurses, *12/* and that made in Kalamazoo, Michigan, in 1949 and 1950, through school-census enumerators.

Within the last year, statistical surveys of injuries from home accidents have "been undertaken in San Jose, (California), Mansfield, (Ohio), and Cambridge, (Massachusetts), as part of demonstration projects on home-accident prevention. An excellent survey in Washtenaw County, Michigan, has been completed. A somewhat different survey was made in 1951-52 in Josephine County, Oregon, based on voluntary reporting by physicians, druggists, and others, of any home-accident injury. The few studies that have surveyed the incidence of home accidents indicate injury rates that range from 6 superficial injuries per person per year to 4.7 per 1,000 population for injuries disabling 1 week or more.

In home-accident-mortality statistics, this country has advanced beyond England. In 1946 in his report on the Nation's health for the war years, the Chief Medical Officer in the British Ministry of Health pointed to the need for a special study of home accidents. As a result, a Domestic Accidents Panel was set up for the purpose of inquiring into both fatal and nonfatal accidents in the home.

That panel in 1950 published findings 13/ covering the major topics of fatal home accidents, with estimates of deaths, accidents receiving hospital treatment, reports of accidents from home visitors, kinds of home accidents and similar facts, plus injuries and types of treatment."

1/ "Report of the Committee on Accident Statistics," American Public Health Association Yearbook, 1938 P. 160

2/ Halpin, Evelyn H.: "Accident Facts from Accident Fatalities," Public Health Reports, Vol 64, No. 12, p. 388, (1949)

3/ "The Trend of Public Accidents, National Safety Council, 1922.

4/ Britten, R. H. , Collins, S.D., and Fitzgerald, J.S.: "The National Health Survey. Some General Findings as to Disease, Accidents, and Impairments in Urban Areas," Public Health Reports, Vol.55, Part 1, 444; and Britten, R.H., and Altman, I: "Illness and Accidents among Persons Living under Different Housing Conditions," Public Health Reports, Vol. 56, p. 609.

5/ Collins, S.D.: "The Risk of Accidents at Home, in Public Places, and at Work," In Press (Public Health Reports) .

/Armstrong, D.B. and Cole, W.G.: "Study of Home Accidents: Their Public Health Significance," American Journal Public Health, Vol. 31, p 1135, 1941

7/ Armstrong, D.B. and Cole, W.G.: "Persistent Hazards in the Home Accident Pattern," American Journal of Public Health, Vol. 39, p. 1934, 1949.

8/ Kansas State Board of Health: Kansas Student Accident Report, issued annually, 1935-51

9./ Godfrey, E.S.: 'American Journal of Public Health, Vol. 27, p. 152, 1937.

10/ Gordon, J.L.: "The Epidemiology of Accidents," American Journal Public Health, Vol. 39, 504, 1949 - Gordon, J.E. "Home Accidents as a Community Health Problem," American Journal Medical Science, Vol. 217, P. 325, 1949 - Roberts, H.L., Gordon, J.E., and Fiore, A.: "Epidemiological Techniques in Home Accident Prevention," Public Health Reports, Vol. 67, p. 547, 1952.

11/ Armstrong, D.B. "Accident Prevention--An Essential Public Health Service and Suggested Home Safety Activities." American Journal of Public Health, Vol. 35, p. 216, 1945.

12/ Roberts, Helen L.: "A Community Surveys Its Home Accidents," American Journal of Public Health, Vol. 41, p. 1118, 1951.

13/ Domestic Accidents Panel. Scientific Advisory Committee. Ministry of Works. Great Britain. An Inquiry into Accidents in the Home. London . Jan 1952.

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