

**American Public Health Association
Injury Control and Emergency Health Services Section
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Greetings from your new ICEHS Section Newsletter Editors, Corrie Peek-Asa and John Lundell at the University of Iowa Injury Prevention Research Center. We are pleased to help share important information among the members of our section. Please send articles for future issues to John at john-lundell@uiowa.edu . Also thanks to Bella Dinh-Zarr and her colleagues at AAA for agreeing to distribute this electronic newsletter.

SECTION NEWS

Notes from the Chair

ON STRATEGY: GETTING JUMP STARTED AGAIN

As we move closer to the upcoming meeting in New Orleans, its time to think about strategy. It seems to me that injury prevention has been in a bit of a doldrums recently. And by recently I mean at least the last half decade. Unlike half a generation ago, when auto safety, pool safety, and violence prevention were burgeoning fields. We have lost a bit of our vitality and drive. How do we restore it? What are our new issues?

Am I right? Are we in a doldrums? And if so, what will it take to get us out. I want to encourage a dialogue on these issues; I think as a field we need to surface diverse points of view. People who know me know I think its time for new leadership and for those who have been playing a leadership role for a while to figure out ways to encourage and support new efforts. ICEHS section certainly has played a role in this, with its emphasis on student awards and student liaisons. I think we also need to frame- for the overall public- the notion that injury prevention works. Even CDC is thinking about how to best represent their injury prevention issues and approach, according to a RFP that I saw recently.

How do we communicate that injury prevention makes sense? One form of prevention that is very popular with the general public, and that seems to me we never got credit, is the Heimlich maneuver. Everyone is glad that someone else knows what to do- it's a simple intervention, and it emphasizes prevention – at exactly a critical moment. But we've never built the bridge to the general public where we've said "this is one example of how effective injury prevention saves lives- it shows that injury prevention is a field that makes sense and is worth investing in" We need to remind people of how many lives have been saved since Bob Sanders, based in Tennessee, spearheaded the first car seat law in the country. We need to highlight that car seat usage rate has increased and the injury rate has decreased, all while saving money.

And we need to focus on current challenges.--what should we focus on now? I think we need to engage more actively with some newly emerging issues At Prevention Institute we have been trying to understand the norms that make family violence and violence against women take place so frequently in our country. There has been a lot of important and terrific work on protecting those at risk, but less until recently about what can be done before the problem can occur. We do not want a country and a world that takes for granted and tolerates that set of violence.

The growing current interest in the built environment is an area where injury prevention is needed and can expand its reach. As people say how do we design a community to encourage health, as issues of physical activity and nutrition come to the fore, safety concerns are recognized as a critical eyeleting of community design. A third issue is seniors and falls. As the population gets older (perhaps also as so many injury prevention advocates worry about aging) we've seen a new and exciting attention in this area.

However, it not just identifying new issues; we have started to lose something round and traction. In some areas of the country for example, traffic injuries have increased. And as Dinesh Mohan says it, even if we are reducing the number of crashes per mile traveled, that is like saying we've reduced the cases of malaria per mosquito. It's time to go back to the notion that injuries are not accidents, to explain why we need to not use the A word. Now this is not a 'religious' thing and people are still going to use it of course. Nonetheless, by emphasizing this we open again the question, especially for injury professionals and others in the public health world, about whether we are too accepting of injuries. Are we looking as thoughtfully at possible at how they can be predicted and prevented?

Please let me know your thoughts about this- its time to craft a new agenda.

Larry Cohen
Executive Director
Prevention Institute
265 29th Street
Oakland, Ca 94611
(510) 663-1280
larry@preventioninstitute.org

Condolences to London

APHA sent the following letter to the Societies in London after the terrorist attacks:

July 8, 2005

Dr. David Hunter
Chair
United Kingdom Public Health Association
7th Floor, Holborn Gate
330 High Holborn
London, WC1V 7BA
United Kingdom

Mr. Stuart Royston
Chief Executive
The Royal Society for the Promotion of Health
38A St. George's Drive
London, SW1V 4BH
United Kingdom

Dear Dr. Hunter and Mr. Royston:

On behalf of the American Public Health Association, we extend our condolences to you and all those affected by yesterday's terror attacks in London. We are deeply saddened by these tragic events and share in your loss and suffering.

As public health professionals, we acknowledge the critical role public health workers play as frontline responders to disasters and acts of terror and in managing the immediate and long-term health and mental health consequences for victims, responders and affected communities. We are enormously grateful to the thousands of health professionals who are providing the care to meet these health needs.

The American Public Health Association condemns all acts of terror that seek to invoke fear, inflict harm and destabilize the infrastructure upon which we rely for assuring the delivery of public health services. We pledge our support in working to prepare to better respond to and prevent future acts of terror to protect the health of all.

Sincerely,

Dr. Georges C. Benjamin
Executive Director

Dr. Walter Tsou
President

cc: Dr. Allen K. Jones
Secretary General
World Federation of Public Health Associations
c/o American Public Health Association

~ Linda Degutis

New Fact Sheet on CDC Website

Preparing for a Terrorist Bombing: A Common Sense Approach Fact Sheet has been added to CDC's Emergency Preparedness and Response website at <http://www.bt.cdc.gov/masstrauma/index.asp> Although terrorists use a variety of methods to inflict harm and create fear, bombs are used most frequently. According to the U. S. Federal Bureau of Investigation, bombings accounted for nearly 70 percent of all terrorist attacks in the U.S. and its territories between 1980 and 2001. This document focuses on common sense principles that will be useful in a bombing event.

~ Sandra Bonzo

New CDC Emergency Preparedness and Response Website

The new site design for www.bt.cdc.gov will be launched Friday, July 29. The first pages moved to the new design will include Mass Casualties, Radiological Emergencies, Natural Disasters, the home page, and all of the overarching pages like Training and Education. The biological and chemical sections of the site will be going up within the next two weeks (and parts of it might make the Friday launch).

~ Thomas Voglesonger

Leadership Election Results Are In

ICEHS is pleased to announce the results of the recent leadership elections. First, please note that although our voting turnout was low—only 26.1% of eligible section members exercised their right to vote—we far surpassed the overall average for APHA members, which was only 16.4%. If you voted, congratulations on contributing to the process. If you were one of the members who forgot, put it off too long, or didn't bother, please be sure to add your voice next year. Voting is one of the simplest and most meaningful ways that you can participate in APHA.

I want to thank everyone who agreed to run for office and encourage candidates who were not elected to continue to stay involved in the section by joining committees, reviewing abstracts, Now, on to the winners. Any errors or omissions in the information below are my own.

Chair-elect (becomes chair in November 2006): Erich Daub, BS, BA

Erich is a senior public health consultant with Scientific Technologies Corporation in Atlanta. He has been a member of ICEHS on and off since 1976, and directed the Maryland injury program from 1996-1999. Contact Erich at Erich_Daub@stchome.com or 404-235-5910

Section Council (take office Nov. 2005): Larry Cook, MStat and David Kingdon, MPH, EMT-P

Larry is the Utah CODES Director at the Intermountain Injury Control Research Center in Salt Lake City. He has served as the co-chair of our Program Committee for the past two years, and focuses his current research on work-related roadway safety. Reach Larry at larry.cook@hsc.utah.edu or 801-585-9760

David is a paramedic instructor and EMS faculty member with the University of Hawaii in Honolulu. He is currently the chair of our Disaster/EMS Committee, and previously worked at the University of North Carolina Injury Prevention Research Center. Contact David at kingdon@hawaii.edu or 808-734-9134

Governing Council representative (takes office Nov. 2005): Billie Weiss, MPH

Billie has been our GC rep for one term, after serving on the Action Board for two terms, and has been with ICEHS since it became a section. After directing the Los Angeles County injury program, she is now the Associate Director of the Southern California Injury Prevention Research Center at UCLA. Contact Billie at bpweiss@ucla.edu or 310-794-2725

We did not run an election for Secretary-elect (to take office in Nov. 2006) but selected one during a Leadership Council conference call. Renee Johnson has graciously accepted this post. Renee is a Postdoctoral Research Fellow at the Harvard Injury Control Research Center. She has been an ICEHS section member since 1997, worked on the Program Committee in 2002 and is currently Chair of the Violence and Weapon-Related Injury Committee. rejohnso@hsph.harvard, 617-432-5679.

I now happily retire as chair of the Nominating Committee.

~ Anara Guard

Ideas for Public Health Week Theme Sought

July 25, 2005

Dear Section and SPIG Leaders:

Each year, the American Public Health Association (APHA) serves as the organizer of National Public Health Week (NPHW) and develops a campaign to educate the public, policymakers and practitioners before and during the week about an important public health issue. In 2006, NPHW will be observed April 3-9, 2006. In the past three years, with the help of many partners and sponsors, APHA has stepped up its efforts in organizing NPHW. APHA Sections and SPIGs provide important contributions to the week.

In the past three years, NPHW has focused on Healthy Aging (2005), Eliminating Health Disparities (2004), and Healthy Eating and Active Living (2003). Currently, we are in the process of selecting a theme for NPHW 2006. In the past, theme has been chosen by a select few. This year and in the future, APHA would like to engage a broader spectrum of public health groups to help provide recommendations on public health themes for the week. As a leader in your Section/SPIG, your input is very important to us. You are invited to provide suggested themes for NPHW 2006. Your recommendations for the NPHW topic should take into account current public health trends as well as the following criteria:

- Significance (e.g., affects many people, is a serious threat to public health, is an increasing problem, or associated with major health disparities);
- Timeliness;
- Availability of effective policy and program interventions;
- Ability to reach new audiences; and
- Flexibility so that NPHW partners can tailor the theme to their priorities.

Recommendations and supporting information can be submitted electronically by e-mail to nphw@apha.org. **The deadline for submission is August 5, 2005.**

This is an opportunity to directly influence the focus of public health education. Your Section/SPIG is an important member of the public health community and we would greatly value your expertise and opinions. Thank you for your consideration. In the interim if you need additional information, please contact our director of Grassroots Advocacy and Affiliate Affairs, Lakitia Mayo by telephone at (202) 777-2515 or e-mail at lakitia.mayo@apha.org.

Sincerely



Georges C. Benjamin, MD, FACP
Executive Director



National Public Health Week
April 3-9, 2006

NPHW Theme Recommendation Form

Name _____
Title _____
Organization _____
Address _____
City, State, Zip _____
Telephone _____
E-Mail _____

Your recommendations for the NPHW topic should take into account current public health trends as well as following criteria: significance; timeliness; availability of effective policy and program interventions; ability to reach new diverse audiences; and flexibility so that NPHW partners can tailor the theme to their priorities. Below please complete each section as it relates to your theme. If you need additional room, please feel free to add pages.

Suggested Theme(s)

Significance

Timeliness

Availability of effective policy and program intervention

Ability to connect to new audiences and existing audiences (public health professionals)

Suggested Message to be delivered during the week for your recommended theme

Other important information regarding your recommended theme

Submitted by: _____

Telephone _____

Deadline for Submission

August 5, 2005

Please email this form and any other supporting information to nphw@apha.org. If you need any additional information, please contact Lakitia Mayo, Director of Grassroots Advocacy and Affiliate Affairs by telephone at (202) 777-2515 or by e-mail at lakitia.mayo@apha.org.

~ Anara Guard

Archivist's Notes

Walt Disney Educational Services (1-800-295-5010), has for nationwide purchasing, its seminal entertaining (about 8 minutes each) archival safety cartoons, cited in the Conference Report. WHO's Second Seminar on Prevention of Accidents to Children .Spa, Belgium, July 16-25, 1958. Three cartoons: How to Have an Accident in the Home (Donald Duck), I'm No Fool with Fire (Jimmy Cricket) and Motor Manic (Goofy) represent some of our field's prevention thrusts common to the first half of the last century (e.g. see: Fisher L and Brown TM. .Donald Budd Armstrong and W. Graham Cole: Early Injury Control Advocates. Am J Public Health, Jun 2004; 94: 941). These might be shown as part of any syllabus in Schools of Public Health or similar injury control professional; history training programs (see my Nascent Injury Control Historical Leadership Curricula, ICEHS Section Newsletter, March 2003, Pages 12-15, at Newsletters and Members' Only MSS).

~Les Fisher

Clarification

Ann Christiansen should have been identified as writing the article in the previous issue stating that the Wisconsin Medical Journal is devoting two issues to injury prevention. Thank you Ann for informing us of this great news from the Wisconsin Medical Society.

~John Lundell

POSITION ANNOUNCEMENTS

**Senior Research Program Coordinator
Project Director: PREVENT Program**

**INJURY PREVENTION RESEARCH CENTER
THE UNIVERSITY OF NORTH CAROLINA**

Setting: Founded in 1987, The University of North Carolina Injury Prevention Research Center (UNC IPRC) is a multidisciplinary research center with a mission to build the field of injury prevention and control through a combination of interdisciplinary scholarly approaches to research, intervention, and evaluation as well as through the training of the next generation of researchers and practitioners. Rapidly growing, the Center currently has an annual budget of approximately \$4 million, with research, intervention, and training projects on a wide range of topics. Special emphasis areas include: occupational injury; violence prevention, including domestic violence and child abuse; sports and recreational injury; and injuries in the home environment. The Center blends expertise in epidemiology, behavioral science and intervention sciences. The Center is among the founding members of the Society for the Advancement of Violence and Injury Research and is the locus of staff for the National Training Initiative in Injury and Violence Prevention (NTI), a collaboration between SAVIR and STIPDA (the State and Territorial Injury Prevention Director's Association) as well as several other organizations and Federal agencies.

The project: The PREVENT Program is a fast-paced, innovative program funded at over \$900,000 per year as a component of the National Training Initiative in Injury and Violence Prevention. We are employing multiple adult learning strategies including intensive on-site leadership training and coaching, and a variety of web and video-based distance learning education activities for state, local and tribal practitioners to improve leadership in preventing violence against women, child maltreatment, youth violence and suicide. The project is funded through September 2007, though we will be seeking longer term support.

This is a full time position, available September 1, 2005. An earlier start date may be negotiable.

Core Functions: The person in this position will report to the Project Principal Investigator, Dr. Carol Runyan, and have these responsibilities:

1. Provide overall project coordination of the PREVENT program including to:
 - a. Coordinate project planning between project PI, co-PI's and other team members;
 - b. Oversee liaisons among multiple collaborators, including the UNC Injury Prevention Research Center, National Center for Injury Prevention and Control (CDC), and the North Carolina Institute of Public Health, a national Steering Committee, and multiple state and local organizations;
 - c. Plan work, develop timelines, and monitor progress;
 - d. Supervise program assistant and selected other staff;
 - e. Assist the PI in monitoring budgets and preparing project progress reports and proposals.

2. Work with the project team to oversee the development and implementation of:
 - a. training activities and resource materials
 - b. technical assistance and networking activities
 - c. fundraising, sustainability activities
 - d. evaluation and quality assurance activities.

Qualifications:

Successful candidates must have:

1. At least a master's degree in public health or closely related field.
2. At least five years of experience working in a multidisciplinary team, including program development, work planning, management, and supervision in an area related to public health practice.
3. Excellent skills in communication, negotiation, conflict resolution, supervision and team development related to overseeing a complex project that involves a diverse set of constituencies based in government, academia, and various practice sectors addressing program development, budgeting, training operations, and research and evaluation issues.
4. Willingness to travel.

Highly desirable qualifications include:

1. Knowledge of violence prevention and injury control principles.
2. Experience in developing and evaluating public health-related interventions.

3. Direct experience in a public health-related practice setting.
4. Experience in proposal development and fundraising.
5. Familiarity with of national organizations involved in violence and injury control.

To Apply: Send written communication to: Dr. Carol Runyan, Director. UNC Injury Prevention Research Center, CB 7505, 137 E. Franklin Street, Suite 500, Chapel Hill, NC 27599-7505. Email:Carol_Runyan@UNC.EDU

Women and minorities are encouraged to apply. The University of North Carolina at Chapel Hill is an Equal Opportunity Employer.

~ *Christian L. Hanna*

Director, Public Policy Program

Stop It Now! is seeking a full time staff member to direct our Public Policy Program. This senior level position administers the program and works in conjunction with the organization's public education, research and field development programs to help create the societal, cultural and systems changes necessary to prevent and eradicate child sexual abuse.

The program advocates for child sexual abuse to be addressed as a national public health prevention priority. Stop It Now!'s public policy work aims to bring about a paradigm shift for systems and institutions away from reacting to child sexual abuse after it has been perpetrated to preventing child sexual abuse *before* a child is harmed.

Stop It Now!, a national nonprofit organization founded in 1992 prevents the perpetration of child sexual abuse through a public health approach emphasizing adult and community responsibility. Stop It Now!'s public policy, public education and research programs work in collaboration with our local sites and partnerships. Stop It Now! created a national helpline (1-888-PREVENT) for adults who are concerned about inappropriate sexualized behavior in themselves or people they know.

Key Responsibilities:

- Strategic relationship building of cross disciplinary connections and collaboration with organizations and key stakeholders to elevate child sexual abuse as a preventable public health problem
- Congressional education and advocacy through follow-up on current relationships built by the organization
- Participation and representation of organization with CDC funded research on Risk and Protective Factors. Creating dissemination plan for results.
- Conference presentations and trainings to a multitude of disciplines
- Create trainings and materials of public policy on a local level to be used by sites and partnerships
- Responsible for crafting position statements to issues in the field of child sexual abuse

- Work with Field Development and Public Education departments to foster dialogue between victim advocate and sex offender treatment, management and research communities.

Background and Skills:

Possess higher education in social policy, public health or related field, understanding of child sexual abuse as a preventable public health issue, embracing mission and focus of Stop It Now's prevention approach. Excellent writing and speaking skills and strong ability to collaborate and foster connections in the field. . Strong commitment to social change.

SEND RESUME AND COVER LETTER BY AUGUST 15 TO:
Maxine Stein, Stop It Now! 351 Pleasant St. Suite B-319 Northampton, Ma. 01060

~Thomas Voglesonger

Lead Behavioral Scientist/Epidemiologist and Public Health Advisor Positions

The National Center for Injury Prevention and Control, Division of Violence Prevention, Etiology and Surveillance Branch has openings for a Lead Behavioral Scientist/Epidemiologist and Public Health Advisor.

Below are links to the vacancy announcements.

<http://www2.cdc.gov/hrmo/viewdetail.asp?AnnouncementNumber=2-05-3529&QuickHireAnnouncement=N>

<http://www2.cdc.gov/hrmo/viewdetail.asp?AnnouncementNumber=2-05-3527&QuickHireAnnouncement=N>

<http://www2.cdc.gov/hrmo/viewdetail.asp?AnnouncementNumber=2-05-3526&QuickHireAnnouncement=N>

<http://www2.cdc.gov/hrmo/viewdetail.asp?AnnouncementNumber=2-05-3531&QuickHireAnnouncement=N>

<http://www2.cdc.gov/hrmo/viewdetail.asp?AnnouncementNumber=2-05-3533&QuickHireAnnouncement=N>

You may join the NCIPC Announcement Listserv at http://www.cdc.gov/ncipc/email_list.htm. You may leave the list at any time by sending an e-mail that says "SIGNOFF NCIPC-ANNOUNCEMENTS" to the e-mail address LISTSERV@LISTSERV.CDC.GOV.

~ Sandra Bonzo

Marshfield, Wisconsin
Research Specialist - Injury Prevention

Department: Mfld Clin Rsrch Fnd
Center: Marshfield
Location: Marshfield, WI
Application Deadline:
Position Number: MC050217
Date Posted: 05/02/2005
Schedule: M – F: 8:00 am – 5:00 pm
Hours Per Week: 40
Position Availability: Full-time
Eligible for ERP Bonus: No

Job Description:

The Research Specialist is responsible for carrying out a variety of activities associated with the National Institute for Occupational Safety and Health-funded research program related to childhood agricultural injury prevention. The Research Specialist will also collaborate with other project staff on various projects. Duties include: assists Research Scientist with project planning, implementation and evaluation; applies scientific principles to project design and implementation; assists with preparation of proposals, reports, and manuscripts; searches and summarizes biomedical literature related to project objectives; acquires data and resources from external advisors, consultants and agencies; manages day-to-day responsibilities of multiple research projects simultaneously, including preparation of IRB applications and communication among project team; analyzes data summaries; utilizes computer for data management, written communications, and documentation required by project; and other duties and projects as requested.

Job Qualifications:

Education: Master's degree in public health, health education, health promotion, occupational safety of related field.

Experience: Minimum of two years work experience in areas noted under 'Education' above desirable. Experience working with rural populations is also desirable. Working knowledge of agricultural hazards, child development, and public policy highly desirable.

Please contact:

Christian L. Hanna MPH
National Children's Center for Rural and Agricultural Health and Safety (a site of the Children's Safety Network)
1000 N. Oak Ave.
Marshfield, WI 54449 USA
715-389-3116
715-389-4996 fax
800-662-6900
hanna.chris@mcrf.mfldclin.edu
<http://research.marshfieldclinic.org/children/>

~ *Christian L. Hanna*