

**American Public Health Association
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Greetings from your 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

Greetings ICEHS members. Sadly, I write about yet another tragedy in this issue. Unlike the tsunami, it is easy to speculate on how the school shooting in Red Lake High School, on the reservation of the Red Lake Band of Chippewa Indians in Minnesota, could have been prevented. The shooting was almost 7 years to the day of the Jonesboro School shooting in Arkansas and a little less than 6 years from the infamous Columbine shooting in Colorado. Yet, too often the primary actions schools seem to take relate to metal detectors and other forms of security and not paying attention to the emotional needs of students and the warning signs that they need help or that they- and others pay the price.

Further, unlike other schools shootings and especially Columbine, this news story made fewer headlines. It certainly has been in the news. But I get the New York Times email headlines, and the day after the shooting I had to scroll down to the fourth article to read about the tragedy. The Schiavo story was deemed more news worthy than our children killing our children. Dare I ask: Is it because it was not a white middle class community? Unlike Columbine, where a parent proclaimed- "I never thought it could happen to people like us"- because the shootings occurred on a Native American reservation, maybe it didn't seem as relevant. I can only speculate on how much of the lack of coverage has to do with the racism that is still present in today's world. But I speculate in anger, that there hasn't been more of an outcry for solutions for our youth- all youth- across the country.

The violence to our youth is a serious issue and still needs to be addressed. A lot of amazing work has been done to advance primary prevention in violence over the last two decades. We can not tire of this issue nor can we let any successes of violence prevention to allow the issue to be neglected. Disasters like this one remind us why we work in this field and that our work is not over yet; as an injury prevention community we must cry out for attention, resources, and strategy directed towards this issue.

On a different note, 2005 National Injury Prevention and Control Conference is coming up in mid May in Denver. This is a great opportunity for ICEHS members to meet in person (including the ICEHS Leadership) and also to recruit new members. APHA and ICEHS will co-host our booth, so come by and visit us! If you or anyone you know are going to be attending the conference please contact Anara Guard at aguard@edc.org to find out more information about ICEHS activities.

Best to you all,
Larry

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

Highlights of Dr. Gerberding's Remarks at the National Press Club

The State of CDC: Fiscal Year 2004 *Protecting Health for Life* February 22, 2005

"...we are committing to doing everything we can to improve the health of our customers -- the people in America who pay our bills and who are counting on us for front-line health protection. And we will do everything we can to enable them to enjoy their lives in the most satisfying way possible. Of course, again, we don't do this alone. We do it in the context of a health system, a public health system, a business sector, an educational sector, community organizations, faith-based organizations, and all of you here as partners and stakeholders who are passionate about health and are doing your part to play a role in this," said Dr. Julie L. Gerberding, Director, Centers for Disease Control and Prevention as she presented the State of CDC Fiscal Year 2004 Report February 22, 2005 at the National Press Club in Washington DC.

Injury prevention and control received **unprecedented attention**. Dr. Gerberding highlighted the successes in injury prevention and control aptly attributed to the Injury Center's many partners and the long-standing commitment of former and present staff. Congratulations to all for your accomplishments and ability to stay focused on our worthwhile cause.

What Dr. Gerberding said about injury prevention and control in her presentation:

- o "We've also taken fast action, to protect people from occupational hazards, from injuries, from environmental threats, and more recently, [from] hurricanes and other natural disasters that threatened people's health."
- o "...this year...[we] have our first new extramural research initiative building on the background of our occupational health research initiative and our Centers of Excellence for Prevention and our injury research. We were able to pull together, with the support of the administration, and the Congress, and some intramural dollars at CDC, our health protection research initiative. This... extramural program...allowed us to put new dollars into creative, innovative investigations on the R-01 basis to try to identify effective ways for addressing the leading killers of Americans in the workplace and into other venues that had not traditionally been addressed by...existing research."
- o Dr. Gerberding referred to a major daily newspaper saying "...just in the first section of the [news] paper, there were...10 stories that addressed CDC issues or made reference" to CDC priorities. Just on page 1, [there was] an article about youth sports injuries.... "There's [also] an article about the journalist who committed suicide, a very important issue for our injury prevention and control center.... So I think the issues that CDC is addressing and the importance of these issues are in the news, as you said, and are increasingly taking front and center stage."
- o "In this *State of CDC Report*, you will find many examples of performance results. And I couldn't possibly stand here and read [all of them] to you.... But there are some things that I just can't resist the temptation to talk about because the people at CDC who do all **this wonderful work have every reason to be proud of their accomplishments**, and I want to brag on them a little bit...[there are] many wonderful projects that are specifically focusing on the leading cause of death among children in this age group, that is unintentional injuries.
And part of why Dr. Ileana Arias is here at the podium with me is because she's directing our Injury Center that has taken the lead for doing so many innovative things to really deal with childhood injuries. One example is a program that her center supports at Johns Hopkins University that involves the mobile safety van, if you will, so that people in the urban neighborhoods can have this information and tool kit brought right to their community setting and learn how to get their home safe; learn how to prevent injuries among kids; [prevent] motor-vehicle accidents; [use] car seats [properly]; and [learn] the whole spectrum of things that we know will save lives of children. [These are] simple, straightforward messages. So I really thank Dr. Arias and her team for the efforts they've made to save children's lives, and I'm going to say a little bit more about that in the context of teenagers, because [the Injury Center] also has a

wonderful program to reduce violence among teenagers and to address suicide among teenagers. So I'd actually like to give you a round of applause for everything that you're doing."

- Larry Cohen

Time for ICEHS Mailing List Update

Please e-mail Nancy Nachreiner (nachr001@umn.edu) if you are receiving the e-mail in error, have an e-mail address change, or wish to be removed from the ICEHS list. Thanks!

- Nancy Nachreiner

New Fiscal Year 2005 Funding Announcement from CDC's Injury Center

Urban Networks to Increase Thriving Youth through Violence Prevention has been published in the Federal Register, Wednesday, March 2, 2005, Volume 70, Number 40, pages 10096-10103.

It can be accessed on the internet at www.access.gpo.gov/su_docs/fedreg/frcont05.html.

Click on the above referenced date, scroll down to CDC, and select the PDF version to view and print the document as it appears in the Federal Register.

It will be posted on CDC's grants and cooperative agreements funding page (<http://www.cdc.gov/od/pgo/funding/grantmain.htm>).

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2005 funds for a cooperative agreement to build capacity within U.S. cities to collaborate, plan, and implement youth violence prevention principles, practices, and concepts. This includes building a national consortium of key stakeholders representing the viewpoints of United States cities that can inform and support reframing the public discourse about youth violence prevention. This also includes developing tools, strategies, and messages to build infrastructure and a broad base of support for youth violence prevention and develop a national strategy to direct urban planning and action to prevent youth violence.

- Sandra Bonz

Senators Try Again to Strengthen Public Health Workforce

Go to the link below to read the story.

<http://www.govexec.com/dailyfed/0305/030405d1.htm>

- Andrew Lincoln

National Athletic Training Month

March is National Athletic Training Month, which promotes the theme of "Rehabilitation: Accelerated Return to Activity." Certified athletic trainers (ATCs) are unique health care providers who specialize in the prevention, assessment, treatment and rehabilitation of injuries and illnesses that occur to athletes and the physically active. ATCs can be found in high schools and colleges, corporations, professional sports, the military, performing arts and clinics, hospitals and physician offices. The National

Athletic Trainers' Association represents and supports 30,000 members of the athletic training profession through education and research. For more information, please go to www.nata.org.

My name is Jim Brenner and I am the NATA liaison to the APHA. I am a member of both associations and the ICEHS section. I strongly believe the APHA, and particularly the ICEHS section, have many common interests with the NATA that could be better served by collaboration and the exchange of information. I would welcome any opportunities to discuss with you any ways in which both associations could collaborate and work more closely. You can contact me at jbrenner@wcupa.edu Please join me and the NATA in celebrating National Athletic Training Month!

- James Brenner

CDC Agency-Wide Research Agenda Development

Just a reminder of the CDC effort to develop its first-ever agency-wide public health research agenda. This process involves input from within CDC, from external partners, stakeholders and the public at large. There are six areas of research interest that are being developed, based on the new CDC organizational structure. These are:

- Infectious Diseases;
- Health Promotion;
- Environmental and Occupational Health and Injury Prevention;
- Health Information and Services;
- Global Health;
- Community Preparedness and Response.

Each workgroup has developed a starter list of ideas, based on both internal and external input, and these have been discussed at a series of public meetings, the last of which will occur this week in Columbus, Ohio. There has been some representation from ICEHS at these meetings. There is additional opportunity for comments via the internet at the following website:

http://www.rsvpbook.com/custom_pages/792_public_comment.php

Additional information about the research agenda development process, including the names of the workgroup members, is available at:

<http://www.cdc.gov/od/ophr/cdcra.htm>

Please take the time to review and comment on any of the areas in which you have an interest.

(This does not replace the NCIPC research agenda. Rather, it brings some issues to a broader, agency-wide arena.)

- Linda C. Degutis

APHA Leadership Appointment Process - Opportunities for ICEHS Members

Looking for new opportunities for involvement and experience? Have experience as an ICEHS Section leader? Want to get more involved in APHA activities, and make a difference? APHA needs your talent and leadership.

Think about applying for a position on one of the APHA Boards or Committees. These include the Publications Board, Education Board, Science Board, AJPH Editorial Board, etc. Go to the APHA home

page (www.apha.org) or follow this link: <http://www.apha.org/private/memberd>. The ICEHS Section has not had as much involvement in these groups as other sections, and it is a chance for activity on an organization-wide level. The deadline for nominations (and self-nominations are accepted), is April 15th.

- Linda C. Degutis

Linda Saltzman

It is with deep sorrow that the Division of Violence Prevention, part of CDC's National Center for Injury Prevention and Control, announces the death of Dr. Linda E. Saltzman. Linda passed away suddenly on Monday, March 7, 2005. The violence prevention community and those who find themselves affected by violent acts lost a friend and a champion for their safety with Linda's passing. She brought a wealth of knowledge and a caring heart to her work. She was a person of tremendous resource to CDC and a wonderful colleague and friend.

Linda began her CDC career in 1984, coming from Mankato State University. Her work at CDC focused on prevention of family and intimate partner violence, sexual violence, public health surveillance of violence against women, and violence as it relates to pregnancy and other reproductive health issues. Linda had worked on the development and pilot-testing of uniform definitions for intimate partner violence and sexual violence.

As a well-recognized expert in violence prevention, Linda provided consultation to federal and state health officials across the country and to researchers and violence practitioners, both nationally and internationally.

She was a visionary in championing violence prevention efforts and she will be greatly missed.

- Darryl Owens

The Linda E. Saltzman Memorial Fund

The Linda E. Saltzman Memorial Fund has been established at the CDC Foundation. This fund will be used for the continuation of Linda's work related to the prevention of violence against women. The specific details of how the funds will be used will be refined when we have a better idea of the funds we have to work with. Our goal is to establish an endowment as a permanent source of funds for research and prevention of violence against women.

Contributions may be made in Linda's name on-line at www.cdcfoundation.org or mailed to the CDC Foundation, Development Office, 50 Hurt Plaza, Suite 765, Atlanta, Georgia 30303. Checks need to be made payable to the CDC Foundation, with a note on the memo line, saying it is for the Linda Saltzman Memorial Fund. For further information, please contact the CDC Foundation at 404-653-0790.

You may also contact Michele Lynberg, in the CDC's Division of Violence Prevention, at 770-488-4406.

- Michele Lynberg & Lee Annest

Congressman William Lehman

It is with deep regret that CDC's Injury Center informs you that Congressman William Lehman died yesterday at the age of 91 from heart failure. Congressman Lehman is **THE** reason the Injury Center exists today. As Chairman of an appropriations subcommittee, he was responsible for appropriating the initial \$10 million that came to CDC to establish a new "center for injury control" and supported trauma research grants.

CDC established the William Lehman Injury Pioneer Award, and at the center's 10 year anniversary celebration on Capitol Hill in 2002, Dr. Gerberding presented the first William Lehman Injury Pioneer Award to Congressman Lehman (Senator Durbin accepted the award in his absence).

Congressman Lehman was an incredible champion for the injury community, and he will be missed.

- Sandra Bonzo & David Scharf

Update Report on E Coding

I wanted to make you aware of the release of this update report on E coding in state morbidity data systems that is now available on the CSTE web page. As you can see our Data Committee is a cosponsor. Enjoy! Lee Annest

Release of Update Report on How States are Collecting and Using Cause of Injury Data

The Council of State and Territorial Epidemiologists, in collaboration with APHA's Injury Control and Emergency Health Services Section and the State and Territorial Injury Prevention Directors Association, has collected and summarized 2004 information about state-based injury surveillance and external-cause-of-injury coding guidelines and practices. Several recommendations for improving the completeness and quality of external-cause-of-injury coded data in states are proposed.

Go to: <http://www.cste.org/pdffiles/newpdffiles/ECodeFinal3705.pdf>

- Lee Annest & David Scharf

Dr. Charles Mock Named HIPRC Director

Dr. Charles Mock has been named director of the Harborview Injury Prevention & Research Center. Mock, a University of Washington (UW) associate professor with a joint appointment in the departments of Surgery and Epidemiology, first joined the HIPRC in 1992 as a trauma fellow.

"We are delighted to announce the appointment of Dr. Charles Mock as director of the Harborview Injury Prevention & Research Center," wrote Drs. Carlos Pellegrini, Bruder Stapleton, Scott Barnhart and Ronald Maier in a joint statement. "Dr. Mock brings great energy and expertise to the Center. Under Dr. Mock, we look forward to the Center continuing its long tradition of superb research and public education. We would also like to take a moment to thank Dr. Fred Rivara for his stewardship of the Center during this time of transition." Pellegrini serves as chair of the UW Department of Surgery, Stapleton as chair of the UW Department of Pediatrics, Barnhart as medical director of Harborview Medical Center, and Maier as surgeon-in-chief at Harborview.

"I have three main goals in taking this new role," Mock says. "The first is to support the great work being done by the researchers and staff at the HIPRC. The second is for us to be more involved with the community and local governments to employ proven injury-control strategies more fully to make the

environment safer for all of us. "My third goal is to increase the HIPRC's international reach. Our considerable experience and expertise can significantly lessen the burden of death and suffering in the developing world, where 90 percent of all injury deaths and 98 percent of childhood injury deaths occur."

Mock earned his bachelor's degree in biology from Brown University in 1977 and his medical degree from the Brown University School of Medicine in 1980. He received a master's in public health from the UW in 1994 and a Ph.D. from the UW in 1997.

Mock's primary research interests include the Crash Injury Research and Engineering Network (CIREN); the essential trauma care project, an international effort to promote improvements in trauma outcomes; capacity building for injury control; and strengthening injury control and trauma systems in developing countries, including Ghana, Mexico, Vietnam and India.

Mock has worked closely with colleagues in these countries to identify affordable and sustainable ways to augment trauma care services. An example is his work with the Hanoi Department of Health Services to establish an EMS training center in Hanoi, enhance the quality of EMS service delivery, and improve clinical hospital equipment and ambulances. "The collaboration of injury research at the University of Washington School of Medicine and the Kwame Nkrumah University of Science and Technology Medical School is most commendable," wrote Dr. Richard W. Anane, Minister of Roads and Transport in Ghana, in a letter to Mock. "I wish to express our sincere gratitude for your continued support and interest in the development and evolution of standard study and practice of traumatology in Ghana, and assure you of our continued collaboration. Thank you for your unflinching support of our nation."

Mock co-edited Guidelines for Essential Trauma Care, published by the World Health Organization in 2004. The Guidelines promote organized approaches to injury prevention and injury care for developing nations, with a goal of setting "achievable standards for trauma treatment services which could be made available to almost every injured person in the world."

Citing death rates from motor vehicle crashes in Latin America - significantly higher than rates in the U.S. and Canada - Mock co-authored "Road Accidents, Injuries, Disabilities and Death: Why the Neglect When So Much Can Be Done?" in Newsweek en Español in 2003. The article emphasizes the importance of gathering detailed information on road deaths, the value of low-cost improvements in trauma care, seat-belt usage, vehicle engineering, and traffic laws as contributing to decreases in severe injury and death.

Mock also serves as principal investigator for the HIPRC's CIREN site. Sponsored by the National Highway Traffic Safety Administration, CIREN's mission is to improve the prevention, treatment and rehabilitation of motor vehicle crash injuries to reduce deaths, disabilities, and human and economic costs.

Mock has co-authored research on such topics as the increased risk of crash injury and death to larger occupants; injury patterns resulting from crashes of mismatched vehicles; and injuries and death to children in rollover vehicle crashes.

- NAICRC

POSITION ANNOUNCEMENTS

Lead Behavioral Scientist/Lead Epidemiology

The Etiology and Surveillance Branch, Division of Violence Prevention is recruiting for a Lead Behavioral Scientist/Lead Epidemiology.

Duties

The incumbent is responsible for directing all team activities, with primary responsibility for providing the planning, development, conduct, and coordination of national surveillance and surveys of violence and its consequences, assisting state and local health agencies to establish violence surveillance systems and to utilize surveillance data to describe the state or local burden of violence, and for providing input into the evaluation of team staff. Participates in all program planning sessions, serving as principal advisor on the technical, behavioral science, and scientific aspects of violence prevention surveillance research, public health surveillance methodology, and analysis of surveillance data. Participates in establishing program objectives and general policy guidelines utilizing sound scientific concepts to advance program objectives toward desired goals, and the establishment of program policies, procedures, and administrative operations. Coordinates review of all cooperative agreement applications related to surveillance activities. Makes recommendations on the soundness of research proposals and funding levels. Negotiates with state and local health departments to establish necessary surveillance systems and to conduct surveillance activities in their local areas.

Access the links below for additional information on the position, qualifications and how to apply.

<http://www2.cdc.gov/hrmo/viewdetail.asp?AnnouncementNumber=2-05-2766&QuickHireAnnouncement=N>

<http://www2.cdc.gov/hrmo/viewdetail.asp?AnnouncementNumber=2-05-2751&QuickHireAnnouncement=N>

<http://www2.cdc.gov/hrmo/viewdetail.asp?AnnouncementNumber=2-05-2729&QuickHireAnnouncement=N>

<http://www2.cdc.gov/hrmo/viewdetail.asp?AnnouncementNumber=2-05-2749&QuickHireAnnouncement=N>

- Sandra Bonzo & David Scharf



Job Announcement: Violence Epidemiologist

Job Classification: Epidemiologist-Operational (Epidemiologist-O)
Location: Santa Fe, New Mexico

Salary: Annual salary range: \$33,469 to \$59,503.

Salary negotiated based on education and experience.

Description: Position will serve as lead data analyst and project manager for the NM implementation of the National Violent Death Reporting System. Duties include working closely with data collection staff, implementing quality control procedures, analyzing data, and producing written reports, and oral presentations

To Apply: Contact the NM State Personnel Office (SPO) at www.state.nm.us/spo/ or 505-476-7777

Expected period for position posting: March 28 through April 8, 2005.

Applications must be received by SPO on or before the closing date.

For more information on the position contact:

Barbara Chatterjee
Injury Epidemiology Unit Manager

*New Mexico Department of Health,
Epidemiology and Response Division*

PO Box 26110

Santa Fe, New Mexico 87502-6110

Phone: 505-476-3563

Fax: 505-827-0013

Email: barbara.chatterjee@doh.state.nm.us

For questions on processing an application contact:

Dawn Keen, Office of Epidemiology

New Mexico Department of Health
Epidemiology and Response Division
PO Box 26110

Santa Fe, New Mexico 87502-6110

Phone: 505-827-2389

Applications and submission deadlines will be available at: www.state.nm.us/spo/.

Look for an Epidemiologist-O position on this website.

- Lee Annest