

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



Speaking at a conference in 2004, former CDC Director Dr. William Foege recalled hearing an interview with U.N. Director General Kofi Annan, in which Annan asserted that the world was in a mess. Foege commented that

“...if the world is a mess, it’s not by accident. It’s due to people. It’s our fault. *The New York Times*, yesterday, had an article and they were looking at a poll that showed two-thirds of Americans feel that they have some control over their future. And only a third are fatalists. This is in contrast to other countries, where the rate of fatalists were as high as eighty and ninety percent. Now sometimes we’re all fatalists, and I often say that my most fatalistic moments were when I get into a taxi cab and lose control. One night, I got into a taxi in Philadelphia late at night — I was heading for a hotel — and it struck me that I was smelling alcohol, and so I decided to engage the driver in a conversation and see how big my risk was. And I said to him, “You should know that I’m a high-risk passenger.” And he said, “What does that mean?” And I said, “Well, I’ve been in five taxi accidents in my life.” And he said, “That’s nothing, I’ve been in a lot more than that.”

ICEHS is all about control – controlling the health destiny of people we do not know through prevention, intervention, and rehabilitation. We do this each through our own individual efforts and by coordinating our efforts through vehicles such as ICEHS. With the start of a new year, we have many new opportunities. There is a new Congress, and new WHO Director, and a renewed interest in public health and its infrastructure. At APHA, there are new communications and information sharing systems being deployed, and we now have the first ICEHS-member serving as APHA President-elect. Within the Section, we have new leadership, new opportunities, and, as of December 1, 2006, 9 new ICEHS members.

ICEHS presently has over 500 primary members, all of whom have many demands on their time. But it is only through the volunteer efforts of our members that ICEHS can collectively advance contributions toward policy, research, education, and service. This newsletter brings each of our members a monthly opportunity to reflect on the many activities of our Section, and to make choices about how they can be involved and contribute. For example, in this and subsequent member-communications, you will learn about the following initiatives and opportunities:

- ICEHS Member Profile – an effort to better characterize the experience and capabilities of our members and to make portions of this information available to our membership for their reference.
- 2007 Annual Meeting call for abstract submissions – an opportunity to present research and practice-based results in oral or poster sessions at APHA’s 135th Annual Meeting in Washington, D.C. this November.
- ICEHS Leadership elections and Committee involvement – consider nominating a member for elected office, or participating in one of ICEHS’s 9 committees and activity areas.
- ICEHS and APHA awards – nominations are open; see the website for details on Section- and APHA-sponsored recognition opportunities.

- APHA Learning Institutes – APHA invites submissions until March 2 for these instructional opportunities in advance of the Annual Meeting – see http://www.apha.org/education/newweb/pg_07_call4proposals.htm for details.
- National Public Health Week – April 2-8, 2007 (see <http://www.apha.org/nphw/2007/>) – ICEHS is represented on the Steering Committee for this year’s events – what can you do locally to promote injury and violence prevention, emergency health services, and public health preparedness?
- Policy Development – ICEHS facilitates periodic submission and review of official APHA policy statements; all our members are encouraged to become involved and submit ideas. Also, our Annual Meeting in Washington, D.C. in November presents us all with opportunities to schedule time with legislators, federal officials and others involved in the policy process – what ideas do you have?
- Member participation in ICEHS Business calls – ICEHS leadership hold monthly business calls – beginning this year, three of these calls will be set aside for ICEHS members-at-large to call in and participate directly.
- Membership recruitment – do you know a colleague or student who is not an ICEHS member but might be interested? ICEHS can make available brochures and other resources for you to use in recruitment activities. I am happy to make a personal phone call or send a letter to any prospective new member that is referred to me!
- Fundraising and Development – ICEHS receives only a modest annual budget from APHA – usually around \$2000. Our Section has an additional discretionary fund that receives donations, grants, and other contributions. These funds can be used for almost any purpose consistent with APHA and ICEHS mission and policy. What can you do to identify prospective contributors or specific activities toward which categorical development efforts might be directed?

In the next few weeks I will be visiting with several of our Federal, State, Local and NGO partners, as well as a few schools of public health. At each of these visits, I will be exploring many of the issues and opportunities described above. I look forward to sharing the results of these visits with you in the future. I would like to hear about what your Section-oriented interests and ideas are – and what you are able to volunteer towards enriching our Section’s activities and impact. Please do not hesitate to contact me directly, or any of the Section’s leadership. We look forward to this new year of opportunity – and your being a part of it!

Best Wishes,

Erich M. Daub
 Chair, ICEHS
 Scientific Technologies Corporation

APHA Annual Meeting Call for Abstracts

The American Public Health Association's CALL FOR ABSTRACTS for the 135th Annual Meeting to be held in Washington, DC on November 3-7, 2007 is now open for submissions.

We invite you to submit abstracts and assist APHA in continuing to provide the highest quality public health educational programming.

Abstracts are welcome in any area of public health, including those that incorporate the meeting theme of "Politics, Policy & Public Health."

Abstracts will be accepted through the APHA website, www.apha.org/meetings.

You do not have to be a member of APHA to submit an abstract. However, if your abstract is accepted you must become an APHA member and register for the meeting.

The deadline for abstract submission to the Injury Control & Emergency Health Services (ICEHS) Section is February 6, 2007. A listing of all deadlines and specific information is available on the APHA website. Also see the website for instructions on how to compete for the ICEHS Student Paper Award.

Submitters will be notified via email on or about June 1, 2007 regarding whether their abstract was accepted.

Four Generations in Injury Prevention and Control



Dr. Susan Baker now has a "great-grandchild" in the field of Injury Prevention and Control. The "four generations", each standing by their mentor (from right to left), are: Dr. Susan Baker, Dr. Carol Runyan, Dr. Jingzhen Yang, and Erin Heiden, a PhD student at the University of Iowa.

~ Jingzhen Yang

Call for Nominations for 2007 ICEHS Award Recipients

ICEHS is inviting members to nominate individuals who have made an outstanding contribution to injury control and emergency health services for the following awards: Distinguished Career, the International Distinguished Career, and the Public Service Award. Past recipients of the awards have had a significant and long term impact on the field.

The *International Distinguished Career Award* and *Distinguished Career Award* recognize individuals, usually well established in his/her career, for outstanding dedication and leadership in injury control and emergency health services. *The Excellence in Science Award* recognizes an individual, generally at mid-career, for outstanding dedication and leadership in the science of injury control and emergency health services. *The Public Service Award* recognizes outstanding dedication and leadership in injury practice and advocacy for contributions and achievements that have had a significant and long-term impact on the field of injury control and emergency health services.

The nomination process involves submitting a short summary of the specific contribution the individual has made to the field, the impact of these contributions, the reasons why this individual should be considered for the award at this time, contact information and a CV for the person being nominated. The awards nomination form can be found on the ICEHS website at icehs.org. Information on the annual student paper competition can also be found on the website.

The highly accomplished individuals listed below were past recipients of these awards.

Distinguished Career Award	Public Service Award Individual
1989 - Julian Waller	1989 - Art Funke
1990 - Jess Kraus	1990 - Sarah Brady
1991 - Katherine Christoffel	1991 - David Heppel
1992 - Leon Robertson	1992 - Jack Finklea
1993 - Steve Teret	1993 - Lois Fingerhut
1994 - Pat Waller	1994 - Sue Gallagher
1995 - Fred Rivara	1995 - Rick Smith
1996 - Ellen MacKenzie	1996 - Elizabeth McLoughlin
1997 - Jerome Barancik	1997 - Murray Katcher
1998 - David Boyd	1998 - Andrew McGuire
1999 - Robert D. Verhalen	1999 - Michael Finkelstein
2000 - John D. States	2000 - Billie Weiss
2001 - Barbara Barlow	2001 - Stephen Luchter
2002 - Frank A. Haight	2002 - Sue Mallonee
2003 - Robert Sanders	2003 - Alex Kelter
2004 - Bill Foege	2004 - Sue Binder
2005 - Samuel W. Alderson	2005 - Art K. McDonald

Public Service Award Institution	
1996 - National Safe Kids 1997 - Insurance Institute for Highway Safety	
Excellence in Science Award	International Distinguished Career Award
1998 - Carol Runyan 1999 - Ted Miller 2000 - Arthur Kellermann 2001 - Garen Wintemute 2002 - J. Lee Annest 2003 - Steve Hargarten 2004 - Susan Gerberich	1996 - Peter Vulcan 1998 - Leif Svanstrom 2000 - Dinesh Mohan 2002 - Barry Pless

Nominations for the above awards can be made by e-mail, fax, or U.S. mail to the attention of Joyce Pressley, Ph.D, M.P.H., 722 West 168th Street, New York, NY 10032
E-mail jp376@columbia.edu Fax: (212) 342-0519 (Please accompany fax with an e-mail notification).

~ Joyce Pressley

Action Alert

Request Increased Funding for Health Programs in 2007

Representative David Obey (WI) and Senator Robert Byrd (WV), the Chairs of the House and Senate Appropriations Committees, respectively, have announced they will seek a continuing resolution (CR) to fund the unfinished appropriations bills through the end of the fiscal year on September 30, 2007. More than \$7 billion will be available in the CR to increase funding for priorities such as health and education. The newly available funds are due in part to a moratorium on earmarks in the bill.

Please contact your Representative and Senators immediately to urge them to apply the additional funds to increase support for public health programs by \$7 billion in 2007. Congress will soon begin working on the fiscal year 2008 process, so your quick action on 2007 funding levels is needed now.

~ Susan Gallagher

CDC National Violent Death Reporting System

Dear Colleague,

I am happy to announce that data from the CDC National Violent Death Reporting System (NVDRS) are now available to the public in the form of public use data files. NVDRS is a unique state-based surveillance system that links death certificates, coroner/medical examiner, crime laboratory and law enforcement records from violent deaths in 17 states. Anyone can access them from the National Archive of Criminal Justice Data Website: <http://www.icpsr.umich.edu/NACJD>. Users can search by study number (4573 and 4574) or by title.

4573 National Violent Death Reporting System, 2003

<http://webapp.icpsr.umich.edu/cocoon/ICPSR-STUDY/04573.xml>

4574 National Violent Death Reporting System, 2004

<http://webapp.icpsr.umich.edu/cocoon/ICPSR-STUDY/04574.xml>

We hope that the data will be useful in helping to provide better insight regarding the occurrence of violent deaths. Additional information concerning NVDRS is available within the public use data files or please visit <http://www.cdc.gov/ncipc/profiles/nvdrs/facts.htm>.

Thanks, **Leroy Frazier, Jr., Division of Violence Prevention, NCIPC**

~ Lee Annest

NCOA Seeks Creative and Best Practices to Prevent Falls

A safe home environment can help address a growing public health issue—fall-related injuries in older adults. As such, the National Council on Aging (NCOA) in collaboration with the Falls Free™ Coalition is seeking to identify and promote 10 *Creative and Best Practices in Home Safety Assessment and Modification*. NCOA is looking for programs or services that address fall risks, make a difference in the lives of older adults, and are either linked to other programs or part of a comprehensive fall prevention intervention. In addition to national publicity, selected programs will receive a cash award and certificate. The self-nomination process is simple. Use an easy-to-complete form available on the Web at <http://www.surveymonkey.com/s.asp?u=478512814179>. NCOA would love to hear about your program. If you have questions contact them at fallsfree@ncoa.org

~ Anara Guard

POSITION ANNOUNCEMENTS

NEDARC Job Announcement: Emergency Medical Services Program Specialist

The National EMSC Data Analysis Resource Center (NEDARC) has an opening for a full-time Emergency Medical Services Program Specialist within the Department of Pediatrics at the University of Utah School of Medicine.

Interested parties may contact Michael Ely at 801 585-9761, or apply for Job #26992 (Computer Professional - EMS Program Specialist) directly on-line at <http://www.hr.utah.edu/joblist/>. Also, please visit www.nedarc.org to learn much more about NEDARC as a resource center for the Emergency Medical Services for Children (EMSC) program.

Emergency Medical Services Program Specialist

Job Responsibilities

Provides technical assistance to Emergency Medical Services (EMS) for Children's programs in states across the country regarding emergency medical data collection, analysis, and utilization; grant writing; program evaluation and quality improvement in EMS; implementation of specific EMS for Children's program performance measures; and in other technical areas. Helps to develop resource materials to educate members of the target audience on EMS, data-related, and performance measure topics. Prepares presentations and speaks at workshops and other conferences on EMS-related and other technical topics. Participates in research projects where appropriate. Works as team member to help fulfill all department objectives. Must be willing to travel.

Qualifications

Bachelor's degree or equivalency required, preferably in health sciences related field. Excellent written and oral communication skills, human relations skills, and ability to work in a team environment. Ability to research and write resource materials, and understand the importance of good customer service by promptly responding to requests for assistance. Proficiency in Microsoft Office. Must be willing to work on a variety of projects as needed with appropriate reporting to supervisor.

Preferences

Strong preference will be given to candidates with clinical experience in emergency medical services or nursing. Preference will also be given to candidates with experience in computer information systems, data collection and analysis, grant writing, and program evaluation.

~ Michael Ely

STIPDA Executive Director

The State and Territorial Injury Prevention Directors Association (STIPDA) is seeking a full-time Executive Director to provide overall management and administration to lead the member organization in implementing its mission. STIPDA is a national non-profit organization (501(c)3) comprised of public health injury and violence prevention professionals representing the U.S. states and territories.

The successful candidate will have a minimum of a Masters degree in Public Administration or related field, and at least two, preferably more, years experience managing a non-profit health organization or in other public health administration Equivalent related experience may substitute for education. Preference will be given to experience in organizational management and program planning, fiscal management, contract preparation and management, budget control, personnel management, and management of federal grants and contracts; experience in forging and nurturing new partnerships and collaborations; demonstrated ability to collaborate, plan, communicate, implement and evaluate the organization's strategic plan and various programs; strong verbal and written communication skills; sound knowledge of grant writing and procurement and funding through federal, state and local governments, private agencies, and foundations; demonstrated ability to fundraise; demonstrated ability to provide professional supervision to STIPDA staff, facilitate team problem solving opportunities, and provide a positive and supportive work environment for staff.

How to Apply

The STIPDA office is located in Atlanta, GA. STIPDA offers competitive wages and excellent benefits in a non-profit setting. See www.stipda.org for a more detailed position description. Qualified candidates must send resume with cover letter including salary requirements and provide written responses to six questions *no later than January 19, 2007 to:* STIPDA, Attn: Search Committee, 2965 Flowers Road South, Suite 105, Atlanta, GA, 30341.

Please provide written responses to the following questions: 1) Describe your experience in establishing relationships with a range of organizations with somewhat competing interests or opinions and how you have nurtured those relationships. 2) Describe your leadership style and approach. 3) Describe your experience in federal grant writing (federal and/or foundation) and/or fundraising. 4) Describe your experience in budget development and management. 5) Describe your experience working with an executive board or board of directors, and volunteer committee structure; and 6) List three critical actions that the Executive Director for STIPDA must take in 2007 to advance the organization toward its vision.

More information can be found at www.stipda.org

~ John Lundell

INJURY RESEARCH FACULTY POSITION AVAILABLE CENTER FOR INJURY RESEARCH AND POLICY COLUMBUS CHILDREN'S RESEARCH INSTITUTE CHILDREN'S HOSPITAL, COLUMBUS, OHIO

The Center for Injury Research and Policy located at Children's Hospital in Columbus, Ohio is seeking applicants for a tenure track faculty position in injury research. The Center is expanding its research in the

areas of traumatic brain injury, impact biomechanics, motor vehicle occupant injury, and injury surveillance and epidemiology. Faculty members will have an appointment in the Department of Pediatrics, Ohio State University College of Medicine and Public Health. Joint appointments with other departments and colleges within the university are frequently arranged. Applicants should have a doctoral degree in the medical, public health, or related field, and a track record in research productivity. Applicants will be considered at the Assistant, Associate, or Full Professor levels. Applications from mid-career researchers are strongly encouraged. Salary and benefits are very competitive and are based on experience and academic rank. An attractive startup package will be tailored to the faculty member's needs. The startup package includes sufficient funding to purchase equipment and support research staff, postdoctoral fellows, and/or graduate students. Candidates should apply by sending a letter of application, CV, and list of three references to: Gary A. Smith, MD, DrPH, Director, Center for Injury Research and Policy, Children's Hospital, 700 Children's Drive, Columbus, Ohio 43205; telephone (614) 722-2400; FAX (614) 722-2448; e-mail: gsmith@chi.osu.edu.

Children's Hospital, Inc. and The Ohio State University are Affirmative Action/Equal Opportunity Employers. Women, minorities, veterans, and individuals with disabilities are encouraged to apply.

~ Gary Smith

Archivists Attic

A Selected Nascent Timeline: Historical Streams and Rivers in Suicide Prevention Leadership Systems (with annotations and personal perspectives).

Three high school age suicides, over a few years, in my small community, Delmar, NY, have led to greater local and state awareness and actions (see: Bethlehem NY, Spotlight Nov 2004 articles and opinions, including mine: Screening of students promoted; A mental health task force expands to community information meetings). Just today, Dec 14, both houses of our state legislature passed (A. 12080/S. 8482), under the leadership of a statewide coalition, Timothy's law, a bill to provide costs of treatment for mental health related conditions (as done already for physical health conditions), for suicide prevention and control. So, I dedicate my commentary to the prevention and control of this suicide epidemic, now also *associated* with certain prescription drugs, as well as the firearm vector. Unsuccessful and completed suicides and other forms of violence are repeated weekly throughout other communities nationwide. My nascent timeline, redacted from much of my prior published and non-published work, might now be helpful for national and state associates to assess, plan, develop, organize and evaluate new and older potentially evidenced-based or promising federal- state-local activities and programs, or for "educating" for Congressional allocations for collaborative systems learning leadership by federal agency research (CDC surveillance or the more expensive onsite, within 24 hours, epidemiological investigations of the interacting injury violence behaviors, environments and consumer product vectors or for new early injury warning systems; NIH on serotonin and other bio pathways; FDA on Rx drugs availability controls; HRSA on death investigation teams or applied use of incident data from poison control centers); or for *more broader* injury programmatic or research prevention and control funds to universities and states, in part from the new Suicide Prevention Law signed by President Bush, early November 2004, (see Archivist's Attic Commentary, (AAC), Nov 2004, Nov 2005, ICEHS Newsletter at www.icehs.org , and see also: <http://www.sprc.org>)

In the American Public Health Association's Injury Control and Emergency Health Services Section, (ICEHS), (www.icehs.org) September 2002 Newsletter, I, as Section archivist, published my selected Timeline on the overall history of injury prevention that was adapted in various national publications. I now offer a nascent, side "rivers and streams" timeline of our discipline (see AAC ICEHS Newsletter Oct 2002) of selected highlights in suicide injury prevention and control historical leadership which supplements several recently published national studies with histories (see e. g. Institute of Medicine of the National Academies of Sciences. Reducing Suicides. A National Imperative, 2002 limited space on that historical leadership)

What follows, adapted from my invited testimony before the Surgeon General's Hearing on National Goals and Objectives for Suicide Prevention and Control, Boston, Nov 2000: An historical review and assessment of earlier national programmatic successes and failures in suicide prevention and control, tabulated against those national objectives proposed in the year 2000. These and other past efforts can guide the present and future learning on similar challenges that faced earlier workers:

My Nascent Selected Timeline (includes national and New York State annotations)

Biblical impacts - Suicide was considered a violation of sacred Old Testament Law. In practice, burial was in different part of a cemetery. This injunction was modified (as the Talmud and later and in modern times by clergy) as the victim was now recognized as "sick". Also, his or her family should not suffer even greater after a loved one's death; the victim is dead and only the living, really grieve and suffer.

1821 - Grand Dictionary of Medical Sciences, notable psychiatrist Henri Esquirol, "A people for whom life has become a shame and death plight (Voltaire) ... frequency of suicide will multiply" (for details and references to these and several citations below see: Chapter 16: Suicide Prevention. In: Injury Prevention - Meeting the Challenge, The National Committee for Injury Prevention and Control. Pages 252 -260. Oxford Press. Supplement to Am J of Preventive Med. 5:3. 1989.)

1845 - Aramiah Vrighm, founder of the Annuals of the Insanity, No fact is better conferred in science that suicides are often committed from imitation (yet to be proven fully).

1897 - Emil Durkheim - reaffirmed the influence of moral attitudes on the occurrences of suicide but even greater so from social disintegrating forces and a consequence of them. In the post -Durkheimian era, of suicidology, many authors have contend to pay attention to the attitudes for suicide prevention but empirical substantiation of this relationship has been virtually absent- (Suicide and Its Prevention, the Role of Attitude and Imitation, Edited by Rene Diekstra, et al, Report of WHO, EJ. Britt Leiden, 1989).

Circa 1960's - Suicide and non-intentional CO2 deaths associated with gas ovens in British homes decrease substantially with the use of natural gas and a warning odorant. (Kreitman N. The Coal Gas Story: United Kingdom suicide rates, 1960-1971. Br J Prev Soc Med 1976;30:89-93.)

1960-1970 – Crisis Intervention (suicide hotlines) services centers. Little evidence on impact on reducing suicide rates but offer an introduction into the mental health system (see: Injury Prevention. Meeting the Challenge, page 257)

1960-1980's - Dr. William Haddon, Jr. (various publications, while at NY State Department of Health and over decades) - the cause of injury is not a consumer product, (see: Gordon JL. Epidemiology of accidents. Am J Public Health. 1949;39:504, who claimed accidents were caused by various products) but a mix of kinetic energy transfer 'that goes wrong' > Extrapolated: suicidal relationship relate to human (depression, genetics, etc.) and environmental (mobility, family separations, publicity, etc.; vector factors (availability and lethality of weapons, etc.). Injury control requires more than information, education or

conferencing, but mixed with changes in design/performance of energy release. Haddon revolutionized the “human factors school” with his tabulated of nine strategies for energy prevention, control and minimizing effects of the energy release. These approaches seem more difficult in violence prevention arenas (See: Fisher, Injury Prevention, Dissent; Traditional public health injury control approach does not apply to violence, April 1999; 5: 13-14 (www.injuryprevention.com) than in non-intentional child poison, burn, auto, etc. injury prevention.

1979 – National Institute of Mental Health, Center for the Study Of Suicides, sponsored a suicide national conference in Phoenix, AZ, which report, Suicides in the 1970’s (1973) contained more than 20 research and intervention goals. By 1986, few goals were met (Comtock, BS. 1979) and only unproven and ineffective crisis hot lines were established.

1980 – US Public Health Service key goal includes suicide prevention in Health People. Goals and Objectives, as today's thrust, were to be coordinated with federal agencies; and NJ and California did benefit from such work. (In: Injury Prevention Meeting the Challenge, The National Committee for Injury Prevention and Control. J Supplement to Am J Prev Med. 5, 3:1989).

1983 –The Centers for Disease Control and Prevention (CDC) (www.cdc.gov) established a violence prevention unit that brought public attention to disturbing increase in youth suicides rates.

1985 - I was most directly involved in suicide prevention: prepared two NYS federal grants on suicide prevention, which were federally approved without funding. I met with federal health officials to learn that suicide prevention was not a public health issue!

1985 - In my research review and thesis, "A possible biochemical basis for the prevention of adolescent intentional and non-intentional injuries" University at Albany, SUNY, my assessment and speculations on biochemical pathways toward violence risks, for speculative and controversial preventive research. (see: AAC, ICEHS Newsletter 2005).

1985-87 - I arranged for meetings with state adolescent health medical providers and others to review the suicide problem, presented papers at American Public Health Association Annual Meetings in Anaheim and New Orleans and the Governor's Youth Suicide Prevention Council. Objectives included a statewide plan, greater interagency cooperation, biochemical research, development of a State plan. Few were done, and probably few in any other states.

Feb 1986 - Albany, NY Times Union interviewed: "Suicide research investigates copycat characteristics” a key concern.

1986 - NYS established first regional poison control network law, funding, standards, and guidelines, and annual report to the legislature. Suicide prevention new risks demonstrated and controlled (acronitrate glue remover for finger nails) and drug suicide data potential to target programs. (In I950's PCC responded to suicide attempts not only poisoning calls. Today, there’s a useful TESS (National Poison Control Center incident data) surveillance and early warning data system) See also: National Academy of Sciences. Forging ...Poison Control Centers 2004 (see AAC, ICEHS Newsletters, March and Sept 2004).

1989 – Publication of the US Secretary of DHHS multi–year task public private force Secretary’s Task Force on Youth Suicides to review what was known about risk factors to youth suicide and promising interventions.

1991 - Rosenberg ML, Fenley MA. Violence in America. A Public Health Approach. Oxford University Press: New York. 1991.

1992 - Intentional poisoning deaths took place to depressed patients within 30 days of a visit to the doc. Tricyclic anti-depressants Rx in large quantities and the depressed person overdosed. Drug Abuse Warning Network (DAWN) and Poison Control Centers data (TESS) used. (Kapur S, Mieczkowski T, Mann J. Antidepressant Medications and the Relative Risk of Suicide Attempts and Suicide. JAMA. Dec 23/30, 1992; 268: 3441-3445 Cited in: Fisher L. Public Health Linkages: Presentation before the New York State Association of County Coroners and Medical Examiners. Holiday Inn, Seneca Falls, NY, March 21, 1993).

1995 – Fisher L. Drug Abuse, Violence, Injury. An Applied Developing Framework for Public Health Preventive Practice. A Review and Assessment. (See AAC. July 2006, ICEHS Newsletter).

1999 - Jamison Redfield K. Night Falls Fast - Understanding Suicides. Alfred A. Knopf, NY, 1999, ISBN 037540145 (See: Fisher L. Book Review In: Injury Prevention Dec 2000: 6:312. see: www.injuryprevention.com)

2001- National Strategies for Suicide Prevention. Goals and Objectives for Action. US Department of Health and Human Services (See: Fisher L. Book Review. In: Injury Prevention. June 2002; 8:171. See: www.injuryprevention.com)

2001 – School Health Guidelines to Prevent Unintentional Injuries and Violence MMWR. Dec 7, 2001.50. No. RR-22 (see: www.cdc.gov and see ICEHS Newsletter Nov-Dec 2006).

2002 – Institute of Medicine of the National Academies of Sciences. Reducing Suicides. A National Imperative. (see: www.nas.org).

2002 - Several federally funded, state, community suicide prevention demonstration projects started in Maine and Colorado (see: www.cdc.gov).

2004- Certain anti-depressants Rx for children associated with increased risk of suicide. Also, one study suggests those given those Rx's later in life have greater chance of suicide. This is a controversial issue but England banned use of certain antidepressants for children; the FDA only gave a "black box warning". (see AAC, ICEHS Newsletter. Nov 2005).

2004 - Gould MS, Greenberg T, Velting DM, Shaffer D. Youth suicide risk and preventive interventions: a review of the past 10 years. Journal of the American Academy of Child & Adolescent Psychiatry. 42(4):386-405, 2003 Apr.

2004 – Suicide Prevention Law signed by President Bush, Nov 2004. Funds forthcoming to states in 2005-2006.

2004 – Firearms continue to predominate in suicides. (Here's one excellent recent review and research paper: Dahlberg LL, Ikeda RM, Kresnow MJ. Guns in the home and risk of a violent death in the home: findings from a national study. [Am J Epidemiol](http://www.ajepidemiol.org) 2004;160(10): 929-36.) (see: AAC, ICEHS Newsletter Feb 2005).

2005 - Mann, JJ, Apter A, Bertolote, et al. Suicide Prevention Strategies. A Systematic Review. JAMA, 294(10), Oct 26, 2005:2064-2074

2005-2006 – New York State Department of Mental Health publishes monograms on suicide causation, prevention and control, that leads in part, to state programmatic funding.

Dec 2006 – FDA cites suicide risks to young adults of certain antidepressants prescription drugs; controversy continues on these serotonin uptake inhibitors. New York State, Timothy Law, bill passes both legislative houses, expects the Governor's signature. The bill (A. 12080/S. 8482) would permit mental health, including suicides prevention and control treatment expenses. A major statewide coalition led.

These are only a sampling of national and one state's history of injury prevention and suicides. The continued need to refine our historical prism glasses and see what really works, what didn't and what has potential offers a sea change and linchpin to help limit suicides. Moreover, building toward successes takes decades. Again, the value of this historical review for the present is to show the past's challenges and outcomes.

Leslie Fisher Copyrighted 2006

Opinions are mine alone.

Les Fisher M.P.H.

Safety/Management Consultant

(Archivist, American Public Health Association, Injury Control and Emergency Health Section,
www.icehs.org)

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