

**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 for agreeing to distribute this electronic newsletter.

SECTION NEWS

Rural/Farm Injury in Queensland

Dear All,

Here is the latest QISU Injury Bulletin - Rural/Farm Injuries in Queensland.
Previous issues are available from the QISU website www.qisu.org.au

Click here to download the newsletter:

http://www.qisu.org.au/modcore/CurrentBulletin/backend/upload_file/Issue092.pdf

Richard Hockey
QISU

~ Richard Hockey

New Book ~ Hillbilly to Harvard to Yale

I have published a new book, Hillbilly to Harvard to Yale, that is largely a memoir of my research in injury prevention, including the why and how of many research projects. It may be of interest to students considering such a career.

It can be ordered at: <http://www.lulu.com/content/337923>

Please suggest it to your library. If you would like a free PDF copy for review, please e-mail me personally, not to everyone on the listserv.

Also, hard copies of The Expert Witness Scam, which can be read free on my website www.nanlee.net, are available at: <http://www.lulu.com/content/296817>

~ Leon Robertson

More information about the author, Leon Robertson

In 1988, Leon Robertson was Section president according to our archives listing of past presidents prepared by Steve Macdonald in April 1998.

~Les Fisher

New Books from Other Section Members

Gielen, AC. Sleet, D. and DiClemente (editors) . Injury and Violence Prevention. Behavioral Science Theories, Methods, and Applications. Jossey-Bass.San Francisco CA. 2006

Christoffel T. and Gallagher SS. Injury Prevention and Public Health: Practical Knowledge, Skills and Strategies. Second Edition. Jones and Bartlett Publishers, Sudbury, MA, 2006

Liller KD (editor).Injury Prevention for Children and Adolescents. Research, Practice, and Advocacy.APHA. Washington, DC. 2006.

Doll LS, Bonzo SE, Sleet DA. Handbook of Injury and Violence Prevention. National Center for Injury Prevention and Control , Atlanta , Georgia. Springer , Secaucus, NJ (in print due Sept 2006)

My apologies on any other new Injury Control book oversights. Injury Control books can be searched on web book for purchasing sources or by contacting the ICEHS cited writers.

Author, Sue Gallagher, is also a past Section President.

~Les Fisher

"After Katrina, Gulf Coast Building Codes Getting Stricter"

From the CDC Public Health Law News
Associated Press (07/09/06) Garry Mitchell

<http://www.ledger-enquirer.com/mld/ledgerenquirer/news/local/14995922.ht>

The devastation of Hurricane Katrina has drawn attention to construction and building codes on the Gulf Coast. The push for stricter building codes started after Hurricane Andrew in 1992, but it was put on a fast track last year, receiving attention from government agencies, mortgage bankers, the insurance industry, and builders. The Commerce Department's National Institute of Standards and Technology (NIST) released a report last month on the performance of physical structures in Hurricanes Katrina and Rita, and federal officials have encouraged state and local agencies to adopt and enforce building codes and standards for hurricanes. "It is very important to have building departments both at the state and local level adequately qualified and staffed to adopt and enforce building codes," said Dr. Shyam Sunder, acting director of NIST's Building and Fire Research Laboratory. In Alabama, the Legislature created a commission to draft a new statewide building code to reduce storm damage. Though the state had some existing statewide building codes, they were administered by different agencies -- the state health department, the Alabama Building Commission, or the fire marshal's office. The new commission's goal is to have one set of codes used by all agencies, according to State Fire Marshal Ed Paulk.

Louisiana's new statewide building code, adopted after Katrina hit on August 29, 2005, takes effect next year, and Mississippi's new Building Codes Council held its first meeting this week.

[Editor's note: To read the NIST report, Performance of Physical Structures in Hurricane Katrina and Hurricane Rita: A Reconnaissance Report, visit <http://www.bfrl.nist.gov/investigations/investigations.htm>.]

Also, The American Association of Cheerleading Coaches and Administrators (AACCA) announced a new set of restrictions on tosses, lifts and pyramids as well as additional safety requirements -- see press release here <http://www.prnewswire.com/cgi-bin/stories.pl?ACCT=104&STORY=/www/story/06-14-2006/0004380321&EDATE=>

~ Anara Guard

ICEHS Procedures Manual

The ICEHS Procedures Manual is a must read for those of you really interested in our section, particularly how it functions. This Procedures Manual is intended to provide the officers, committee chairpersons, and members of the Section and Governing Councils with guidelines for the responsibilities delegated to them by the members of the Section. These procedures should help provide continuity through changes of officers in order to administer the business of the Section in conformity with the provisions of the Constitution and the By-Laws of the American Public Health Association.

Although some sections of the manual may be outdated in the details, the overall framework is accurate and important for *any* member to read. This manual is necessary for all of us because, as we all are well aware, organizations function more efficiently when its operations are clearly understood—and engaged in--by its membership.

To find the Procedures Manual and other relevant ICEHS Section information, go to www.icehs.org . As of this writing, the link for the “Members Only” section is password protected. To access it, go to the ICEHS Section Members Only link on the left side of the home page. The username is ICEHS and the password is safety1st.

Check out the full www.icehs.org website; it will be well-worth your time.

~ Lois Fingerhut

SOPHE/CDC Student Fellowship in Unintentional Injury Prevention

The Society for Public Health Education (SOPHE) is now accepting applications for a one-year fellowship (starting in November 2006) designed to assist and train four students in *either* unintentional injury or violence prevention. The fellowship is a joint initiative of SOPHE and the CDC’s Injury Center.

Recipients of the award will receive:

- \$1,500 stipend to be distributed throughout the year
- Fellowship certificate
- Student membership in national SOPHE for one year
- Complimentary registration at the SOPHE Annual Meeting in Washington, DC in November 2007 and space for a poster presentation on the proposed project
- Recognition in SOPHE's newsletter, *News & Views*, on the SOPHE Injury Web Site, and through the CDC Injury Listserv

The fellowships will be awarded to four full-time students in graduate degree programs in health education, health promotion, behavioral sciences or related fields. Fellows will work at their own institutions on research or practice-based projects that consider unintentional injury prevention or violence prevention from the perspectives of health education or behavioral science.

Projects in unintentional injury prevention should address unintentional home and recreation or motor vehicle-related injuries, such as those from residential fires, older adult falls, supervision of children, alcohol-involved driving, older drivers, and adolescent drivers. Projects in violence prevention should apply the public health framework to violence against women, including dating violence, sexual violence, intimate partner violence; child maltreatment, such as child abuse, neglect or sexual abuse; suicide; or youth violence prevention, including media influence and bullying.

Proposals may be related to surveillance, risk factor identification, intervention evaluation, or dissemination. Projects related to the development or use of theory in injury prevention also are acceptable.

For more information about selection criteria or to receive an application form, visit SOPHE's web site: www.sophe.org; or write to the Society for Public Health Education, Injury Prevention Fellowship, 750 First Street, NE, Suite 910, Washington, DC, 20002.

Applications must be postmarked by September 15, 2006.

~Michele Huitric

American Public Health Association
Injury Control and Emergency Health Services Section

Disaster / EHS Committee Update: 2005-2006

The Disaster & Emergency Health Services committee has a strong and active membership with twenty people from various backgrounds in public health and emergency services. Since the last update we provided to the general membership of the ICEHS section, we have continued to see our membership and activity grow.

We worked to bring relevant issues and speakers to the forefront at the 2005 APHA meeting, though our efforts (along with many lives) were ironically limited by Hurricane Katrina and its aftermath. Contributions were still made, including those regarding the Society for Advancement of Violence and

Injury Research (SAVIR, see www.naicrc.org), occupational health and safety for EMS, and hurricane / disaster preparedness.

We have been active in the issue of federal oversight for Emergency Medical Services (EMS), and our membership opposed a proposal by a George Washington-based group to move EMS oversight to the Department of Homeland Security. While that proposal has not gone very far, EMS has been elevated to the “Office” level at the National Highway Traffic Administration (see www.nhtsa.dot.gov/people/injury/ems/EMSUpdate). Likewise the Federal Inter-Agency Committee on EMS (FICEMS, search under <http://www.usfa.dhs.gov/subjects/ems/>) has moved to improve coordination of EMS leadership efforts, with support from members of our committee.

Several training initiatives have received our attention. The EMS Scope of Practice was a national reassessment of the levels of prehospital medicine. Initially the “Advanced Practice Paramedic” held promise of encouraging more ‘expanded scope’ activities such as public health; unfortunately in subsequent drafts the APP position was no longer proposed. Some of our members continue to be involved in advocacy for progressive levels of EMS. Members of our committee have been among those building a new EMS & Public Health curriculum through a joint venture of APHA and CDC. Subsequently, members also served on a federal task force to back up the EMT and Paramedic cross-training with greater integration between local / regional EMS physicians and local / regional Public Health officers. This APHA Disaster / Emergency Health Services committee works very closely with the National Association of EMS Physicians’ (NAEMSP) Public Health committee.

From time to time, our committee also works in the international arena regarding Disaster and EMS. Over the past year or so, we have assisted terrorism and disaster researchers in Canada, and are currently working to support the strategic development of standardized prehospital care in Mexico, as well as graduate certificate and degree programs in EMS and public health (see www.ammp.org.mx). Of course, the real and anticipated disasters facing today’s world have meant that our committee and its membership has been involved in preparedness and response to major events such as hurricanes, pandemic influenza, and terrorism as well as daily concerns such as trauma and road safety.

If anyone would like to learn more about our activities, or would like to join our membership, please contact us and we can send minutes, add you to our distribution list, etc.

I have been very happy to serve as Chair of this committee for the past couple years, and I hope that I have been of some help in that capacity. I do think it is best to rotate the leadership, so Dr. Nadine Levick will be assuming that role as we move forward. I look forward to remaining active with the committee, as well as serving the Section as a Councilor. Many thanks to all.

~ David Kingdon

American Public Health Association
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College & University EMS: Recruiting Grounds for Injury Control?

Did you know that most colleges and universities today have student-run, volunteer Emergency Medical Services (EMS) teams? These range from fairly simple operations at small colleges to full-blown paramedic ambulance services. Chances are there is a collegiate EMS team in your area. **The National**

Collegiate EMS Foundation (NCEMSF, see <http://www.ncemsf.org/>) is a professional organization to which most of these services belong. NCEMSF has an impressive website, and if you go to the “Campus EMS Resources” tab you will see that they maintain a searchable “Comprehensive Database of Organizations.”

I am a little embarrassed that even after founding such a service at Bates College, until recently it had not occurred to me what a great resource these groups would be for recruitment into relevant public health fields such as injury control. These students are already motivated and often highly trained in service-oriented emergency care and public safety. Many could be intrigued by the possibility of advanced training and careers in public health and injury control, but few probably know those tracks exist. Instead, most follow pathways more readily apparent on a college campus: medical school, allied health, business, or anything that seems like it might have “a future.” Few even remain in EMS fieldwork, probably because they do not see many obvious models for upward mobility and intellectual stimulation. Personally, I would love to see more retained by prehospital EMS, and others cross-trained or recruited into public health.

This is an under-tapped market for volunteer, internship, mentoring, and advising opportunities. I hope that APHA, the ICEHS section, and stakeholders in its membership will pursue creative ways to reach out to this constituency that could hold future leaders in public health and emergency services. I stand ready to help in any way I can.

~ David Kingdon

AAA Foundation for Traffic Safety Pre-proposals due August 18

The AAA Foundation for Traffic Safety sponsors research and education leading to real-world improvements in traffic safety. The deadline for 2 page pre-proposals is Friday, August 18 and the Foundation some specific interests. More information on these interests and the guidelines for submitting pre-proposals are available at: <http://www.aaafoundation.org/resources/index.cfm> near the bottom of the page.

Proposals to evaluate existing traffic safety initiatives are preferred over proposals to test abstract research hypotheses. As a matter of policy, the Foundation does not fund research to develop new devices nor to evaluate proprietary technologies, nor does it make grants for community "action initiatives" or other purely local traffic safety programs. Pre-proposals should be submitted via email to proposals@aaafoundation.org but please review the guidelines on the website first. If you have questions, contact Scott Osberg (sosberg@aaafoundation.org, 202-638-5944 ext 7) or Brian Tefft (btefft@aaafoundation.org, ext 8).

~ Bella Dinh-Zarr

ARCHIVIST'S ATTIC: "DO NOT TAKE DRUGS"

Samuel ben Meir (1085-1158) commentary on the Talmud tractate Pesahim, page 113a

Drug abuse, violence, homicides, and suicides: Many surveys on drugs and violence (e.g. Simon-Wastila L, and Strickler G. *Amer J Pub Health*. 2004;94:266-268) show relationships to risks of drug abuse and injury from drugs. Homicides are primarily drug trafficking and weapon related (Fisher L. Editorial: *Dissent - traditional public health injury control does not apply to violence. Injury Prevention 1999;5: 13-14.*). Thirty one percent of police chiefs believed reducing drug abuse would have its greatest impact on reducing violent crime (Center for Drug Abuse Research, University of Maryland, College Park, MD. April 10, 1995). In the November 2005 ICEHS Newsletter, I mentioned the FDA's Oct 2006 warnings on antidepressants associated with childhood suicides and also cited an historical review on bio amine serotonin controversial relationships to violence. While much of the other related literature cites alcohol and injury, the injury control professional can help with any newest national drugs and injury studies; including the latest Meth Amphetamines.

Some earlier archives: About ten years ago, I prepared a white paper, TEENAGE AND YOUNG ADULT DRUG ABUSE VIOLENCE & INJURY: AN APPLIED DEVELOPING FRAMEWORK FOR PUBLIC HEALTH PREVENTIVE PRACTICE FOR STATES, on the relationships of controlled substances, licit and illicit, prescription drugs (benzodiazopenes, opiates, barbiturates, etc.) to injury.

While alcohol is well established on injury relationships, prescription and illicit drugs are not. Below, for space savings is my archival abstract (the full unpublished paper in 1995 is limitedly available) followed by a few older findings, for skimming interest.

"Nationwide homicides for age 14-24 males are a leading cause of death and prominent disability. And yet, little research or forums prior to a decade ago took place on the relationships and causes of juvenile and young adult violence and injury to abuse of prescription and illegal drugs. My original review and "white paper" on public health practices promotes such attention and action. Sources, types and limits of data; etiologic relationships and recommendations follow for an integrated public and private preventive response from the current concepts, while a separate review of historical work by scientists and practitioners assesses earlier promising approaches."

General : (Remarks, David Sachter, Director CDCP, Atlanta, Georgia, "Protecting our Youth: Preventing Deadly Choices and Exposures National Press Club Washington, D.C., May 16, 1994, 5): "The use of alcohol and drugs is associated with the leading causes of death and injury (motor vehicle crashes, homicides, and suicides) among teenagers and young adults."

(Reiss A. and Roth J. *Understanding and Preventing Violence*, National Research Council, 1993): The connections between violence alcohol and other psychoactive drugs -primarily opiates, cocaine, amphetamines, PCP, and hallucinogens- have rarely received much weight in developing national policy. Even today violence remains a secondary condition in formulating drug policy despite anecdotal and research support for some connections between illegal drugs and violence and despite reports of recent dramatic increases in drug-related deaths.

(Arubler R, 1987; NIDA, Monograph #103: *Drugs and Violence*, 1990; *Injury Prevention Meeting the Challenge*, 1989; Bench T, 1990; Christoffel, KK, 1990; Sullivan L, 1991; Brownstein HH and Goldstein PJ, 1990; McGinnis, JM, 1993): Nationwide about 20,000 (20%) total deaths were caused in 1990 from illicit drug use.

Understanding Violence, op cite: The link of psychoactive drugs and violence is not straight forward causation, but rather a network (Kirby JM,1992; McKinnis): About 10-20% **highway crashes** associated with illicit drugs; Weiss RD, Mirin S, Bartle RL, Cocaine, American Psychiatric Press, 1994. Martzuk found 18% of motor vehicle fatalities in NYC had cocaine in their bodies at autopsy; both cocaine and alcohol were found in 10% of these cases, meaning 8% had used cocaine alone.

(Weiss RD, Cocaine: Some cocaine and (other drug users) become **suicidal** as a result of neurochemical depression caused by the drug and because of the hopelessness that they may experience after repeated unsuccessful attempts to stop their drug use.)

(Fisher L. The Governor of New York State's Final Report from the Youth Suicide Prevention Council: Some Frontiers for Public Health Considerations of Etiological Research and Prevention of Intentional Injuries, APHA Annual Meetings, New Orleans, LA., Oct 21, 1987): serotonin screening research.

Child Abuse: (Reider, EE, 1989; Leonard KE, 1990; Gabel S. 1993): Children in parental incarceration group were significantly more likely to experience parental substance abuse than those whose parents had not been incarcerated.

Domestic Violence: (Kantor, GK, 1989: Most important variable in wife abuse are husband's drug use; A Gorney B, 1989; Roberts 1988; Blane HT,1988) Wife or girl friend may seek excessive prescription drugs.

Other injuries: Falls, hanging, burns, asphyxiation, etc. (Gold,1991)

Arson: (Virkkunen, M, 1989: Lower mean bioamines in violent offenders and impulsive fire setters who had history of suicide attempt (Linnoila,M, 1992)

Violent Deaths in General: Cocaine Use, Risk Taking and Fatal Roulette, (JAMA, May 20, 1992,2635- 2637): With the exception of alcohol, no other drug of abuse is so closely linked to violent premature death.

(Tardiff K, Gross E, et al. Analysis of Cocaine-Positive Fatalities, J Forensic Sc, Jar. 989,,53-63: In addition to cocaine, heroin and other opiates in 39% of persons and ethanol in 33% and barbiturates and minor tranquilizers in only 2% of the deceased.

(Weiss RD, Cocaine:) "High rate of death by **homicide** among young African Americans and Latinos may be due to increased involvement with both cocaine use and firearms": Tardiff K, Marzuk PM, Andrews L, Hirsh CS, Homicides in New York City, JAMA, July 6,1994, 43-46. Cocaine users also take cocaine with valium and other controlled prescription drugs.

Depressants/Sedatives/Hypnotics:Barbituates,Benzodiazepines (**hostility/ attacks/violence** direct or from withdrawal; mix of non-intentional injury) (Vuror and Klaukka, Benzodiaepines and Violent Death, Lancet, March 14, 1992, 676): an unambiguous assessment of benzodiazepine violence controlling efficacy as well as their so-called paradoxical aggression -enhancing (with certain epileptics and panic disorder patients) effects is urgently needed. Pharmacological probes of the GABA A Benzodiazepine receptor complex should be investigated for its utility as a diagnostic tool in those with a propensity for violent outbreaks; (Understanding and Preventing Violence, 1994, page 278).

Narcotics/Analgesics/Opioids: Codeine, Oxycodone, Propoxyphene- violence/hostility/robberies (Hammersley R, 1989), heightened aggression in animals from withdrawal (Reiss AJ, 1993); Marijuana and opiates **temporarily inhibit violent behavior**, but withdrawal from opiate addiction tends to exaggerate both aggressive and defensive responses to provocations (Roth, 1994).

Anabolic Steroids - attacks (DuRant RH, Multiple Drug Use Among Adolescents Who Use Anabolic Steroids, NEJM, April 1, 1993; Yesalis CE, Anabolic-Androgenic Steroids Use In US, JAMA, Sept 8, 1993) Committing of violent crime including murder: (Pope HG, Katz DL, J Clin Psych, Jan 1990, 28-31; Bioscience 43:202): Studies of testosterone and violence have just begun and face difficult methodological problems. In general, most investigators conclude that there can be an influence of androgen on violence, but it is only one component accounting for a small variance against environmental and hormone influences: Understanding and Preventing Violence, 1994, 7)

Among the successful **injury control projects involving drugs** has been: Harlem Injury Prevention Project - pushed drug dealers out of playground areas by continually reporting to NYC Tactical Narcotics Control Group; taking press pictures, etc.

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~ Les Fisher