

**American Public Health Association
Injury Control and Emergency Health Services Section
APHA ICEHS Electronic News
May 2004 Vol 11 Issue 5**

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One isn't necessarily born with courage, but one is born with potential.
Without courage, we cannot practice any other virtue with consistency.
We can't be kind, true, merciful, generous, or honest. - *Maya Angelou*

EDITOR'S NOTE:

The next 2004 ICEHS E-News distribution date June 25th. There will be a hiatus in July.
Please send your submissions no later than June 15th in Word (attachment) to:
(MGunnels@nhtsa.dot.gov).

SECTION NEWS

NOTES FROM THE CHAIR

By now, you should have received an email notification from APHA dated May 15 indicating that it is time to vote for section officers. If you have received this notice, please cast your vote before the deadline of June 15. And you know you will stop thinking about it as soon as you stop reading this, so do it now! If you did not receive this email, please get in touch with Member Services at APHA.

On September 13, 2004, the federal Assault Weapons Ban is due to expire. If this law is allowed to sunset without renewal, military-style assault weapons will once again be legal. President Bush has said he would sign it if it appears on his desk but at this time, it does not appear likely that Congress will put forward such a bill. APHA is already on record as supporting the strengthening and renewal of the AWB. There are a number of steps that you can take in support of the APHA policy: contact your Senator and/or Congressperson and ask them to make sure this important legislation does not die. Contact the White House and ask President Bush to keep his promise to sign the bill. Contact your local legislators to introduce laws in your own state that would replace the AWB if it does lapse at the federal level. For more information, visit www.underassault.org or our policy at <http://www.apha.org/legislative/policy/2003/2003-020.pdf>

Brochures describing ICEHS and the benefits of belonging to this section are now available from Julie Ross, Membership Committee chair. If you are attending meetings and conferences, please bring some with you. Contact Julie at Julie.Ross@childrens.harvard.edu for copies or the pdf.

Finally, several ICEHS members have expressed interest in forming a committee on issues related to injuries and older adults. Our discussions have included co-sponsoring program sessions with the Gerontological Health section, submitting latebreaker abstracts on related topics, and keeping track of what various federal agencies are doing in regards to falls, poisonings, suicides, motor vehicle injuries and so forth. If you are interested in participating in this nascent committee, please contact me or Patti Yanochko pyanochko@projects.sdsu.edu

- Anara Guard

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NEWS FROM APHA ON LEARNING AND LCDs

NEW! E-ssentialLearning



Expanded Access to Annual Meeting Sessions

APHA is expanding the educational experience of both presenters and attendees at the APHA Annual Meeting by investing in LCD projectors, computers and new web based technology for all scientific sessions. This new technology will enable voice and PowerPoint presentations to be recorded and uploaded to the APHA web-site following the meeting, thus extending the life of the meeting and

providing access to hundreds of actual scientific session presentations that Annual Meeting registrants may have missed while attending other sessions.

Annual Meeting attendees can receive full access to these expanded sessions by registering for E-ssentialLearning on the Annual Meeting registration form. Special introductory discounted fees of \$25 for Annual Meeting session presenters, \$50 for APHA members (who are not session presenters), and \$100 for non-members and are in effect for anyone registering for the full APHA Annual Meeting by the October 1st pre-registration deadline. These fees will increase substantially for anyone registering on-site at the Annual Meeting in Washington.

Log-in information and password access to these E-ssentialLearning sessions will be provided to registrants immediately following the Annual Meeting.

NEW! Presenters Able to Upload PowerPoint Presentations in Advance

LCD projectors and computers are now included as part of the standard audiovisual package in each session room. This new technology will enable presenters to upload their PowerPoint presentations in advance of the meeting and have them pre-loaded on the APHA session computers. Individual presentations then begin with a click of the mouse. The cost and inconvenience of bringing a computer to the annual meeting has been eliminated for presenters allowing them to take advantage of new technologies and be a part of the E-ssentialLearning experience.

- Donna Wright

2004 CALENDAR: DON'T MISS THESE DATES!

Please note the upcoming dates and deadlines for APHA and ICEHS. Watch future issues of the newsletter and your email for details.

- MAY 30 ABSTRACT NOTIFICATIONS.**
- JUNE 15 ELECTION DEADLINE—DON'T FORGET TO VOTE!**
- AUGUST ELECTION RESULTS!
 LATEBREAKER ABSTRACTS AND POSTERS DEADLINE.**
- NOVEMBER 6-10, 2004 - ANNUAL MEETING, WASHINGTON DC**

- Anara Guard

NEWS AND MEETINGS

MEDICAL RESERVE CORPS VOLUNTEERS STRENGTHEN LOCAL PUBLIC HEALTH & RESPONSE EFFORTS

When community efforts to safeguard public health are constrained by limited resources, recruiting and utilizing volunteers may seem a logical solution to the problem. We can usually count on a surge of volunteers whenever a public health crisis or other disaster strikes close to home. But for public health and medical professionals wanting to lend their skills during times of community need, volunteering has been anything but easy.

The Medical Reserve Corps was created in response to the President's call for all Americans to volunteer at least 4,000 hours of their time to community needs in his 2002 State of the Union Address, specifically to provide a more organized approach to utilizing public health and medical volunteers. Their skills and knowledge can be highly technical, which requires coordination with complex public health and medical emergency response systems. Yet with adequate training and preparation, this valuable community resource can be used when it is most needed.

The mission of the Medical Reserve Corps (MRC) is to strengthen communities by giving volunteers a means to offer their skills during times of need. The President placed the MRC under the leadership of Department of Health and Human Services Secretary Tommy G. Thompson, who housed the initiative in the office of US Surgeon General Richard H. Carmona.

Secretary Thompson and Surgeon General Carmona are committed to helping community MRCs develop a reserve of volunteers who are ready to support public health and medical preparedness at the local level. MRC volunteers are trained specifically to follow local procedures while utilizing their own skills and knowledge.

In addition, MRC units expand local partnership networks because of the MRC's commitment to community-wide coordination. For example, MRCs work with other organizations, such as hospitals, emergency responders, law enforcement offices, and fire departments. These new working relationships can facilitate other forms of collaboration that may be useful across a broad range of public health initiatives.

Another benefit for MRC sponsors has been the opportunity to improve their crisis communications skills as well as their understanding of the emergency procedures used by their response partners.

Since July 2002, when the Medical Reserve Corps was launched as a national, community-based program, the Surgeon General's office has helped more than 175 MRC units form in 46 states.

President Bush has personally honored the work these public health-focused MRC volunteers have done in serving their communities, particularly Dr. Mark Asperilla of the Lee County, Florida MRC. Dr. Asperilla was instrumental in establishing a local biowarfare response team comprised of doctors, nurses, paramedics, and emergency managers, which later merged with the Medical Reserve Corps.

The Oak Park Department of Health MRC, located in Illinois, has set a goal for themselves to develop the medical response capacity in the Village of Oak Park. Their hope is to be able to respond rapidly in order to supplement the current emergency response capacity. They are doing this by developing a plan to recruit, train and credential volunteers, as well as developing a plan for evacuation.

In addition to preparing for emergencies, MRC units are helping communities deal with public health issues as guided by Secretary Thompson's and Dr. Carmona's charge for "Healthy People 2010." The Sedgwick County Health Department MRC, headquartered in Wichita, Kansas partnered with other medical professionals in the area to host a day dedicated to the "Diabetes Detection Initiative". The program serves to find the undiagnosed through community collaboration.

Volunteering and community service are at the heart of the Medical Reserve Corps, which is a specialized component of Citizen Corps, a national network of volunteers dedicated to making sure their families, homes, and communities are safe from terrorism, crime, and disasters of all kinds.

MRC volunteers are part of this network that encourages and values broad-based community coordination and ongoing skills development. MRC volunteers include professionals such as physicians, nurses, pharmacists,

emergency medical technicians, dentists, veterinarians, epidemiologists, and infectious disease specialists. In addition, key support positions are filled by volunteer interpreters, chaplains, amateur radio operators, logistics experts, legal advisors, and others.

Every community uses its MRC volunteers somewhat differently. Some work with existing local emergency response programs. Others supplement existing local public health initiatives such as outreach and prevention, immunization programs, blood drives, and case management and care planning. The MRC emphasizes the importance of addressing local needs within the context of locally available resources.

The National Program Office of the Medical Reserve Corps is headquartered in the Office of the U. S. Surgeon General, functioning as a clearinghouse for community information and best practices. Our role is to help communities achieve their local visions for health and emergency preparedness and response.

If you would like more information on the Medical Reserve Corps, or want to find a unit near you, please visit us online at: www.medicalreservecorps.gov.

- *April Kidd*

CPSC HEARING ON SWIMMING POOL SAFETY

The U.S. Consumer Product Safety Commission will conduct a public field hearing in Tampa, Florida, on Monday, June 21, 2004 to obtain information and views from the public concerning swimming pool safety. The hearing will focus on drownings of children under 5 years old in residential swimming pools and spas, as well as entrapments and entanglements in suction outlets in swimming pools and spas. The hearing will be held at the University of South Florida College of Public Health, 13201 Bruce B. Downs Blvd, Tampa, FL. Dr. Karen Liller, a ICEHS section councilor, is a professor at the college and has been involved in the arrangements for the hearing.

The hearing will address the following general questions:

What has worked to prevent swimming pool drownings of young children-and why?

What has not worked to prevent these drownings-and why?

What can CPSC do to reduce drownings of young children in residential swimming pools?

What strategies are most effective in addressing suction entrapment and entanglement incidents?

What can CPSC do to prevent these incidents?

The Commission requests members of the public to participate in this hearing. The Commission is particularly interested in participation from city/county/state code officials, injury prevention specialists, industry representatives, fire department/EMS officials, medical personnel, legislative officials, and parents/caregivers of children who were victims of drowning or near-drowning.

The following website provides more information:

<http://www.cpsc.gov/BUSINFO/frnotices/fr04/poolmtg.pdf>

- *Karen Liller*

JOHNS HOPKINS SUMMER INSTITUTE COMING IN JULY 2004

Johns Hopkins Bloomberg School of Public Health Summer Institute

The Center for Injury Research & Policy 13th Annual Summer Institute:

Principles and Practice of Injury Prevention **July 11-16, 2004**

Baltimore, Maryland

This one week intensive training program is offered each summer to a class of 60 students interested in studying injury prevention and control. This year, the Institute is being held in July at the Johns Hopkins Bloomberg School of Public Health. The Institute uses a problem-solving paradigm to organize lectures, discussions and small group activities. At the beginning of the week, students are given an injury problem of particular relevance or interest to them. Lectures subsequently address behavioral, biomechanical, environmental, epidemiological, legislative, policy and community partnership approaches to injury prevention and control. Throughout the week students utilize the skills, tools and knowledge gained from the presentations and interaction with the faculty to develop strategies for addressing real world injury problems. Students who choose to attend the Institute for academic credit will be evaluated on their participation in group exercises and a final paper. For those who do not choose to apply for academic credit, a certificate of attendance is distributed at the end of the week. CHES credits are also available.

Please see the Center's Website for additional information about the Summer Institute:

http://www.jhsph.edu/InjuryCenter/summer_institute/index.html

For a schedule and application please contact:

Sharon Cullinane, Co-Director

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Tel: (410) 955-2636 Fax: (410) 614-2797

Center for Injury Research and Policy

624 N. Broadway, HH 548

Baltimore, MD 21205

- Amy Woodward

WORLD INJURY 2004 CONFERENCE IS FAST APPROACHING!

Time is drawing near for the 7th World Conference on Injury Prevention and Safety Promotion will be held June 6 -9 2004 in Vienna, Austria, Europe. Information about the conference can be found on the website [< http://www.safety2004.info/ >](http://www.safety2004.info/).

Take a moment to browse the website and note all the satellite meetings taking place!

Sincerely yours,

Conference Team Vienna

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THE PUBLIC'S HEALTH AND THE LAW IN THE 21ST CENTURY

ANNOUNCING A UNIQUE CONFERENCE

The Public's Health and the Law in the 21st Century
The Sheraton Colony Square Hotel
Atlanta, GA
June 14-16, 2004

The U.S. Centers for Disease Control and Prevention and the American Society for Law, Medicine & Ethics are cosponsoring this third annual public health law conference — focusing on law as a tool for better community health. This conference is for everyone who shapes and applies law as a public health tool: public health practitioners, physicians and nurses, elected officials, attorneys and judges, emergency response and law enforcement officials, educators, researchers, students, and many others. The unique program features plenary sessions, 25 concurrent sessions, three short courses, and three workshops devoted to legal issues and innovative legal tools relevant to public health emergencies and to a wide spectrum of current and emerging public health challenges. Confirmed keynote speakers include William H. Foege, MD, MPH, Fellow, Bill and Melinda Gates Foundation, William S. Duffey, Jr., U.S. Attorney, Northern District of Georgia, and Georges C. Benjamin, MD, Executive Director, American Public Health Association. CME, CLE and other continuing education credits will be available. To register and to access additional information, please visit http://www.aslme.org/conferences/cdc_04/index.php

Co-sponsored by the *Centers for Disease Control and Prevention's* Public Health Law Program and the *American Society for Law, Medicine & Ethics*, this third annual conference is for:

- Public health practitioners
- Physicians and nurses
- Attorneys and judges
- Elected officials
- Emergency response and law enforcement professionals, and
- Educators, researchers, and students in public health law.

No other conference of this stature focuses on law – a traditional element in public health practice and policy -- as a tool for better health through prevention.

The unique program features plenary sessions, 25 concurrent sessions, three short courses, and three workshops devoted to legal issues and innovative legal tools relevant to public health emergencies and to a wide spectrum of current and emerging public health challenges.

Conference participants will be eligible for CME, CLE and other continuing education credits. Registration is online at <http://www.aslme.org/conferences> where a detailed agenda and information on twenty “conference collaborating organizations” and other conference details also are available.

HARBORVIEW INJURY RESEARCH COURSE, SEPTEMBER 2004

Injury Research Methods Course Offered

The Harborview Injury Prevention and Research Center is offering an intensive one-week course designed to provide participants with the necessary skills and knowledge needed to conduct injury prevention research including study design, developing research questions, using injury literature, evaluating injury research studies, and working with human subjects. The course will be offered **September 20-24, 2004**, on the University of Washington campus. Course instructors include Peter Cummings, Frederick Rivara, David Grossman, Thomas Koepsell, Christine Beahler, and Helen McGough.

This course is appropriate for emergency physicians, trauma surgeons, healthcare providers, traffic safety and public health personnel, and epidemiologists with an interest in injury prevention. The course syllabus can be found at <http://depts.washington.edu/hiprc/epi590/index.htm>.

For more information, please contact Jim Stretch at 206.685.6403 or via email at jstretch@ese.washington.edu or Marni Levy at 206.521.1249 barni@u.washingto.edu.

- LuAnn D'Ambrosio

WHAT'S NEW AT NATIONAL-ACADEMIES.ORG

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NEW ACTING NCIPC DIRECTOR AT THE CDC

CDC is pleased to announce that Dr. Gerberding has named Dr. Ileana Arias to serve as Acting Director of the National Center for Injury Prevention and Control (NCIPC). She is currently Chief of the Etiology and Surveillance Branch in the Division of Violence Prevention in CDC's Injury Center. As a branch chief, Dr. Arias had lead responsibility for planning, directing, evaluating, and coordinating activities focused on surveillance, and epidemiologic and behavioral and social science research studies to understand the etiology of violence.

Dr. Arias joined the CDC in 2000. Her previous position was as the Director of Clinical Training and Professor of Clinical Psychology, at the University of Georgia, in Athens, Georgia (UGA). She began her career as a research associate, at the State University of New York, at Stony Brook, and then joined UGA as an Assistant Professor and held successively more responsible teaching and supervisory positions.

Ileana Arias is a well-respected clinical psychologist with research expertise in intimate partner and family violence. Dr. Arias' areas of special interest and experience are intimate partner violence and

family violence prevention research and practice. She has authored numerous peer-reviewed articles in professional journals and has given presentations across the U.S. and in several foreign countries.

She is on the editorial boards of the *Journal of Aggression, Maltreatment, and Trauma*; the *Review of Aggression and Violent Behavior*; and *Violence and Victims*, and she is a reviewer for eleven professional journals.

Dr. Arias holds an A.B., from Barnard College, an M.A. and Ph.D., both in psychology, from the State University of New York, at Stony Brook.

- *Sandra Bonzo*

COMMENTARY FROM ICEHS ARCHIVIST

THE HADDON MATRIX APPLIED: EXAMPLES OF HADDON'S MATRIX FOR INJURY CONTROL APPLIED TO LEADERSHIP LEVERAGING

Any student of injury control can recite and hopefully apply Haddon's sentinel matrix of injury control strategies that prevents, limits and minimizes the effects of kinetic (chemical, mechanical, electrical, thermal) 'energy gone wrong', the causative agent of injury or any other condition.

Here's a condensed application for leadership energy leveraging in:

Fisher L. **Shaping the Millennium. From the History of Child - Home Injury in the United States, in public health journals (1900-1975), to Applications of Leadership Systems, 2003 .**

Table 1 page 12. www.icehs.org Members Only

1. Prevent formation of energy.

Stop manufacturing, sales or use of highly injurious products (certain guns, drugs of abuse, sharp or leaded toys); non-pasteurized milk; leaded paint; lead gasoline; leaded or other toxins in food and drinking water

For leadership leveraging:

Seek archives and historical institutional memories; when feasible, "smoke-out" the full system's real values and problems, plans and potential programming/risks; develop shared visions and cooperative efforts to devise and weigh more than ONE leveraging decision or policy option by using all essential and desirable criteria for solutions by essential crafts and competencies (refer to cited paper). Then only initiate programs and mandates which have resources, (technical, managerial, interpersonal and political "leadership "energy supply") or for which evidence of low cost/ high benefit is documented. Some criteria: weigh not only morbidity reduction but job losses, taxes, cost containment; reassess what can go wrong with any decision; trouble shoot. Live balanced life.

2. Reduce amount, modify the release of energy.

Household cleaners, medicines in lower nontoxic concentrations; lower scalding hot water heater temperatures; low lead solder for plumbing; enteric coated medicines; flame retardant children's nightwear and tentage; additives to roasting /cooking bags; properly installed and used car safety seats, seat belts and airbags; short cord electrical appliances; always clean children's hands
Phase in effective piloted programs but only related to funding expectations.

3. Separate the energy from the host or environment.

Sewage from water & food supplies; install street electrical conduits above or below ground; drink hot beverages away from children; require two exits in mobile homes or trailers; store household poisons out of reach of young children, safety packaging. Require triplicate prescriptions scripts and a 30 day supply of certain controlled prescription drugs; use child safety gates on stairs/steps; require child resistant packaging on household hazardous substances; Prescribe less toxic or abusive products for same purpose; make crib slats too narrow to strangle child; stabilize unbalanced-tipping refuse bins.

Streamline, separate like leadership skills and crafts quadrant modes and leverage styles:

Humanistic, Innovative, Director/Coordinate, Internal Controls Groups, Become more efficient and effective by enthusiastically by knowing the "True North", dedication, and leveraging your

leadership competencies - regardless of location or your job position; use veteran prior historical memory, expertise for assessing, developing policy options and problem solving. As feasible, involve the needs (reduced production loss days; boosted profits, visibility) of the injury control supportive business and industrial community as prevention and health care management creative partners. Hold landmark conferences acknowledging that public and private safety practices go hand in hand. Show effective marketing of public health and safety and watch.

4. Minimize, repair or rehabilitate the damage.

Proper EMS ED and rehab services; out placement training; career and stress management; job information interviews; better press, communications and legislative relationships; lateral transfers of skills and competencies; taking vacations, new assignments, and professional courses in leadership, avocations or volunteer work.

These countermeasures are a mix of interventions; and so must our leveraging of complimentary but competing values, power and influence leadership. And as above, it is not always clear where best to categorize any one approach; but instead it is better to lead and act with the best available data for saving 'lives and limbs'.

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- *Les Fisher*

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