

American Public Health Association

Injury Control and Emergency Health Services Section

APHA ICEHS Electronic News

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SECTION NEWS:

Notes from the Chair

There are many exciting changes for the APHA annual meeting in Philadelphia. For the first time, our section is sponsoring a **New Member Breakfast** on Monday morning at 6:30 a.m., immediately preceding the first ICEHS Business Meeting at 7:00. While I realize that this is earlier than some of you are used to getting up (especially jet-lagged section members from the West Coast), I strongly encourage EVERYBODY to come to the breakfast and welcome our new members. The Section has a proud tradition of providing encouragement and mentorship for those who are just entering the field. Please join me in showing our new members what a friendly and supportive section they have chosen.

Other opportunities to socialize with your professional colleagues will occur Monday evening at 6:30 for the Social Hour, followed by the **Awards Banquet** at 7:30 (see article for details). The section's second business meeting will be Tuesday at 6:30 pm. This is your opportunity to become more actively involved in the Section's activities by joining one of the many committees. Another way to become more active in the Section is to run for one of the elected offices, Chair-elect, Secretary-elect, or one of the two Section Councilor positions that are open each year. If you would like more information on the responsibilities associated with these positions, please contact the current office holders (see the section web site <http://www.icehs.org/leader.htm> for contact information) and let me know if you are interested in serving the Section as an elected officer. Please contact me by e-mail at cqotschall@nhtsa.dot.gov if you are interested in running for office.

In the coming months, you will be receiving an electronic membership survey designed to help the section leadership learn more about how the section can better meet your professional needs. Please be on the lookout for this document and be sure to take a few moments to complete the survey. Thanks.

It has been a pleasure serving as Chair for the Section this year. Please join me in welcoming Janet Holden the incoming chair. Janet will bring to the section her organizational skills, her commitment to improving the way APHA relates to the sections, and tremendous enthusiasm for the section and its mission. Welcome Janet! Be Safe, Cathy Gotschall

ICEHS Annual Awards Dinner

APHA members and any other interested injury prevention practitioners are encouraged and welcome to attend the ICEHS Annual Awards Dinner to be held at 7:30pm on Monday, November 11th in Philadelphia. This year's dinner will be held at the historic Pennsylvania Academy of the Fine Arts Museum, only a few blocks from the Pennsylvania Convention Center (see <http://www.pafa.org/info/facilities/location.shtml>), and is co-sponsored by the Firearm Injury Center at the University of Pennsylvania and Traumalink at the Children's Hospital of Philadelphia. Attendance fees are \$47 in general and \$30 for students and include dinner.

Please RSVP to reserve your place by emailing cbranas@cceb.med.upenn.edu before November 7th, 2002. Attendance fees can be forwarded to 829 Blockley Hall, University of Pennsylvania, Philadelphia, PA 19104-6021 or paid the night of the event (cash or checks made out to Charles Branas or Jimmy Duffy & Sons, Inc.). Also, please specify any vegetarian food requirements. We look forward to seeing you at this year's dinner.
 – Charlie Branas

ICEHS Meeting Calendar – Submitted by Steve Marshall, Anna Waller and the 2002 ICEHS Program committee

Sunday, 11/10/02	
10:00am-11:30am	<i>ICEHS Leadership Meeting, Location TBA</i>
Monday, 11/11/02	
6:30am - 8:00am	<i>New Members Breakfast and Business Meeting, Location TBA</i>
8:30am - 10:00 am	<i>Scientific Session: Emergency Transportation and Care, Session # 8815</i> Moderator: MaryAnn Gregor Location: PCC / Room 203 B
	<i>Scientific Session: Latebreaker Presentations in Injury Control, Session # 8979</i> Moderator: Nelson Adekoya Location: PCC / Room 204 A
10:30am - 12:00pm	<i>Scientific Session: Invited Session on Terrorism and Injury Control, Session # 8978</i> Moderator: Lee Annest Location: Marriott / Rooms 407 - 408 - 409
	<i>Scientific Session: Occupational Injury, Session # 8183</i> Moderator: Corrine Peek-Asa Location: Marriott / Rooms 309 - 310
	Monday, 11/11/02 Calendar continued

	Monday, 11/11/02 Calendar continued
12:30pm - 2:00pm	<i>Poster Session: Disaster Preparedness and Emergency Response Posters, Session # 8201</i> Location: PCC / Exhibit Hall A & B
	<i>Poster Session: Injury Control Posters: Selected Topics, Session # 8816</i> Location: PCC / Exhibit Hall A & B
	<i>Poster Session: Violence Against Women Posters, Session # 8195</i> Location: PCC / Exhibit Hall A & B
	<i>Poster Session: Youth Violence and Firearms: Combined Poster, Session # 8981</i> Location: PCC / Exhibit Hall A & B
2:30pm - 4:00pm	<i>Scientific Session: Adolescents and Firearms, Session # 8802</i> Moderator: Murray Katcher Location: PCC / Room 112 B
	<i>Scientific Session: Older Adults and Injury, Session # 8175</i> Moderator: Susan Gerberich Location: PCC / Room 110 B
6:30pm - 7:30pm	<i>ICEHS Social Hour, Location TBA</i>
8:00pm	<i>ICEHS Awards Dinner, Location TBA</i>
8:30am - 10:00am	<i>Scientific Session: National Violent Death Reporting System: A Progress Report, Session # 8801</i> Moderator: Lois Fingerhut Location: Loews / Regency Ballroom C1
8:30am - 10:00am	<i>Scientific Session: Protecting Children in Motor Vehicles, Session # 8804</i> Moderator: Cathy Gotschall Location: Loews / Regency Ballroom C2
12:30pm-2:00pm	<i>Poster Session: Children, Youth, and Injury Prevention Posters, Session # 8820</i> Location: PCC / Exhibit Hall A & B
	<i>Poster Session: Latebreaker Posters in Injury Control, Session # 8980</i> Location: PCC / Exhibit Hall A & B
	<i>Poster Session: Injury Surveillance Posters, Session # 8192</i> Location: PCC / Exhibit Hall A & B
	<i>Poster Session: Motor Vehicle and Transportation Injury Posters, Session # 8181</i> Location: PCC / Exhibit Hall A & B
4:30pm-6:00pm	<i>Scientific Session: Firearm Injury, Session # 8811</i> Moderator: Daniel Webster Location: PCC / Room 104 B
	<i>Scientific Session: Motor Vehicle Injury, Session # 8819</i> Moderator: Linda Degutis Location: PCC / Room 112 A
6:30pm	<i>ICEHS Business Meetings</i>

Wednesday, November 13, 2002 Calendar continued	
8:30am-10:00am	<i>Scientific Session: American Indians/Alaskan Natives: Community-based Injury Prevention, Session # 8194</i> Moderator: Lenora Olsen Location: PCC / Room 203 B
	<i>Scientific Session: How do you code "cutting edge"? Forum for discussion of current injury data issues, Session # 8723</i> Moderator: Elizabeth McLoughlin Location: PCC / Room 201 B
12:30pm-2:00pm	<i>Scientific Session: Innovation in Injury Surveillance, Session # 8806</i> Moderator: Mike Bowling Location: PCC / Room 108 B
	<i>Scientific Session: Violence Against Women: Current Research, Session # 8814</i> Moderator: Helen Strauss Location: PCC / Room 109 B
2:30pm-4:00pm	<i>Scientific Session: Protecting Children and Youth from Injury, Session # 8186</i> Moderator: Hank Weiss Location: PCC / Room 108 B
	<i>Scientific Session: Violence Against Women: Issues in Intervention, Session # 8812</i> Moderator: Sandra Martin Location: PCC / Room 109 B

The 2002 Annual meeting calendar for ICEHS activities and scientific presentations is also posted on the website.

http://apha.confex.com/apha/130am/techprogram/program_244.htm

Spirit of 1848 Petition Update

The Spirit of 1848 Coordinating Committee received an email from Dr. Fay Wong, President of APHA, stating that Ridge declined the invitation to speak at APHA. Of note, however, whether Ridge speaks or not at APHA, Bush administration plans are still underway to establish the Dept of Homeland Security, which would be in charge of both NIH and the CDC and which would obviously play a major role in shaping public health practice and funding within the US (and likely with implications for outside the US as well). Thus, interested members of APHA willing to take on the challenge and responsibility of preparing a late-breaking resolution expressing their views on this topic should remember this option still exists.

Originally circulated by:

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Respectfully Submitted, Cathy Gotschall

Special Commentary from Les Fisher, ICEHS Section Archivist

HISTORICAL EVENTS IN THE FORMATION OF THE INJURY CONTROL AND EMERGENCY HEALTH SERVICES SECTION OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

"Paradigms in disciplines attempted to unite concepts and ideas. In the discipline of injury control, we, too, have historically developed, used and modified and then developed again such paradigms. That dialectic permits new continued learning and leadership.

Today, with economic downturns and instability, our history becomes even more important; while history is only one determinant of the present and future, it does provide lessons to be learned. Today, such lessons are not just technical nor scientific; but on the arts and crafts of efficient and effective leadership Ala Covey and Senge, not just Haddon. For now, I will track and comment from my own published work over some 40 years in the field, my manuscripts and my historical time line, (Note: Refer to September ICEHS E-News for the historical Time Line, edited from: *Reducing the Burden of Injury. Advancing Prevention and Treatment*. Institute of Medicine, Washington 1999.), only three of many, many major historical paradigms of injury control.

Biblical: Cain kills Able, the first homicide, which develops Concept that human life(blood) is sacred but leads to an "urban myth" of the 18th century that accidents are acts of God.

1788: Johann Peter Frank first identifies injury as a public health problem but his paradigm, which affects us today, is "accidents" are fate, from mini human actions, and preventable only by focus on the human "accident".

1960s: Haddon builds on engineering and medicine to integrate a "energy gone wrong" theory that mold our modern injury control science which was preceded by at least two prior national growth and decay curves on a paradigm of just " being safe and careful" that resulted in generally ineffective preventive models. However those earlier pioneers even with weak technical scientific models of 'accident prevention and control", at times, did seem better versed in interpersonal and managerial crafts in the arts of injury control leadership.

We cannot, as being done today, explain the present by the present; We must know our history and its paradigms of values, ideas and personalities to drive our current decision making, problem solving and of most concern our broader leadership for interacting competing but complimentary values of creativity/innovating, monitoring/coordinating, directing/ producing and human relations competencies (refer to Faerman S Quinn R Thomson MP et al eds

Supervising New York State: A Framework for Excellence. Albany, NY: Governor's Office of Employee Relations, 1990).

Ideas, personalities and events paradigms are important in history and also in the history of injury control. We must now further refine and actively translate the current classical injury programming leadership components of just assessing, planning, organizing, directing or evaluation, etc.) linear cause - effect chains, instead into overlays using evidenced- based paradigms on the art of interrelationships not just snapshots, of personal process of change not just changing others, on focusing on systems thinking, on aiming at personal mastery, of mental models for leverage, of building shared vision, and team learning, of radiating positive energy, of believing in others, of being service-oriented and for leading balanced lives - (ala Peter M. Senge, *The Fifth Discipline. The Art and Practice of the Learning Organization.* Currency Doubleday , NY, NY 1990. and Stephen R. Covey. *Principle-Centered Leadership.* Simon and Schuster. New York 1991.)

I have translated the public health practices model (assessment to assurances) emphasized by the Institute for Medicine into my chart review of some 120 injury control archives, mostly in home and child injury prevention (refer to Appendix I). – Les Fisher

GENERAL NEWS:

Handgun Commerce in California Report Published.

Dear Colleague,

"Handgun Commerce in California, 1999" has just been released by the Violence Prevention Research Program, University of California, Davis. The 100-page study is available at on our Web site, <http://web.ucdmc.ucdavis.edu/vprp> , and paper copies may be requested there as well. Please feel free to pass this information on to others.

Following are brief excerpts from our document summary that will introduce you to the report:

Handguns are common consumer products in California; more than 200,000 are sold annually. Little is known about handgun commerce, and this is, to our knowledge, the first study of its kind. We used records of handgun sales and denied sales in California, provided by the Firearms Branch of the California Department of Justice (CDOJ), to generate a detailed description of handgun commerce in the state for 1999.

A total of 235,875 handguns were sold in California in 1999 approximately 10.4 sales per 1,000 persons ages 21 and older. The 5 cities with the most handgun sales were Westminster, 8,060; San Diego,

7,693; Fresno, 7,337; Sacramento, 6,915; and Riverside, 5,576.

Seventy percent of handguns sold in California in 1999 were pistols. Large-caliber guns were most common (45.4%), most handguns (78.1%) had long barrels, and most handguns (64.9%) were made in the United States. Males bought 92.2% of handguns; 73.2% were bought by persons ages 25 to 54.

Handgun characteristics were frequently interrelated. While pistols were predominantly medium-caliber (44.7%), most revolvers (61.0%) were large-caliber. Handguns with short barrels accounted for 41.5% of small-caliber guns, 25.5% of medium-caliber guns, and 11.8% of large-caliber guns.

Handgun characteristics were also related to the demographics of their buyers. Sales to persons ages 21-24 or 25-34 accounted for 38.1% of pistols but 21.3% of revolvers. Sales to women were uncommon for all handgun types: they accounted for 6.2% of pistols and 9.4% of revolvers, 14.4% of short-barrel handguns and 5.6% of long-barrel handguns.

Handguns from 646 manufacturers were sold; 20 (3.1%) of these accounted for 83.8% of all sales. Of these 20 manufacturers, 11 are primarily located in the United States.

Altogether, 157,700 persons purchased the 235,875 handguns. Individuals who bought more than one gun (37,574 persons) accounted for 23.8% of purchasers but 49.1% of all handguns sold. The 2,929 people who bought more than 5 handguns made up 1.9% of all purchasers but accounted for 12.4% of all handguns sold.

There were 2,433 denied sales in 1999, approximately 1 for every 100 handguns sold. A prior criminal conviction was by far the most common reason for a denied sale; 40.2% of denials were for felony convictions and another 38.3% were for misdemeanors.

A total of 2,177 firearm licensees reported handgun sales in 1999. Among retailers (gun dealers and pawnbrokers), the 5.1% selling 500 or more handguns accounted for 57.2% of all handgun sales. Among the retailers who ranked at or near the top for both handgun sales and denials, such denials ranged from as few as 0.3 for every 100 handguns sold (B & B Sales, Westminster) to 5.4 for every 100 handguns sold (Boulevard Sales & Service, Compton).

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POSITION ANNOUNCEMENTS

Research Associate, UC Davis Health System, School of Medicine, Department of Epidemiology & Preventive Medicine, in Sacramento, California.

In the last newsletter we posted a notice that the Violence Prevention Research Program, UC Davis School of Medicine, is seeking applicants for a full-time career position as a **Staff Research Associate III**. The posting included a final filing date for applications of September 12. VPRP has extended its search, and the position will remain open until filled. More information on VPRP is available at <http://web.ucdmc.ucdavis.edu/vprp>. Further information on this position and application forms are available at http://hr.ucdmc.ucdavis.edu/jobs/sacto_sra.htm (refer to position 5918-S).

Tenure-track Faculty position, Department of Community and Behavioral Health, College of Public Health, University of Iowa in Iowa City, Iowa.

The Department of Community and Behavioral Health, College of Public Health, University of Iowa, is currently recruiting candidates for a newly created tenure-track position at the level of Professor, Associate Professor, or Assistant Professor.

We seek an individual with a doctorate in one of the social sciences. The successful candidate would be expected to have skills and interest in injury prevention broadly defined including intentional injury and/or unintentional injury. Thus, the person will have experience and/or interest in teaching and conducting research in behavioral and/or community interventions designed to reduce the risk of injury, broadly defined to include mental health and substance abuse problems, interpersonal, social or behavioral problems, accidents, and the like.

The successful candidate will be expected to maintain the Department levels of academic productivity in research, service and teaching, and to work closely with other academic units within The University of Iowa to effectively continue interdisciplinary collaboration. To this end, the person would likely be involved in the activities of the college's Injury Prevention Research Center. Salary and rank will be commensurate with experience.

The Department of Community and Behavioral Health is a newly established Department in the recently accredited College of Public Health. The Department, headed by Professor John Lowe, is currently in a building phase with strong support within the College, the University, and the public health community. Visit our website at <http://www.public-health.uiowa.edu/cbh/index.html> .

The current College of Public Health has 61 full-time faculty 200 professional staff

and 40 support staff who work with an annual budget of \$42 million, \$31.6 million of which comes from extramural research funding. The College of Public Health has five Departments: Biostatistics, Community and Behavioral Health, Epidemiology, Health Management and Policy, and Occupational and Environmental Health. These academic units have successful teaching and research programs. Currently there are 39 students enrolled in doctoral programs and 140 students enrolled in masters programs.

The University of Iowa is located in a vibrant small city that offers affordable housing, award winning public schools, excellent arts and entertainment and accessible recreational facilities. The university is an equal opportunity, affirmative action employer. Women and members of minority groups are strongly encouraged to apply.

Screening of applications will begin immediately, and will continue until the position has been filled, or until April 1, 2003. Send letter of application, curriculum vitae, and names of three references to:

Peter E. Nathan, PhD, Chair, Search Committee
 Attn: Amy Engelmann
 Department of Community and Behavioral Health
 College of Public Health
 The University of Iowa
 2850 Steindler Building
 Iowa City, IA 52242
 City, IA 52242

Appendix I: The Public Health Practices Model (assessment to assurances) by Les Fisher, ICEHS Section Archivist

Note: Not for duplication, distribution nor use without the author's permission, Les Fisher, Delmar, NY 12054 (see below) ; c 2001.

A Brief "Rivers and Streams" Hx on the Paradigms of "Accident" / Injury Prevention w/ Focus on Children and at Home - Assessment , Policy Development, Assurances (Ancients - mid 1970's)

prospective	causes	remedy	time-period	references
DETERMINATION/FATE				
pagans	chaos of gods	sacrifices of infants	Gilgamis, Greco-Roman	Titus /other writers
Hebrews	free will	ethical G-D	biblical- updates	
Lev 19.14,20	Deut 22.8	Exod 21:12-13		
Freedom home is castle	careful	prevent accidents mom supervises;	frontier/agrian	McIntire 1980 Kelsey 1994 Tarr 1996

Fate	human behavior people interact	prev. acc by human behavior	1800's- current	Waller 1971
Economics : ongoing children working in coal mines	blame victim 1922-1929,	muckraker/reform	Indust. rev.-1920's	AJPH sweat houses, Jackson 1995
Accident prone prev. accidents Research on human factors	psychological	psychologists /gov		Weinerman 1947 King,1949,66,67

ASSESSING THE NEEDS, INVESTIGATING HEALTH EFFECTS, ANALYSIS OF FACTORS

Epidemiology (I) Normative - like disease	epidemiology	1930's	Godfrey, 1937
Epidemiology (II)	prev. acc.-host, envr , partial agent		Gordon, 1949

BUILDING COALITIONS

Partnerships	prev. acc.	indus/gov/med	Wheatley, 1948, 1954 Armstrong.1949
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FEDERAL, STATE AND LOCAL GOVERNMENTAL ORGANIZATIONS

Structure in agencies	prev .acc .	gov't	AJPH 1945, Brightman 1952 Kent,1957
child/home safety			

COMMUNITY PRIORITIES, PLANS AND POLICIES

Community demos 1950's grants whims	grass routes	HD- locals,states, feds	Kellogg Foundation
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SYSTEMS PRACTICE APPROACHES

Poison prevention/control product ids/concentrations/labels	Chicago PHS Clearinghouse		Press 1954
Energy is cause:	injury	NYS	Haddon (from bridge medicine ; control strategies Vs Acc. DeHaven) 1960s:sking 62
Data driven			Haddon, Klein ,1964
Caveat Emptor-product safety reform passive not active alone		Congress: Study	1970,1972

"We need more bridges: leadership/management paradigms in injury prevention practice."

Prepared by: L. Fisher* Safety/ Management Consultant,
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Notes: * The sources of these intellectual history diagrams (personal e-mail correspondence from Sandy Schuman, SUNYA –Albany, 12/20/01):

Adapted from Figure 8.1: A 'family tree' of hard and soft approaches. It appears in "Problem-Solving in Small Groups: Team Members as Agents of Change" by Bill Mayon-White. Chapter 8 in "Tackling Strategic Problems: The Role of Group Decision Support" Edited by Colin Eden and Jim Radford, London: Sage Publications, 1990, pp. 78-89.

A similar history of ideas is presented diagrammatically as a "Timeline" in "The Age of Heretics: Heroes, Outlaws, and the Forerunners of Corporate Change" by Art Kleiner, Doubleday, 1996, pp. xiii-xvii.

A third example, in table form is "Table 4.2: The Scientific Ancestry of Cognitive Psychology" In "Cognitive Psychology and Information Processing: An Introduction" by Roy Lachman, Janet Lachman, and Earl Butterfield. Hillsdale, NJ: Lawrence Erlbaum Associates, 1979, pp. 115-116.

My chart's matrix adopts and then overlays two archival injury control leadership studies:

1. For more details on the titled paradigm: Public Health Practices e.g. assessments to assurances (Major Heading Rows of my Table) see: Committee for the Study of the Future of Public Health. Division of Health Care Services, Institute of Medicine., Washington, DC, National Academy Press 1985.
2. For more details (Columns in my Table) on about half of cited references, see: Fisher L. Childhood injuries - Causes , preventive theories , and case studies.; an overview on the role of the sanitarian and other health professionals. Journal of Environmental Health 1988;2:123-6.

Note: Credit to the Committee for the Study of the Future of Public Health. Division of Health Care Services, Institute of Medicine., Washington, DC, National Academy Press 1985. The other references (shared by Sandy Schuman, Professor in Public Administration, SUNY-Albany provide similar and diverse approaches to review our field).

The ICEHS E-News Editor is Maggi Gunnels.
Send submissions to MGunnels@nhtsa.dot.gov.

**" You're either part of the solution or you're part of the problem."
– Eldridge Cleaver, 1968**