

**American Public Health Association
Injury Control and Emergency Health Services Section
APHA ICEHS Electronic News
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EDITOR'S NOTE

The ICEHS E- News distribution schedule for the remainder of 2003 is: August 20 (APHA/Section), Sept. 20, Oct. 20, Dec. 15. Finally, we will be moving to .pdf format soon. Please send your submissions in Word (attachment) to (MGunnels@nhtsa.dot.gov).

NOTES FROM THE CHAIR

Just a few items to report from the sweltering Midwest before I leave to spend a week sailing the length of Lake Michigan. I was fortunate to spend an hour with our new Executive Director, Dr. Georges Benjamin at a state public health meeting in Illinois. Dr. Benjamin is clearly moving the Association to a much more member oriented structure. He has been a stalwart supporter of The Injury Coalition, a new collection of public health and medical groups jointly working for increased appropriations for the Injury Center at CDC. An injury issue of the Journal of the APHA is in the works. While we cannot expect it in the immediate future, one of Dr. Benjamin's goals is to hire a staff person for Injury Policy and Government Affairs.

STRENGTHENING THE EHS IN ICEHS

In the last issue, I reported on the request we received from Dr. Benjamin for Section members who would be willing to serve as an ad hoc committee to provide expertise to the national office on emergency health services and response. My thanks to those who responded, David Clark, Erich Daub, and Art Kellermann, as well as to Les Becker, Nadine Levick, Charles Branas, and returning member Joe Sabato for agreeing to serve. In addition, we have an "official" liaison to the American College of Emergency Physicians, Jon Mark Hirshon, who will work with this group.

ANNUAL MEETING NEWS

Many, many thanks go to our outgoing Annual Meeting Scientific Program Committee, Steve Marshall, Ana Waller, and Renee Johnson for all their work putting our sessions together. Please see their report below. The UNC group is looking forward to retiring from this Committee. Thanks to Larry Cook, Stacy Knight and Lenora Olson from the University of Utah who have agreed to serve as the 2004 Scientific Program Committee. Liz McLaughlin has sent me an incredible page long menu for the Annuals Awards Banquet. Our thanks for achieving the nearly impossible, a

reasonably priced great meal within walking distance of the Moscone Convention Center.

Last but not least, please be sure to send any items to Maggi Gunnels (MGunnels@nhtsa.dot.gov) for the next newsletter. We will be hearing from the Membership Committee about their plans for our new exhibit. The due date is very soon...August 4.

Take good care, Janet
janetholden@attbi.com
708-386-7179

UPDATE BY 2003 SCIENTIFIC PROGRAM COMMITTEE CO-CHAIRS

From the ICEHS Scientific Program Committee Co-chairs:

An exciting program has been prepared for the Annual Meeting, to be held in San Francisco, CA, from November 15-19. A list of the ICEHS sessions is attached. You can also obtain an on-line listing of these sessions at this URL:

http://apha.confex.com/apha/131am/techprogram/program_325.htm

The on-line listing allows you to click on sessions to view a list of presentations and the abstracts.

We will also be circulating a more detailed program listing of ICEHS sessions, including co-sponsored sessions that have significant injury content, closer to the time of the meeting. At this point we are still arranging co-sponsorships.

Most (maybe all) of the ICHES sessions will be located in the Moscone Convention Center. San Francisco has many wonderful hotels, large and small, in the areas adjoining the Moscone. The official APHA housing form is attached. Alternatively, accommodation can be booked on-line at www.apha.org/meetings/housing.htm

Also attached is the APHA registration form. Registration for the meeting is also on-line at www.apha.org/meetings/registration.htm

Hope to see you in SF!

The 2003 Scientific Program Committee Co-chairs
- Steve Marshall, Anna Waller, Renee Johnson

2003 ANNUAL MEETING CALL FOR LATEBREAKERS

The ICEHS Section will again sponsor two "late-breaker" sessions during this year's Annual Meeting. The poster session is scheduled for Monday, November 17, from 12:30 P.M. to 2:00 P.M.. The oral session is scheduled for Monday, November 17, from 8:30 to 10:00 A.M.. Presenters must be members of APHA. These sessions are meant to provide a forum for presentation of cutting edge research. Abstracts should feature work in progress or completed within the last few months, i.e., after the February deadline for the Annual Meeting's regular symposia. It is anticipated that up to 6 papers will be accepted for the oral session and 10 papers for the poster session. The Section will accept abstracts of no more than 250 words (no tables or figures) until **August 15, 2003**. Preference for an oral or poster presentation should be indicated. However, the ICEHS Late-Breakers Program Committee will make final decisions. Only one abstract may be submitted per primary author. Abstracts must contain at least preliminary results and will be judged on scientific merit, originality, importance to injury control/emergency health services, and generalizability.

The following format is required in the order listed: senior author's name, address, telephone number, fax number, e-mail address, title of abstract, abstract, names of other authors. Notification of decisions will be e-mailed to all submitters no later than mid-September. Abstracts will only be accepted by Dr. Nelson Adekoya at NBA7@CDC.GOV. If there are questions, please contact Dr. Nelson Adekoya at NBA7@CDC.GOV or 770-488-8406.

2003 ANNUAL MEETING BUSINESS MEETINGS AND SOCIAL EVENTS

The ICEHS Section Leadership Council will meet on Sunday, November 9, from 2:30 until 5:30, immediately after the Opening Session. While members cannot formally participate at this meeting, everyone is more than welcome to attend to learn more about the Section, the leadership roles available, and APHA processes.

The ICEHS Section will once again combine business with good food at our second annual New Member Breakfast and Business Meeting, on Monday, November 10, at 6:30 AM to 8:00 AM (yes, you read that right!). While all new members are encouraged to

come and learn about the Section, **all** members as well as anyone interested in injury and public health are more than welcome. This was our most well attended business meeting last year, and so it's now a tradition!

Please come join us again for socializing without the business at our Social Hour, 6:30 PM to 8:00 PM that same evening, November 10.

Our second Business Meeting in which we discuss our plans and structure for next year will be held on Tuesday, November 11, from 4:30 to 6:00 PM, immediately following our last Scientific Program Session of the day. Room assignments for all of these events are not final at this time.

The Annual Awards Dinner at which "the Chair" is officially handed over and we honor our Student Paper Award and three career Awards recipients will be held immediately following the Business Meeting, Tuesday, November 11, at 7:00 PM. Liz McLaughlin of the Trauma Foundation, our local host committee chair, has arranged for an amazing Chinese Banquet at the Harbor Village Restaurant, easily accessible from the Convention Center. Details on ticket prices and ordering will follow in subsequent newsletters. This dinner is not an "official" Annual Meeting event and so information will not be in the Annual Meeting Program. Please plan to be there!

UPDATE BY POLICY COMMITTEE

All injury-related APHA policy statements have recently been reviewed by the ICEHS Policy Committee as part of a larger effort by the APHA Policy Review Group to catalogue and streamline its current and future policy statements. In addition to the ICEHS Policy Committee's input, several section members offered excellent suggestions that were also incorporated. From this, a total of 47 policy statements were reviewed, 20 of which were recommended for archive, 16 were recommended for revision or consolidation, and 11 for no change. These policies dated to as far back as 1952 with a policy statement calling for home accident prevention programs. It is important to note that the ICEHS Policy Committee only made recommendations to the APHA Policy Review Group and that additional recommendations by section members are welcome, although only within the next month or so. A one-page listing of the 47 injury-related APHA policy statements reviewed, and their recommended dispositions, can be

obtained from Janet Holden at janetholden@attbi.com or Charlie Branas at cbranas@cceb.med.upenn.edu. Many thanks to the section members who took the time to offer suggestions thus far.

- Charlie Branas

CALL FOR MENTORS

Dear APHA Members:

As you know, one of my top priorities as the new Executive Director is to enhance the American Public Health Association's (APHA) leadership capacity to more effectively address current and emerging threats to the health of our nation, to better meet the needs of our members and to help further establish APHA as public health's "go-to" organization. To help achieve this vision, APHA must strengthen its leadership capacity to evolve with the field of public health. Critical to this process is the development of students, the next generation of public health professionals and APHA leaders.

In 1998, the Public Health Student Caucus, which currently serves all APHA student members, initiated a landmark project, the National Mentoring Program (NMP). Now in its fourth year of operation, this program is ideal for helping to cultivate the leadership skills necessary to prepare students to serve as effective public health professionals and Association leaders in the future. Since the program's inception, the number of students who wish to participate has exponentially increased. Unfortunately, the number of mentors participating in this program has not matched the increasing demand.

Dr. Jay Glasser and I are committed to engaging students in APHA Projects and initiatives and believe the NMP is one of the best strategies for realizing this commitment. Therefore, we request the assistance of all APHA members to step forward and serve as a mentor in the NMP.

Registering to be a mentor in this exceptional program is an effective and greatly needed means by which you can contribute a valuable service to all APHA student members, strengthen the Association's infrastructure, help further establish APHA's

leadership role in providing valuable services to the public health community at large, as well as provide guidance and support to emerging public health leaders and professionals.

Registration is open year round, and can be accessed at <http://www.phsc.org> or at <http://www.apha.org/ppp/mentoring> . NMP committee members match registrants continuously throughout the year. Matched participants are notified as soon as an appropriate match is made and are invited to participate in the program for one calendar year.

Dr. Glasser and I would like to thank you in advance for your consideration to serve as a mentor in the NMP and providing a valuable contribution to further strengthen the current and future leadership of the APHA. Please visit the Web sites listed above for more information and to register, or contact the program's co-chairs, Cynthia Summers and Mary Elizabeth O'Neil, at mentoring1@phsc.org and mentoring2@phsc.org for more information.

Sincerely,

Jay Glasser
President

Georges Benjamin
Executive Director

NEWS AND MEETINGS:

THE NATIONAL BULLYING PREVENTION CAMPAIGN: A MULTI-YEAR PUBLIC AWARENESS AND PREVENTION CAMPAIGN FOR TWEENS

Numerous national, professional and community-based organizations and federal agencies are partnering in support of the largest multi-year campaign to prevent bullying among tweens (children and youth ages 9 through 13). The stated goals of the National Bullying Prevention Campaign are to:

- raise awareness about bullying;
- prevent and reduce bullying behaviors;
- identify appropriate interventions for teens and other audiences; and,
- foster and enhance linkages among education, public health, and other partners.

The National Bullying Prevention Campaign's sponsor is the Health Resources and Services Administration's Maternal and Child Health Bureau (MCHB), with funding from the Centers for Disease Control and Prevention's National Youth Media Campaign. The Campaign production and design work is being spearheaded by Widmeyer Communications in consultation with researchers at Clemson University's Institute on Family and Neighborhood Life. Representatives from more than 50 partners, professional and community-based organizations and federal agencies—are providing ongoing guidance and feedback. Dr. Lloyd Potter represents the Children's Safety Network (also funded by MCHB) on the Partners Steering Committee.

The Campaign will be driven by key creative tactics, integrated into a seamless effort to change behaviors, shape school and community cultures, and generate awareness of the impact of bullying on young peoples' lives. One key medium for the message is an animated serial comic that will bring the problem of bullying to life and demonstrate approaches for addressing bullying. The serial is one of many offerings of the Campaign Website, which will be promoted through public service announcements. A Bullying Prevention Resource Kit will ensure that thousands of tweens, teens and adults in schools, organizations and communities become actively engaged in an effort to make bullying unacceptable and a thing of the past.

In preparation for the launch of the Campaign in Fall 2003, Campaign contractors have spent a busy year collating existing research about bullying; conducting focus groups and interviews with tweens, teens, parents, and other adults who influence their lives; and developing messages, strategies and materials. The success and longevity of the Campaign depends in large part on the active involvement of a network of organizations, representing many diverse fields and disciplines, with a shared commitment to prevent bullying among children and youth.

The Health and Safety Organizations Implementation Working Group (IWG) is one of six such Implementation Working Groups. Other IWGs represent the following sectors: youth serving organizations, faith-based organizations, education professionals, mental health professionals, and justice/law enforcement professionals. The tasks of IWGs are to:

- Help to customize materials that emerge from the Campaign for their own constituencies;
- Suggest and/or create additional materials, policies, and training opportunities consistent with the Campaign that will help constituencies prepare for the launch of the Campaign and respond to individual and agency interests that it generates; and
- Disseminate Campaign messages and resources to constituencies.

Representing STIPDA, Ellen Schmidt is a Co-Chair of the Health and Safety Organizations Interagency Working Group. The other Co-Chairs are Ann Junk, representing the American School Health Association, and Judith Vessey, representing the National Association of School Nurses. Representing APHA as a whole is Howard Spivak. Dr. Joyce Ott is the Health and Safety IWG coordinator from Clemson University Institute on Family and Neighborhood Life. The Health and Safety Organizations Interagency Working Group would be pleased to hear your ideas and opinions. Please contact Ellen at eschmidt@edc.org or (202) 572-3734 or Howard at HSpivak@tufts-nemc.org.

- Ellen Schmidt, MS, OTR

**CALL FOR PAPERS FOR
RURAL HEALTH THEME ISSUE OF
*The American Journal of Public Health***

The American Journal of Public Health (AJPH) is planning a theme issue on rural health scheduled for publication in October 2004. The guest editors at the School of Rural Public Health of the Texas A&M University System Health Science Center are soliciting contributions to the "Research and Practice" section of that issue. Twelve to seventeen articles focusing on major research issues and practice activities in rural public health will be selected for possible publication in that issue. All papers will undergo peer review by the AJPH's editorial team, as per usual practice. In order to be considered for inclusion in the theme issue, articles must be submitted by January 15, 2004 through the online submission at <http://submit.ajph.org> <<http://www.apha.org/>> .

This website also provides Instructions for Authors, including specific guidelines for Research and Practice articles.

When submitting articles, please select "Rural Health" under the Theme Issue menu. Additional information concerning the theme issue can be obtained by contacting Charles D. Phillips, PhD, MPH at phillipsd@srph.tamushsc.edu .

"In theory, theory and practice are the same thing. In practice they're not." - Jan L.A. van de Snepscheut

- Kenneth McLeroy

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**CENTER FOR INTERNATIONAL REHABILITATION RESEARCH
INFORMATION AND EXCHANGE (CIRRIE) SUPPORT AVAILABLE**

The *Center for International Rehabilitation Research Information and Exchange* (CIRRIE) has been established at the State University of New York at Buffalo with funding from the National Institute on Disability and Rehabilitation Research (NIDRR).

This year, CIRRIE has a supplement for a travel grant program involving minority serving institutions (MSIs), as defined in Section 21 of the Rehabilitation Act. The purpose is to enable

these institutions to develop or strengthen international collaborations. The eligibility requirements are slightly different from the regular travel grant program in that all travel costs, not just airfare, will be covered by CIRRIE.

The Center is in the process of identifying minority serving institutions that have programs or individual faculty members who do research related to disability/rehabilitation. NIDRR's definition of *rehabilitation research* includes the following: employment outcomes; health and function; technology for access and function; independent living and community integration; associated disability research areas.

Information about the program has been disseminated to all MSIs of higher education. The Center would like to do a targeted dissemination to programs and individuals most likely to benefit from the program. If you are engaged in rehabilitation/disability research and are affiliated with an MSI - or know of others who are - and are interested in international collaboration, - you and/or your colleagues are encouraged to consider applying for this funding. Interested parties should contact Marsha Shapiro at the address below.

A description of CIRRIE, links to the website for information about CIRRIE, and application for the MSI *International Travel Grant Program* is given below.

A complete list of MSIs of higher education can be found at:
<http://www.ed.gov/offices/OCR/minorityinst.html>

- Marsha Shapiro

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A PUBLIC HEALTH APPROACH TO PREVENTING VIOLENT DEATHS

Each year, 50,000 Americans die violent deaths. But it's only recently that we've begun treating those homicides and suicides for what they are: a public health threat. As with other public health

epidemics, the first step to preventing more deaths is to know all the facts.

Until now, however, no national data system existed to collect the detailed information needed to help save lives. In 2002 the Centers for Disease Control and Prevention (CDC) received Congressional funding to establish the National Violent Death Reporting System (NVDRS). Six states – MD, MA, NJ, OR, SC, and VA – have been funded to collect and analyze data about violent deaths. This year, public health departments in additional states will apply to become part of the growing system.

While NVDRS is still in the early stages, a three-year-old pilot program coordinated by the Harvard School of Public Health serves as prototype for the system, and has produced promising results. Combining data from death certificates, coroner and medical examiner investigations, police reports, and local crime labs at pilot sites across the country, has revealed, for example, that 37 percent of people who commit suicide (excluding overdose victims) tested positive for alcohol or non-prescription drugs. Research also shows that nearly half of all adolescent suicide victims faced an acute crisis such as a break up or arrest shortly before completing a suicide attempt.

Public health experts expect findings like these will help policymakers, law enforcement officials, and others develop effective prevention plans, just as the U.S. Department of Transportation's data system on auto-related deaths has informed life-saving interventions over the past three decades. Operating NVDRS in all 50 states requires an estimated \$20 million annually – clearly a worthwhile investment when compared to the estimated \$5 *billion* spent each year to treat assault injuries. For more information about NVDRS or how to apply, visit www.cdc.gov/ncipc/dvp/dvp.htm. To learn more about the Harvard model, visit www.nviss.org.

- Barrie Koegel

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INJURY CONTROL AND SAFETY PROMOTION NOW IN MEDLINE

<http://www.szp.swets.nl/szp/journals/ic.htm>

The international scientific journal *Injury Control and Safety Promotion* is now in Medline. This journal, an initiative of the European Consumer Safety Association, informs practitioners as well as researchers and policy makers on recent developments. It contains reports on the results of studies and research from a wide variety of disciplines such as injury epidemiology, ergonomics, engineering, consumer law, social sciences and communication. *Injury Control and Safety Promotion* publishes essential information for professionals who have a keen interest in the etiology of accidental injuries in everyday life and in the methodology and technology of prevention.

- Janet Holden

Positions Open



***Director, West Virginia University
Center for Rural Emergency Medicine (CREM)***

Position and Responsibilities: We seek a national leader with demonstrated capability in social and behavioral determinants of injury or disaster response, medical preparedness, or emergency services research and policy. The selected candidate will lead a large, multidisciplinary center with divisions addressing injury control research, medical and disaster preparedness, and the nation's only injury control training center.

Qualifications: MD, PhD, DrPH, or equivalent degree; demonstrated skills and vision in competitively funded research and outreach; leadership capability; and excellent communication skills to lead a faculty and staff from diverse disciplines.

University and Community: CREM (www.hsc.wvu.edu/som/crem/) is a large center whose faculty are appointed in several departments of an expanding, full-service medical school/health sciences center. West Virginia University (WVU), a Doctoral/Research University – Extensive is the state's land-grant university, has 23,000 students located in a scenically beautiful rural area that has been featured in numerous publications for its small-city quality of life, cultural amenities, and

outdoor recreation. WVU is an affirmative action/equal opportunity employer with a culturally diverse student body and faculty.

Application Procedures: Send nominations or an application, consisting of a letter of interest, curriculum vitae, and contact information for three references to: Alan M. Ducatman, MD, MSc, Chair, Search Committee, Chair, Department of Community Medicine, WVU School of Medicine, Box 9190, Morgantown, WV 26506-9190 (aducatman@hsc.wvu.edu). Applications will be screened starting August 1, 2003, and will continue until the position is filled.

RESOURCES

A new issue of *Injury Prevention* has been made available. 1 June 2003; Vol. 9, No. 2 is available at no charge at URL: <http://ip.bmjournals.com/content/vol9/issue2/index.shtml?etoc>.

Thanks to Barry Pless, editor, for all of his work to keep the Journal available to us.

If you are you interested in patient safety and improving health care, *Quality & Safety in Health Care* keeps you up-to-date with the latest quality initiatives. Read the FREE Editor's Choice article "At Least Mom Will Be Safe There": The Role of Resident Safety in Nursing Home Quality by Marshall Kapp, in the latest issue. URL: <http://qhc.bmjournals.com/cgi/content/full/12/3/201>

Those interested in the role of EMS in prevention should click on: <http://www.nanlee.net/ems/quickguide.htm> for a very useful document, *Quickguide to Effective Injury Prevention: Saving Lives with Proactive Emergency Services*. This report authored by David Short was funded by the U.S. Department of Health and Human Services Maternal and Child Health Bureau.

SPECIAL COMMENTARY, ICEHS ARCHIVIST LES FISHER:

CALIFORNIA HERE WE COME! RIGHT BACK WHERE WE STARTED FROM!... BUT WHERE'S THE PARTY? – SEQUEL 2

By some popular demand, as with a good story, I offer an improved sequel: This archivist had chronicled in an early Section e-Newsletter, the broad historical events, personalities and values of California's Injury Control (IC) Program, circa 1950s. Here's a sequel with more depth. I can't wait 'til the movie comes out!

The Planning Committee for the sentinel national conference in the 1950s to exchange State and local IC programming updates, was chaired by Donald B. Armstrong, (see my forthcoming article in the Amer J of Public Health) from what is now MET Life, on January 20-22, 1953. The work of that Planning Committee was published as the Proceedings of the First Conference on Home Accident Prevention held at the U of Michigan School of Public Health in collaboration with the National Safety Council, US Public Health Service, APHA's Committee on Home Accident Prevention and WK Kellogg Foundation. The Planning Committee included New York State Health Department injury control pioneer, I. J. Brightman, Frederick Kent from the USPHS and ten other IC pioneers, including Fay M. Hempkill from Ohio whose invisible shoulders we stand on today .

My review of those "Chronicles" of those Proceedings and from other archives, conclude that during 2002-2003, the State of California and nationwide IC professionals, should be celebrating their 50th Anniversary of leadership in planning, development and initiation of research and services on child injury prevention while at our APHA Annual and Section meetings. With computer www pages only five years back in history, who but the Section Archivist would know about the potential for such a party through which we might escape these economic and war times?

In addition to my assessment of the history of IC leadership crafts in State and Local IC, to be forthcoming on our Section web site, I now offer a report from¹ The California State Health Department (Gilbert L. Rhodes, Chief, Home Safety Project, Berkeley in 1956) on the State's, San Jose's (Dwight M. Bissell, City Health Officer), Contra Costa County's, Santa Barbara's, San Francisco and Los Angeles Health Department's earlier efforts, mostly related to the Kellogg Foundation funding of an original grant of \$96,000 in September 1953, and a later grant which brought the

total to \$159,000 (in 2003 dollars that's about \$500,000, more or less?). San Jose was one of the first of three cities chosen in 1951 to receive funds for local programs; by 1953, in addition to California, seven other states were being provided with state programs: GA, KS, KY, MA, MD, NC and OR. (The archivist is waiting for the annual meetings in these locations to go to another party in sunny California.)

The California Home Safety Program began operating with a program director, a public health analyst and a clerk. A public health nurse, home safety consultant, expanded the program in January, 1950 when a program plan indicated a need for additional staff. The California State Department of Public Health then requested supplementary funds from the Kellogg Foundation which responded by giving California an additional \$72,000 for a health educator, second clerk, etc. The rest is history and repeated history over the last fifty years.

Let's unfold the California story some more. As early as 1914, California officially faced the industrial accident problem and had later reduced the death rate from on the job injury by 77 percent. In 1929, the California Highway patrol was established and the mileage deaths rate reduced by 58 percent. But no similar program had been developed for injury prevention in home and communities, even though, at that time, one-fourth of all accidental deaths took place at home and over one-half of all injuries occur there. Yet little was known about home and community injury. While death statistics were available the State required reporting of non-fatal injuries only for work and traffic accidents. Nothing was known about the relative frequency, severity and age groups to design prevention programs.

Even though definite data were lacking, several local California health departments had tried to do something.

Then, in 1948, as a result of stimulation by the federal Public Health Service and the National Safety Council, the WK Kellogg Foundation of Battle Creek, Michigan, started to contribute funds toward what would become a nationwide experimental program. The objective was to show the spearheading of the role of the health department in coordinating community efforts to reduce accidents in the home that succeeded. We are their legacy! And their lessons in the leadership arts echo into our current economic and political climate, even more than just reason, logic and science.

While times change, leadership crafts remain fairly constant. What can we still learn from these “fossils”! I submit where we have today strong evidence-based research, our Kellogg, California and other IC state and local history offers lessons in the leadership arts worthy of returning to where we come from!

(see the Archivist’s descriptive historical timeline, a more analytical classification of “rivers and streams” in IC thought, an applied proposed IC leadership history course outline and syllabus and my leadership history dynamics conversation, forthcoming on the Section web site). Meanwhile, let’s celebrate our first 50 years of California’s IC when we “Open up that Golden Gate”ⁱⁱ, ‘back to the future’.

- Les Fisher, MPH.

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ⁱ Home Safety Project. Final Report 1953-1957 . California State Health Department. Pages 5, 161-164)

ⁱⁱ From the end verse of Jazz Singer, Al Jolson’s 1950s and earlier hit : “ Open up that Golden Gate, California Here I Come, (Right Back Where I Started From)”

CONTRIBUTORS TO THIS ISSUE

Maggie Gunnels, Janet Holden, Steve Marshall, Ana Waller, Renee Johnson, Nelson Adekoya, Charlie Branas, Ellen Schmidt, Kenneth McLeroy, Marsha Shapiro, Barrie Koegel, and Les Fisher.

There are only four questions of importance in life: What is sacred, of what is the spirit made, what is worth living for, and what is worth dying for. The answer to all of them is the same. Only love. — Juan de Marco