

**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: Oct. 20, Dec. 15.

We will be moving to .pdf format soon. Please send your submissions in Word (attachment) to MGunnels@nhtsa.dot.gov.

The actual is limited, the possible immense.
LaMartine

SECTION NEWS

NOTES FROM THE CHAIR

November is almost here and I hope to see many of you in San Francisco. The odd thing about being a “cyber chair” is having long email conversations with many wonderful people whom I have never met. My thanks to everyone who has participated in any way in the Section’s activities this year, and I look forward to putting the faces with the names. The “second theme” of the Annual Meeting, “Bridging the gap between health science and practice” is one that has great relevance for our Section. Another topic that I hope you will investigate while in San Francisco is that of Public Health and the Pursuit of Peace. In the day-to-day mundane activities of our various positions it is easy to forget that our profession well knows the toll of violence and its ensuing chaos. We of all public health professionals have a special role in peace building and the prevention of military conflicts.

Speaking of the more mundane, our Exhibit Booth at the Annual Meeting is in the process of renovation. Not surprisingly, given the former makeup of the Membership Committee (myself included), most of the pictures used as the backdrop for our Exhibit are from the motor vehicle injury prevention field. We are looking for pictures that we could enlarge and mount as part of our display which show the many other aspects of injury control and emergency health services. If you could send such pictures to me electronically, that would be ideal. I would also be happy to accept hard copies if you would prefer to mail them to the address below. All donations will be acknowledged in the newsletter and electronic versions will be posted and credited on the website. Please help us help our fellow APHAers to understand how broad our field truly is and to make our Exhibit a real eye-catcher on the Sections and Affiliates Exhibit aisle.

My special thanks to all who have worked on the Annual Meeting program, both the scientific as well as the social. Please note the articles below and register today!

Take good care, - Janet

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Oak Park, IL 60304
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708-386-7179

2003 SCIENTIFIC PROGRAM

Reminder 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. The Latebreaker submissions are currently being reviewed. Notifications of acceptance will go out at the end of September.

A list of the ICEHS sessions is at::

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. Alternatively, accommodation can be booked on-line at www.apha.org/meetings/housing.htm

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

JOIN US AT THE ANNUAL AWARDS DINNER

It takes a HARBOR VILLAGE ...to raise a banquet!

Sign up early for a place at the APHA Injury Control & Emergency Health Services banquet!

We will all be gathering at the Harbor Village Restaurant at the Embarcadero Center. To whet your appetite, think of Crackling Peking Duck with Steamed Lotus Buns, Stir-fried Prawns & Scallops in a Spicy XO Sauce, Yang Chow vegetarian fried rice (and other vegetarian dishes if we know how many choose vegetarian fare), General Tso's Spicy Boneless Chicken, Chilled Mango Pudding.... You can see more about this venue at <http://www.harborvillage.net/sf.html>.

PARTICULARS:

Date: Tuesday, November 18
Time: 7 - 10 PM.
Cost: \$48 per person (\$32 for students)
Where: Harbor Village Restaurant
Address: Four Embarcadero Center, Lobby Level, San Francisco, CA 94111

TO RESERVE NOW:

Make check out to: Elizabeth McLoughlin
Send check to: 1515 16th Avenue,
San Francisco, CA 94122

Include info: Your name & email address, name of guest(s)
(please indicate if you eat only vegetarian dishes)

Confirmation: Your confirmation will be emailed to you upon receipt of check.

Contribution: A monetary contribution of any amount will help defray expenses for invited guests and students. Thanks for considering this request.

- Liz McLaughlin, Local Host Committee

ICEHS MUSICIANS WILL ROCK SAN FRANCISCO

ATTENTION ICEHS MUSICIANS: If you would like to join the ad hoc ICEHS music committee and perform at the social hour on Monday, November 17 at 6:30, in San Francisco, please contact Steve Luchter at sluchter@earthlink.net. An all new program is being planned. Let Steve know what instrument(s) you play and he'll send you a packet of music. With any luck there may be time for a rehearsal. All are welcome, with the only requirement being enthusiasm.

- Steve Luchter

**SPECIAL PRE-ANNUAL MEETING CONTINUING
EDUCATION INSTITUTE ON OLDER DRIVERS**

**Pre-Annual Meeting Continuing Education Institutes Presents
Public Health and Safety of Older Drivers: Tools for
Education, Assessment And Policy Changes**

Saturday November 15, 2003

Purpose: To provide public health professionals with an overview of the current efforts to address older driver safety through discussion of the role of public health professionals in implementing initiatives to promote older driver wellness and safety.

For online registration go to:

http://www.apha.org/meetings/continuing_ed.htm

**For further information contact Sandra Maldague,
smaldague@asaging.org**

Co-sponsored by: Gerontological Health Section, APHA Task Force on Aging, American Medical Association, American Occupational Therapy Association, American Geriatrics Society, Gerontological Society of America

- Anna Waller

NEWS and MEETINGS

IN MEMORIAM: PATRICIA FOSSUM WALLER, INJURY PREVENTION PIONEER

**From the News Observer in North Carolina:
Waller, Revised driver exam
She hatched idea of graduated license**

By Steve Cannon, Staff Writer

Patricia Fossum Waller, who didn't travel for fun but rewrote the state's driver's license exam, died Aug. 15 at her home in Chapel Hill after a nine-month battle with cancer. Friends and family remember Waller, who was 70, as one of the most energetic and driven people they had ever met.

After working for several years as a clinical psychologist, Waller was one of the first employees hired in the mid-1960s when UNC-Chapel Hill created a Highway Safety Research Center. Waller made a career out of what started as a part-time job. "This was a field that had almost no research, so nearly everything she did was completely new," said her husband, Marc Waller, whom she met while studying psychology. "That excited her tremendously." One of her first tasks was to rewrite the state's license exam based on principles of psychological testing -- helping find which drivers would be competent behind the wheel and which ones wouldn't.

The research center's founding director, B.J. Campbell, credits Waller with creating the concept of a graduated license in the mid-1970s that allowed different amounts of driving depending on the driver's age and experience. The system wasn't adopted in North Carolina for many years.

In 1989, she was made director of the University of Michigan's Transportation Research Institute and traveled extensively promoting the institute and its work. Waller retired to Chapel Hill in 1999 and stayed active in research and consulting. Waller was born in Canada during the Depression. Her family's wheat farm was lost to locusts while she was a child, and the family moved to Miami to be near relatives and search for work.

Waller put her energy into school and became a star student at the University of Miami and while studying for a doctorate in psychology at UNC-Chapel Hill in the 1950s. "She had a photographic mind," said Nancy Martin of Chapel Hill, who studied with Waller at UNC-CH . "She remembered things from her childhood that most people wouldn't, like the fabric of a specific ribbon she wore on her head when she was 2 years old."

Her husband said she had no hobbies. She became interested in travel for fun only after she retired. "It was my idea to travel. After we did it a few times, she did enjoy it," Marc Waller said.

She was devoted to friends and family and kept in touch with the same efficiency and organization she applied to her work. The Wallers sent out 200 Christmas cards each year to colleagues and friends from her childhood. Waller edited the family newsletter written by her husband and would add a personal note to most of the cards.

" She was always questioning," Marc Waller said. "The very nature of science isn't finding the right answers so much as finding the right questions, and she was desperate to find a better question." She is survived by her husband, two sisters, four children and four grandchildren.

A funeral will be held at the Cedar Grove United Methodist Church in Pittsboro. The date hasn't been set . A memorial service is scheduled for her birthday -- Oct. 12 -- at 3 p.m. in the Community Church of Chapel Hill.

Staff writer Steve Cannon can be reached at 829-8917 or scannon@newsobserver.com.

- Lisa Barrios

**CALL FOR ABSTRACTS:
5TH INTERNATIONAL CONFERENCE ON
MEASURING THE BURDEN OF INJURY**

Call for Abstracts, 5th International Measuring the Burden of Injury Conference, Baden bei Wein, Austria, June 3 and 4, 2004

Abstracts of no more than 1 page should be submitted by October 30, 2003 to sluchter@earthlink.net. Abstracts should be in English, 12 point Times New Roman font using Word or Word

Perfect. Postal submissions can be sent to Applied Injury Science, 1909 N. Westmoreland St., Arlington, Virginia, 22213. Decisions on oral or poster presentation will be at the discretion of the scientific program committee. Authors of abstracts selected for oral presentation will be notified in mid-December, 2003, and will be required to submit an electronic copy of the presentation of approximately 1500 words plus appropriate figures no later than April 1, 2004 (firm) in order to be included in the printed proceedings. Abstracts should include the following information:

1. Title
2. Author(s) Name(s), organization, e-mail address, postal address, phone contact
3. For research papers describe the problem under study or hypothesis, methods, results and conclusions.
4. For papers describing application programs, include the purpose of the program, intended audience, current status, and results of evaluations
5. Topic area: Utility Based Methods ___ Costs of Injury Methods ___ Data/Measurement Issues ___ Other topics ___

For further information contact Stephen Luchter at sluchter@earthlink.net or by phone at 703 536 3082 .

- Steve Luchter

7TH WORLD INJURY CONFERENCE 2004 CALL FOR PAPERS

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/> >.

Conference themes are: Road Safety, Work Safety and Health, Child and Elder Safety, Safety in the Home and Institutions, Sports and Leisure Time Safety, Product Safety, Trauma Management, Disaster and Terrorism Preparedness, Civil Protection and Safe Communities.

The abstract submission deadline is September 30, 2003.

- Maggi Gunnels

ADVANCED AIRBAG RULE NOW IN EFFECT

Through consumer research, the National Highway Traffic Safety Administration (NHTSA) has found that there are many

misconceptions about advanced frontal air bags, even among the small percentage of people who are aware of them. This latest generation of frontal air bags will be introduced into a portion of new vehicles (20%) beginning September 1st, 2003 with the 2004 model year. By September 1st, 2006, all new vehicles will have AABs.

The agency, vehicle manufacturers, dealerships and safety advocacy groups are concerned that the buying public understand the capabilities and benefits of AABs but not revert to past behavior of allowing children age 12 and under to ride in the front seat. NHTSA is urging all those concerned with child passenger safety to do the same – wear your safety belt, place your child age 12 and under in the back seat in an appropriate child restraint system and read your owner’s manual – even with advanced frontal air bags.

What should parents and other children’s caregivers do with AABs? NHTSA continues to recommend that children 12 and under be transported in the rear seat in an appropriate child restraint system. Children are safer in the rear seat. In the event there is no available rear seat and parents have no other option than to place a child in a front passenger seating position, take these steps: 1) ensure the child is properly restrained, 2) move the seat as far back as possible, 3) make sure the child is not leaning out of position, and 4) set the ON-OFF switch, if available, to the OFF position.

This applies to all children 12 and under - an infant riding in a rear-facing infant seat, a child riding in a forward-facing child restraint, an older child riding in a booster seat and children large enough to wear a safety belt.

Further information can be found on NHTSA website (<http://www.nhtsa.gov/airbags>) or by calling the DOT Hotline 1-888-DASH-2-DOT (1-888-327-4236).

- Maggi Gunnels

SOPHE/CDC STUDENT FELLOWSHIPS

The Society for Public Health Education (SOPHE) and the Centers for Disease Control and Prevention (CDC) announce that Fellowship applications are due October 1, 2003.

This one-year fellowship (starting in November 2003) is designed to assist and train up to four students in *either* unintentional injury or violence prevention. The fellowship is a joint initiative of the Society for Public Health Education (SOPHE) and the CDC's National Center for Injury Prevention and Control.

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 injuries, while 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. Full-time students in graduate degree programs in health education, health promotion, behavioral sciences or related fields are eligible to apply. Recipients must be able to attend the SOPHE Annual Meeting in Washington, DC in November, 2004.

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, 20002-4242.

- Lee Annest

POSITION ANNOUNCEMENTS

INTERAGENCY FORUM ON CHILD AND FAMILY STATISTICS COORDINATOR, STAFF FELLOW

Summary of the Assignment: The Forum Coordinator will serve the Interagency Forum on Child and Family Statistics (Forum) and be stationed at the National Center for Health Statistics in Hyattsville, Maryland. The Forum was established in 1994 to

encourage collaboration among Federal agencies to improve the quality and usefulness of federal data on children. Forum members include representatives from 20 federal agencies including the Census Bureau, National Center for Education Statistics, Bureau of Labor Statistics, and the National Center for Health Statistics.

The Forum Coordinator will serve as the chair of the Reporting Committee and will schedule meetings, develop agendas and lead discussions for the Reporting Committee. A primary function of the Forum Coordinator will be to oversee the preparation of the Forum's report: *America's Children: Key National Indicators of Well-Being*. Published annually since 1997, the *America's Children* report provides a broad picture of child well-being for the general public and policy makers. The *America's Children* report presents data on 9 background measures concerning population and family characteristics and 25 key indicators of children's lives, including their economic security, health, behavior, social environment, and education. The Forum coordinator will (1) facilitate the review and discussion of proposed improvements, deletions, and additions to the report; (2) organize the update and review of data from contributing agencies; and (3) coordinate intensive reviews of draft reports during which comments submitted by agency representatives are organized, compiled, distributed, and followed up on.

The Forum Coordinator will also serve on the Planning Committee. In this capacity, the Forum Coordinator will manage the Forum's finances, which will require the Forum coordinator to (1) obtain and track funds from member agencies, (2) oversee task orders and other contracts, and (3) prepare annual financial statements.

Starting in 2004, the full Forum report, *America's Children*, will be published on a biennial basis (full reports to be published in the odd years, 2005, 2007, etc.). On the even years (2004, 2006, etc.), the tables will be released on the Internet and a brief 'executive summary' will be published with highlights from each of the sections of the report. An important short-term project for the Forum Coordinator will be to develop an alternate 'executive summary' style publication for the 2004 report, and subsequent years when the full report will not be published. Another short-term project for the Forum Coordinator will be to oversee the renovation of the Forum's website <http://www.childstats.gov> and to develop procedures for updating the *America's Children* indicators on the website during years when the full report will not

be published. These projects will be done together with the Forum's Reporting Committee, which includes members from participating agencies.

Longer-term projects for the Forum Coordinator will be aimed at fulfilling the Forum's goals of improving data and filling critical gaps in the data available on lives of children and youth. These projects should provide opportunities for subject area experts to share expertise and ideas, data, and plans for addressing data gaps. Ideally, these projects will spawn interagency plans to develop or evaluate new indicators of child well-being. Examples of such previous endeavors are the 2001 National Workshop on Counting Couples: Improving Marriage, Divorce, Remarriage, and Cohabitation Data in the Federal Statistical System. Through the improvement of existing indicators and development of new indicators, the Forum Coordinator will play an important role in shaping the national data available on children, and in turn play an important role in shaping public policy on children.

Qualifications: Candidates must have exceptional organizational and communication skills, including outstanding writing skills and the ability to communicate orally in both formal and informal settings. Additionally, candidates must have experience that demonstrates an ability to evaluate data in terms of quality, presentation and interpretation.

Candidates must have a minimum of a Master's degree in demography, sociology, public health, public policy, human development or a related field. A special interest or background in children's issues is desirable, as is familiarity with using indicators as measures of health and well-being.

It is highly desirable that candidates have experiences that demonstrate the following abilities: to organize meetings and groups of people; to guide decision-making; to facilitate discussions and meetings; to interact with senior executives, researchers and agency directors. Prior experience in financial management, interagency project management, report writing, including extensive internal and external review is preferred.

Candidates must meet applicable Federal laws and regulations, in addition to DHHS, CDC, and NCHS policies and procedures. All applicants will receive equal consideration without regard to race, religion, color, national origin, gender, sexual orientation, political

affiliation, age, disability, status as a parent or any other nonmerit factor.

3. Stipend and Length of Fellowship: Desired start date-Open immediately. Closing date-Will review applications beginning September 2, 2003. Open until filled. Salary: \$47,000-75,000 (Final salary will be commensurate with relevant work experience, salary history and education.) Type of Appointment: 2-year fellowship, with the possibility of renewal.

Submit CV or résumé and other pertinent information to John Kiely, PhD at:

Mail: John Kiely, PhD
National Center for Health Statistics, CDC
3311 Toledo Road, MS 6418
Hyattsville, MD 20782

E-mail: jkiely@cdc.gov Fax: (301) 458-4038

Telephone: (301) 458-4432

SPECIAL COMMENTARY, ARCHIVIST LES FISHER

HARD TIMES A COMING? ... OR JUST CHALLENGING OPPORTUNITIES FOR YOU & INJURY CONTROL

Paradigms or models that simplify and unite the dialectics and concepts of any discipline have abounded since man, environment and agents interacted; Injury Control is no exception (refer Winter 2002 ICEHS Newsletter).

For the "modern age", in 1788, Johann Peter Frank, the father of modern hygiene, first identified injury as a public health problem whose four basic beliefs still recycled into our 21st century: "ACCIDENTS" PREDOMINANTLY RESULT FROM HUMAN MISACTIONS, THAT "ACCIDENTS" AND THE INJURIES RESULTING FROM THEM OCCUR BY CHANCE OR FATE, THAT SINCE INJURY RESULTS FROM "ACCIDENTS", THE ONLY WAY TO AVOID INJURY IS TO PREVENT "ACCIDENTS" (1).

That thrust on human factors portrayed, and continues to portray, itself by the United States federal government and others for decades (2,3) until Haddon, building upon prior engineering and medical work, broadened the conceptual framework to energy exchange as the true cause and point of control of injury and other

conditions. From his work, holistic/systematic empirical managerial and leadership approaches evolved and were codified to reduce injuries. In the USA, the PHS in the 1950s, 1960s and 1970s, the Department of Health Education and Welfare, Bureau of Maternal and Child Health in the 1980 and the National Committee on Injury Prevention in 1989 continually updated earlier models of causes, interventions and federal organizational structures on injury prevention (4,5).

Particularly, Baker, Waller, Fisher, Runyan, Gallagher, et al (6-10) (including recent foundation reports, most recently (11,12)) have further assessed and developed these injury control leadership (not just managerial) models. Baker highlighted key injury control pioneers, Stapp, DeHaven, Haddon, and their leadership roles for the modern science of injury control. Fisher analyzed trends in injury prevention history and derived a programmatic managerial conceptual model. Waller reviews his fifty years in the field of injury control and its political dynamics. Runyan developed an overall policy model.

All these "models" guide better decision making and problem solving management and, at times, leadership, for the researcher, practitioner, educator in epistemology, emergency care, prevention, or rehabilitation. Also essential are the ongoing processes of continued shared visions, imagery, continued learning, changing oneself not others, etc. which help us to reflect and act on newer sciences and arts of injury control. Our discipline is not an eternal reincarnation of the Greek myth of Sisyphus, the figure doomed in Hades to roll, forever, a heavy stone uphill, only to roll down again!

THE DREAM ON NEW LEADERSHIP IN INJURY CONTROL: INTEGRATING MORE RECENT APPROACHES

Sometimes new ideas and revelations of unifying principles take place in dreams. The German chemist, Frederick Kekule spent years trying to understand how benzene, the parent substance of a host of useful chemical compounds, was structured. One night in Ghent, where he was teaching, he dreamt of a benzene molecule as a snake biting its tail while in a whirling position. He quickly made notes of his dream and realized that Benzene was structured as a ring of six carbons. And with that knowledge, new product developments could begin (13).

It's 4am and I, too, am now awake after a strange dream, perhaps an oracle :), on the history of the progress of injury control with

still another leadership skill model. The "vision, I just wrote down, integrated a growth curve, like one plotted out in any biology or medical school class, with the concept of public health practice and skills in leadership, not to be confused with management. The curve is in harmony with life's ebbs and tides but plots many "watersheds " from principles of leadership, management and policy practices of injury control and public health, by integrating an overall system's image, as Haddon combined and adapted for injury control from medicine and engineering, broader managerial and leadership theories. I had a vision last night of a "growth/ decay/ regrowth curve" on injury control historical leadership progress, successes and failures (14).

The " model" curve would plot against various public health practices, (e.g. assessing, policy developments, managing, assuring (15) and leadership skills/roles (e.g. directing/producing, monitoring/coordinating, innovating/brokering, facilitating/mentoring) (16). I dreamt that I might help guide future generations of IC practitioners, researchers, and educators, even legislators, on the never-ending journey to find a magic bullet on leadership to save lives and limb from injury.

While I am a bit more awake now, let me attempt reconstruct the points on that " normal growth curve "and offer several of many examples from my various manuscripts: In each "generation of IC efforts" there are some common IP process/management phases of circular and repeating managerial / leadership processes. One paradigm is a sine (growth) curve that "begins" at the base of the growth curve with An ASSESSMENT PRACTICE PHASE.

Here, some critical or emotive thinker, a "ahead of his/her time" scientist and artist, combined - ala Haddon in America or, a Chadwick in England, reports that something is drastically wrong with society's way of looking or doing business on Injury. But that actor may not have the next curve point skills, the CREATIVE THINKING/INNOVATIVE POINT on the curve to translate, advocate or broker the idea into something called a better condition. In child injury prevention, the documented success of the pediatrician practitioner (17), who is not just a researcher, is well recognized in the professional literature in both the critical ASSESSMENT, POLICY OPTIONS and other PREVENTIVE PRACTICES PHASES, below. But it is common, that the original idea is rejected or lost for months, or years until the same or another leader (with BROKERING PHASE SKILLS) translates the perception of need into broader societal options. S(he) does this by translating injury data into broader issues (by inclusion of

effects on more jobs for the economy or cost containment for insurance or society, not just "cold injury data quotes", the bricks of a house but not its essence as a house.) and may offer diverse preventive options The uphill on the curve MONITOR/COORDINATOR phase for the original idea, in successful outcomes, then requires critical thinking (not just the previous creative thinking) for presenting information, some muckraking writing for public embarrassment of adversaries on their data (e.g., by newspapers stories, by leverage with consumer groups or , by coverage of public hearings, by companies in the same product line who disagree and liberally break forward for changes). We see this happening in the USA where sports groups seem to be more liberal for gun safety than the main line NRA.

More public embarrassment takes place on the past failures, reform on issues becomes a public concern. Successful scenarios may include human relations of FACILITATING/MENTORING AND BROKERING with negotiating, compromising and building and maintaining power bases, with opponents; not just arguing with them! When this fails and no voluntary actions take place, regulatory negotiation phase may begin, under suitable political conditions, on litigation, regulation, legislation. (Today, government staffs may be restricted more so from that role. But, usually, after the proceeding phases, the IC community unfortunately first gets involved?)

If you are still with me, on our growth curve of new PROTECTIVE CHANGE, we have reached the peak of achievement for needed change x, as a regulation or law or standard. This change is activated after lobbying, and negotiation. To me, this is true 3E, EDUCATION: promotion of a new effective law based on engineering design or performance.

Action starts a DIRECTORSHIP/PRODUCER phase of taking initiative, goals setting, delegating, based on skills, background, experiences, training, resources, politics, and personalities not just science. The condition of injury is MANAGED and hopefully ASSESSED again. If an action is believed by the authority or the oversight group to be effective by its "value judgments" then the action may continue or it may die from bureaucratic neglect; but usually it dies indirectly from lack of funding to carry out the mandate of the agency.

AND NOW THE DOWNSIDE OF THE CURVE may follow at this point as new ideas brings different reforms, repeals, or inactivation. The fluid cycle of growth, and decay continues with

repeating phases and processes. (e.g., the repeal in the USA of the children's flame retardant sleep wear fabric standard)

While rather than a growth-decay curve, repeated every two decades, the curve should be not cyclic (as the Greeks would view life) but opportunist to learn and build upon our IC History personalities, events and values. This curve would maximize all phases on the growth curve and enable those skilled leaders, to use all leadership skills, not under-using any one phase. With change there is just the addition of three letters to get to a "challenge" - and real leadership opportunity!

WAS I JUST HAVING A WISH DREAM AFTER THAT BIG PIZZA I HAD LAST NIGHT? (the dream is fictional, BUT THE HOPE IS NOT)

DREAMS REQUIRE ACTION

I invite our readers to work with their history of IC to help guide current efforts. Associates may also wish to view and use the experiences of the History of IC in America video tapes that I helped establish for the American Public Health Association, Injury Prevention and Emergency Health Services Section. Carol Runyan of the University of North Carolina Injury Center and I worked together to produce these tapes for in-service training or review. Of more importance, other uniting theories on injury control leadership practices will always need closure; these must be proposed, tested and carried out from our history and current work: I propose we need a History of IC Leadership Institute in some SPH. We have relatively few members in our disciplines of IC; assessing and modeling with our history for current needs should be most effective, efficient and productive- hope to see the RFP!

References:

1. Waller J and Klein D. Society , Energy and injury-- inevitable triad? In: research directions toward reduction of injury. Silver Springs, MD: DHEW, PHS, NIH; May 12-14, 1971.
2. USDHEW,PHS. Uniform Definitions of Home Accidents. Washington DC, US Governmental Printing Office, 1958:(pub 577) 14pp.
3. Halsey, M. Accident Prevention -The Role of Physicians and Public Health Workers, NY,NY:Mc-Graw Hill Book Company, 1961.
4. US Department of Health and Human Services. Developing child injury prevention programs: an administrative guide for maternal and child health (title V) programs. Rockville MD. HRSA/BMCDA, 1983

5. National Committee for Injury Prevention and Control (US). Injury Prevention : Meeting the Challenge /The National Committee for Injury Prevention and Control. Oxford Press. As a supplement to the American of Preventive Medicine, 1989.
6. Baker S. Injury science comes of age. JAMA. 1989; 2284-2285.
7. Waller J. Public health then and now: Reflections on half century of injury control. Am J Public Health 1994;84:664-70.
8. 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.
9. Runyan, C. Using the Haddon matrix: introducing the third dimension. Injury Prevention 1998;4:302-7.
10. Christoffel and Susan Scavo Gallagher. Injury Prevention and Public Health: Practical Knowledge, Skills and Strategies. Gaithersburg, Maryland: National Injury Prevention Resource Center, Education Development Center, Inc;1999,23-44.
11. The Future of Children. Unintentional Injuries in Childhood. Los Altos CA: The David and Lucie Packard Foundation; Spring /Summer 10:1,2000.
12. The Future of Children. Children, youth, and Gun Violence. Los Altos CA: The David and Lucie Packard Foundation; 12:2 Summer/Fall 2002.
13. Levy, D. What has Science Given Us. Science on Parade . Parade Magazine, Nov 7,1999. 12-15.
14. Miller, LM. Barbarians to bureaucrats, corporate life cycle strategy lessons from the rise and fall of civilization. NY, NY:N.Potter, 1989.
15. Committee for the Study of the Future of Public Health. Division of Health Care Services. Institute of Medicine, Washington, DC: National Academy Press, 1985.
16. Faerman, S, Quinn R, Thompson MP, et al. Supervising New York State : A framework for excellence. Albany, NY: Governor's Office of Employee Relations, 1985. (Note: see any work by Quinn or Thompson)
17. Micik S. The pediatrician as advocate .Pediatric Clinics of North America 1985;31:243-249.

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