

**American Public Health Association
Injury Control and Emergency Health Services Section
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EDITOR'S NOTE:

The next 2004 ICEHS E-News distribution date is February 20th. Please send your submissions no later than February 15th in Word (attachment) to (MGunnels@nhtsa.dot.gov).

Imagination is more important than knowledge. - Albert Einstein

SECTION NEWS

NOTES FROM THE CHAIR

Welcome to 2004! Please note the upcoming dates and deadlines for APHA and ICEHS. Watch future issues of the newsletter and your email for details.

- FEBRUARY 6—Program abstracts due
Deadline for awards nominations coming up soon. Contact Larry Cohen for details: larry@preventioninstitute.org
Deadline for officer nominations.
13-- Proposed policy statements due
- APRIL Deadline for comments on proposed policy statements.
- MAY 30 Abstract notifications.
- JUNE Elections—don't forget to vote!
- AUGUST Election results
Latebreaker abstracts and posters deadline.
- NOVEMBER 6-10 Annual meeting, Washington DC

This newsletter is one of the most important means we have for communicating with one another. Please read it, submit your own contributions, and make sure that your colleagues are receiving it. If they aren't, it is either because they have failed to renew their membership in the section, or we lack a valid email address for them. In a future issue, I expect to issue a "lost members" call, asking you to help us find people who have lapsed or simply disappeared from view.

Our section committees are growing. The EHS committee has been launched and merged with the revived Disaster committee. Eight people have asked to join this committee. We also have room for *you*. Or join one of these others: **Built Environment**. *See related article, page 7*. This topic area had interested parties at the annual meeting. Is there enough interest out there to form a committee? **Communications** --Coordinates communications for the section, including content of the website, production of the newsletter under the Newsletter Editor. **Data**—provides a forum to discuss injury-related data activities and questions. **Education & Training**. Guides education and training efforts within ICEHS; promotes APHA continuing education events; sponsors Student Paper awards. (*See page 5*) CHAIRS Corrine Peek-Asa Corinne-peekasa@uiowa.edu and Sue Gerberich gerbe001@umn.edu **Host**. Help organize events within the host city of the annual meeting, which is Washington DC in 2004. Events include social hour,

awards dinner. Contact Cathy Gotschall, chair cathy.gotschall@nhtsa.dot.gov
Membership. Help recruit new members and retain current members. Assist with the section brochure and other recruitment materials. Contact Julie Ross, chair Julie.Ross@childrens.harvard.edu
Policy. Initiate and facilitate prompt responses to injury policy issues. Coordinate review of proposed policy statements. **Program.** Chaired by Larry Cook Larry.Cook@hsc.utah.edu Reviewers often needed. **Violence.** This committee is re-forming after a hiatus.
Please contact the chairs or me with any interest you have.

- Anara Guard

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ICEHS CALL FOR ABSTRACTS FOR APHA 2004

The Injury Control and Emergency Health Services (ICEHS) section invites abstracts related to the prevention and control of injuries and to emergency health services, including issues in transport, care, outcomes, and rehabilitation.

Abstracts must be submitted via this website

<http://apha.confex.com/apha/132am/icehs.htm>. The deadline for submitting abstracts to ICEHS section is midnight EST on **Friday, February 6, 2004**. Abstracts will be peer-reviewed and considered for presentation at the 132nd Annual Meeting of the American Public Health Association, to be held November 6 - 10, 2004, in Washington, DC. The theme for the 2004 meeting is "Public Health and the Environment".

Abstracts are reviewed in two general categories: research and program. The word limit for abstracts is 250 words. Research abstracts typically include purpose, methods, results, and conclusions from a research study. Program abstracts typically include a description of the development, implementation, and evaluation of an injury prevention program.

Subjects of interest include, but are not limited to:

- * Child Maltreatment
- * Data Issues in Injury Control
- * Disaster Preparedness and Response
- * Emergency Transport and Care
- * Evaluation of Injury Prevention Programs
- * Firearm Violence

- * Global Health and Injury Control
- * Homicide and Suicide
- * Injuries Among Minorities
- * Injury Outcomes and Rehabilitation
- * Injury Surveillance
- * Occupational Injury
- * Older Adults and Injury
- * Research Design and Methods in Injury Control
- * Sports and Recreational Injury
- * Transportation-Related Injuries
- * Violence Against Women

- Larry Cook

LOOK FOR WINTER 2004 ICEHS ENEWS ON THE WEB

APHA will publish the Winter 2004 version of our section's electronic newsletter on the website in February 2004:

<http://www.apha.org/sections/> .

You will need your username and password for the > "> Members Only> "> section of the APHA website to view this information. Look for many fun, new photos from 2003. In the meantime, here are three to whet your appetite:

- Maggi Gunnels



**DR. AND MRS. ALEX KELTER AT THE 2003
ICEHS AWARDS DINNER**



DANIEL WEBSTER, HANK WEISS AND LISA COHEN BARRIOS AT THE 2003 ICEHS AWARDS DINNER



LENORA OLSON AND KAREN LILLER WITH A DANGEROUS CHOKING FOOD ITEM.

2004 ICEHS STUDENT PAPER COMPETITION

INJURY CONTROL AND EMERGENCY HEALTH SERVICES STUDENT PAPER COMPETITION

Purpose of the Student Paper Competition:

The purpose of the Injury Control and Emergency Health Services Student Paper Competition Award is to foster and reward quality research efforts among students involved in the field.

Background:

The Student Paper Competition was implemented at the 1992 Annual Meeting of the American Public Health Association. In 2004, one or more awards will be presented for the thirteenth time at the annual meeting.

Requirements for Submitting Applications and Criteria for the Award:

Applicants must submit an abstract *according to the APHA abstract guidelines published for the ICEHS* (to the person/address identified). Along with their abstract, applicants must submit a letter stating the school and program in which they are enrolled, the degree pursued, the expected date of completion, and the name of their advisor; applicants who have completed their programs within the last year, and have not previously presented the same data at a professional meeting or published the data, are welcome to participate. Following notice of acceptance of the abstract for either oral or poster presentation, by the Scientific Program Chair, applicants must send a completed manuscript, organized and presented according to standard journal format (e.g., *American Journal of Public Health, American Journal of Epidemiology, Annals of Emergency Medicine*, or other pertinent peer-reviewed journal) and four blinded copies that are to be received by September 01; submit your application to *Dr. Gerberich*, as identified below. **With the submission of the final paper, a statement signed by the advisor must identify any co-authors involved and the proportion of effort contributed by the student; the student must be identified as the primary author.**

The reviews for this competition will be conducted by at least three external peer-reviewers. It is anticipated that one or more awards will be presented at the annual meeting of the American Public Health Association meeting.

Students must be primary or secondary members of the ICEHS Section of APHA to participate in this competition. Membership must be confirmed prior to the annual American Public Health Association meeting. - *Sue Gerberich*

For further information, contact:

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Professor and Director
Regional Injury Prevention Research Center
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ICEHS WEB FOR MEMBERS ONLY

A new section of the ICEHS website www.icehs.org has been created for Section Members Only. Please see the version of this newsletter that was attached to your email message for the username and password.

- David Lawrence

2004 APHA POLICY DEVELOPMENT AND REVIEW PROCESS

Dear APHA Member:

APHA kicks off its 2004 Policy Development and Review Process in January. We have provided you with a link to information about how you can become more involved in policymaking at the Association. This information covers both the policy development process as well as the recently adopted policy review process that was created to identify outdated APHA policy for archiving and also to identify gaps in APHA policy. We strongly encourage you to work with the leadership of your Section, Affiliate or SPIG to get engaged in this important process.

Keep in mind this year that February 13 is the date proposed new policies are due. Please visit the APHA website at <http://www.apha.org/private/ppolicy.htm> to view this year ICEHS' policy development guidelines which contains a calendar of important dates and deadlines for each step of the policy development and review process. You will need your username and password for the ICEHS Members Only > "> section of the APHA website to view this information. If you have any questions, please email us at policy@apha.org.

- Ingrid Davis

Ingrid Davis, Chair, Action Board
Harry Perlstadt, Chair, Science Board
Cheryl Easley, Chair, Education Board

NEWS AND MEETINGS

THE BUILT ENVIRONMENT AND ICEHS: SUGGESTIONS FROM JAKE PAULS

The following suggestions build on some comments I made at the ICEHS business meeting in November 2004 in San Francisco as well as the comment from ICEHS Chair, Anara Guard, in her Dec. 19th E-mail to ICEHS members: "Built Environment. This topic area had interested parties at the annual meeting. Is there enough interest out there to form a committee?" Because of APHA's conference theme this year—the environment, action now by ICEHS members is important.

First, I believe a committee on the built environment would be a good idea, in part to link with developments in the APHA Environment Section where the Built Environment Institute (BEI) has been formed and put on a substantial program of sessions as part of APHA's 2003 conference. (If you would like to contribute to

the Built Environment Institutes' 2004 program please contact Neal Rosenblatt at Neal.Rosenblatt@mail.state.ky.us for specific instructions.)

Secondly, as a priority task for those interested in such a committee, I suggest we focus on the 2004 APHA conference program organized by ICEHS. For example, is there enough interest to have a special session on falls and the built environment? Should such a special session have a broader scope such as the role of the built environment in unintentional injuries? For example, what is the role of the built environment in pedestrian injuries from motor vehicles? For such a special session I would like to include a presentation based on one of my proposals for the 7th World Conference on Injury Prevention and Safety Promotion (Vienna, June 2004: <http://www.safety2004.info>). This deals with my contention that "environmental factors in fall-related injuries are seldom assessed in detail. . . . This drastically affects the quality and relevance of conclusions about environmental factors in falls, especially from most research studies which typically do not include fall-site investigations." Within the Vienna conference, that contention will be explored with special relevance to stair-related fall injuries (partly because European researchers on stair safety are expected to participate).

To have a special session in the APHA conference, we need some other abstract submissions to make it viable. Anyone interested in participating as a presenter in such a special session on the role of the built environment in unintentional injuries could contact me to discuss this. Contact (bldguse@aol.com) prior to January 30th would be especially appreciated.

Third, as requested at recent ICEHS business meetings, anyone interested in serving as an APHA representative on certain National Fire Protection Association (NFPA International) committees responsible for production of safety standards and codes should contact Jake Pauls (bldguse@aol.com). Currently, out of eight such committees, APHA does not have an Alternate Member on two Technical Committees (on Means of Egress and on Fundamentals) as well as the Technical Correlating Committee for the NFPA Life Safety Code. Here are opportunities to influence injury prevention in the built environment in a major way.

- Jake Pauls

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Mobile 301-706-8830; E-mail: bldguse@aol.com

TRAFFIC INJURY PREVENTION

Don't miss another relatively new injury prevention journal, *Traffic Injury Prevention*. It has been published for several years, is indexed by PubMed, and is the official journal of the Association for the Advancement of Automotive Medicine.

A link describing the journal is at:
<http://www.tandf.co.uk/journals/titles/15389588.html> .

A link giving specific directions for authors wishing to submit papers is at:
<http://www.tandf.co.uk/journals/authors/gcpiauth.asp>.

HELP BUILD A CLEARINGHOUSE FOR INJURY AND VIOLENCE TRAINING RESOURCES

If you work to prevent injury and violence, the National Injury and Violence Training Initiative invites you to "have your say" about the training programs and resources that you have found useful.

Help us build a clearinghouse for all resources that can assist injury and violence prevention practitioners by sending an email to: Signup@InjuryEd.org and, once you receive it in your inbox, responding to our brief questionnaire (takes only about 20 minutes to complete). You will not be compensated monetarily, however, your name will be entered into a drawing for a one-year subscription to the journal "*Injury Prevention*" or a copy of the book "*Must We Fight?*" While the field of injury and violence prevention is complex and diverse, we believe that we have much to share and learn from one another. In that spirit, we invite you let us know about 1) training programs and other learning experiences in which you have participated; 2) training materials that you or your organization have developed; and 3) suggestions for training resources that you would find beneficial. The questionnaire will be ready in January 2004.

Visit our website <http://www.injured.org> for more information about the Initiative.

- Karen Semby

DISCLOSURE IN REGULATORY SCIENCE

In the December issue of *Science Magazine* (19 December 2003;302:2073), Wendy Wagner and David Michaels identify a serious gap related to the integrity of regulatory science. We argue that while the leading biomedical journals won't publish a study unless the authors certify that the research was done under a contract which permitted them the unfettered right to publish, federal regulatory agencies, charged with protecting the public's health and environment, have no similar (or any) protections against conflict-of-interest in research.

Don't miss this important work!

- David Michaels

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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/> >.

Who is Who at Safety 2004: The International Scholarship Committee At every World Conference on Injury Prevention and Safety Promotion, the Organising Committees award a number of scholarships among the authors of scientific contributions. This ensures that knowledge about the topics of the Conference also reaches those who do not have the financial means to attend such an event. The Scholarship Committee reviews and evaluates all of the applications. Priority is given to scholarship applicants from low-income countries. This has now been completed for the 7th World Conference. The Committee consists of recognised experts from all around the world. Each one is designated as expert for the region he or she is working in. The members of the 7th World Conference International Scholarship Committee are:

Martine Bantuelle, EducaSanté, Belgium

Kidist Bartolomeos, World Health Organization, Switzerland

Helene Belanger, Estrie Public Health Department, Canada

Dr. Alberto Concha-Eastman, Pan American Health Organization, USA

Dr. G. Gururaj, National Institute of Mental Health and Neuro Sciences, India

Ronald Lett, Injury Prevention Initiative for Africa, Canada

Dr. Hans von Holst, Department of Neurosurgery-Karolinska Hospital, Sweden

Dr. Sandra Marais, Medical Research Council, South Africa

Dr. Richard Waxweiler, Centers for Disease Control and Prevention, USA

Consultants:

Dr. Dinesh Mohan, India Indian Institute of Technology, India

Dr. Leif Svanström, Karolinska Institute, Sweden

We wish you a happy and successful year 2004 !

Sincerely yours,

Conference Team Vienna

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COMMENTARY FROM LES FISHER, ICEHS ARCHIVIST: CALIFORNIA: THERE WE CAME, RIGHT BACK WHERE WE STARTED FROM (PART III)

Nothing like another sequel; below is Part III, to my earlier commentaries published in our June and July 2003 ICEHS Newsletters on the 1950s California Injury Control Story, and after our return from San Francisco APHA 2003.

Dr. Dwight Bissell , Health Officer, The City of San Jose, California, Health Department, was an earlier Kellogg Foundation pioneer for local community-wide interventions and evaluation programs in home ‘injury control’.

One’s perception of injury causation, prevention and control is everything in our history; but so is context. And here is such a leadership history from one California pioneer, (I purposely have excluded project details, mentioned in my earlier ICEHS Commentaries and only review his discussion of and conclusions from his project. See my endnotes for other related annotated references in addition to *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* at www.icehs.org ,“for members only”). In 1960, Dwight Bissell, M.D., Health Officer, San Jose, updated the injury prevention community on the outcomes of California’s home accident prevention program begun in 1950. ⁱ

Even though we now view that ‘ancient project’ through the ‘prism’ of our current sophisticated planning, interventions and evaluation techniques of injury control, I have selected and summarized a few lessons cited by Bissell in his process and outcome evaluations. Everything, even today’s injury control evidence based research, has a past and one cannot understand the present without that past. As a minimal, this case study practicum illustrates for students of injury control the need to review and critique our historical archives, not just use those from only three years ago, for repeatedly lost leadership lessons (Bissell , D. Home Accident Prevention. In: *Accident Prevention – The Role of Physicians and Public Health Workers*. New York, NY; McGraw-Hill:1961 p.317ff):

1. Poison prevention programs for small children were easier to motivate than building of safer homes.
2. After the first phase of the Project, statistical evaluation data were not significant.
3. The Project could not claim all credit for the reduction in home accidental deaths (tables provide pre- and post-intervention - 1950-1960 - and populations had shifted, similar today?)
4. Sporadic efforts are of some value, but special weeks or days, sudden efforts, then withdrawal are not effective.
5. Not all health department programs need to be research problems.

Bissell’s conclusions:

“I should therefore like to challenge those who indicate that extensive and detailed statistical studies must be made before .. activities are undertaken. We agree that much effort has been wasted in misguiding and unnecessary activity. A rapid survey of the literature would indicate, for example, that accidental poisonings occur most commonly among children between the ages of one and six years, and that the commonest poison is aspirin. With those facts and without

extensive study of each community, a local health department could plan and develop a worthwhile activity in this area... Research activities are necessary and need to be expanded but more action programs are needed to test the research that has been done.”

And now the SPH Lesson Plan

With our resources and manpower under expected shrinking nationwide funds, I would suggest that it is essential, as feasible, to review our, and other health disciplines’, archives on historical leadership roles dedicated to needs and resources so as to shape our future infrastructure. Dr. Bissell’s honesty, integrity, credibility, competence, forward looking shared vision /innovator, persistence, public service dedication, compassion, enthusiasm, obligation for continued learning and for what is true, right or just and systems focused on leveraging roles for injury prevention is worthy of assessing “ back where we started from” . A suggested full School of Public Health (SPH) student exercise on his extensive work follows.ⁱⁱ

i In: Report of a Conference on Teaching Accident Prevention in Schools of Public Health at the University of Michigan, November 8-10, 1961, conducted by The Michigan School of Public Health, cosponsored by The Association of Schools of Public Health, The U.S. Public Health Service (USPHS) Children’s Bureau, Continued Education Series No. 100, Continued Education Service, University of Michigan, published 1962, Supported in part under a grant, Saph-78080, from The Children’s Bureau, and the (USPHS), pp.17-20.

See also: Bissell DM and McInnes RS. Accident Control: A Local Health Department’s Experience in Development and Evaluation of a Home Accident Program. *American Journal of Public Health* 1959;49:1646-1652. The authors are concerned about confounding issues of poor national definition quality on what is an accidental death, small numbers, and coding toward accidental or cardiovascular/falls related causes of death to fulfill program ‘outcome’ evaluations and for community ‘process’ impact evaluations.

See also earlier accidental death rate estimates and theory used for injury data collection: Dietrich, HF . *Clinical Applications of the Theory of Accident Prevention in Childhood*. *American Journal of Public Health* 1952;42; 849-855. Note Dietrich’s classical pediatrics’ curve on protection VS education of children for accident prevention. He starts his paper by assessment of how best to estimate child accidental deaths from his study and use of prior seminal research in Los Angeles, CA; Boston, MA; Kalamazoo, MI.

See also for an early CA attempt at hospital injury morbidity reporting: Rhodes, G. Reporting of Injuries in Santa Barbara. In *Current Safety Topics*. Volume 12: 1956 Transactions, Home Safety, 44th National Safety Congress. Presented October 22-26, 1956, Chicago, Ill. (refer to www.ichehs.org , “members only” for related citations to other states’ archives)

ⁱⁱ A suggested historical role play for part of one injury prevention course:
Back to the Future: Public Health Injury Prevention Leadership Programs In California.

More Background on Bissell’s Work : A SPH Student or Veteran Practitioner Platform Session Nascent Exercise

California’s earliest experience in injury control in public health programs started in the 1950s with a thesis that “ organized community action could stop the ravages of many communicable diseases and achieve the lessening of ill-effects of chronic illness, both of which had multiple causes and many interacting factors... and, thus, likewise, injuries were considered preventable, if a

community health department would apply the same care in gathering vital statistics, in studying the pattern of that disease in the community and in understanding the ways in which the community can act and work.” (Dwight W. Bissell (City of San Jose, CA., Health Officer), Home Safety. In: *Accident Prevention - The Role of Physicians and Public Health Workers*. New York, NY: McGraw-Hill;1961, 317ff - All fields of injury were covered in this seminal text.)

Session or Course Objective:

‘Representing’ Dr. Bissell’s and other Californian practitioners’ early archival injury prevention work, a leadership review presentation, by a student, will echo that earlier perspective down into lessons for our current decade. We will use Dr. Bissell’s 1961 published summary, some 20 pages, (part of the proposed course readings for students – see ICEHS E-news, March 2003 for a nascent full curriculum and syllabus) of his seminal injury prevention leadership work in California. Students are asked to offer a group reports (based upon no more than a two typed double spaced pages report) supporting their assessments of the *two program phases* cited below by using the cited available references and one recent related current national injury control and one leadership studyⁱⁱⁱ. This is an exercise not to describe any literature but to offer at least two critical assessments, with justifications.

Bissell’s Leadership Methodology

The starting up phase

Descriptive anecdotes are offered on how a health department begins work in “accident” prevention and then students are asked to compare with their own understanding of “modern” injury control theory and experiences. Bissell recommends: getting administrative support, fact finding, selecting projects and setting priorities, community involvement. How have things really changed?

What historical leadership lessons from Bissell’s work are useful today for the essential leadership crafts of leveraging, partnerships and orchestrating conflicts, all with little new resources?(Although Bissell had a very large project grant from the Kellogg Foundation: see California Here We Come, part 1 and 2)

Community advocacy and organization

Seminal community organization issues cited in Bissell’s archival work include: Learning and behavior change (e.g., teaching principles), Public Relations, Patterns of Organization, Community Resources, etc. How are these applied, if at all, today versus then? How would, or would not, the current focus on “evidence based (outcome) programming” apply?

With modern foresight and hindsight prisms, in general, what is your assessment, as a review and learning tool, of where we have come from, returned or not returned successfully, “Back to the Future”?

More on the purpose of this exercise:

This nascent short exercise offers injury prevention practitioners, researchers , educators and other students to learn about and apply past historical perceptions and contexts. While history is only one determinant of the present and future, it does provide lessons to learn to be learned about historical personalities, events, and values of injury prevention for today. Today, we cannot continue just to explain the present by the present, but must look at and assess the historical events, personalities, and values that made injury control in California (and the nation) what it does and does not do today.

iii

Refer to: Senge PM. *The Fifth Discipline: The Art and Practice of the Learning Organization*. New York: Currency Doubleday;1994:73,273.

Covey SR. *Principle-Centered Leadership*. New York: Simon and Schuster;1991

Cole R. Commentaries; the moral basis for public health intervention. *Epidemiology*. 1995;6:78-83

Bonnie RJ, Fulco CE, Liverman Ct (Eds). *Reducing the Burden of Injury Advancing Prevention and Treatment*. Committee on Injury Prevention and Control. Division of Health Promotion and Disease Research. Institute of Medicine. Committee on Injury Prevention and Control. Washington, DC: National Academy Press, 1998.

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– Les Fisher

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Report of a Conference on Teaching Accident Prevention in Schools of Public Health at the University of Michigan, November 8-10, 1961, conducted by The Michigan School of Public Health, cosponsored by The Association of Schools of Public Health , The U.S. Public Health Service (USPHS) Children’s Bureau, Continued Education Series No. 100, Continued Education Service, University of Michigan, published 1962, Supported in part under a grant, SAph-78080, from The Children’s Bureau, and the (USPHS), pp.17-20.

See also: Bissell DM and McInnes RS. Accident Control: A Local Health Department’s Experience in Development and Evaluation of a Home Accident Program. *American Journal of Public Health* 1959;49:1646-1652. The authors are concerned about confounding issues of poor national definition quality on what is an accidental death, small numbers, and coding toward accidental or cardiovascular/falls related causes of death to fulfill program ‘outcome’ evaluations and for community ‘process’ impact evaluations.

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