

**American Public Health Association
Injury Control and Emergency Health Services Section
APHA ICEHS Electronic News
January, 2009 Vol. 16 Issue 1**

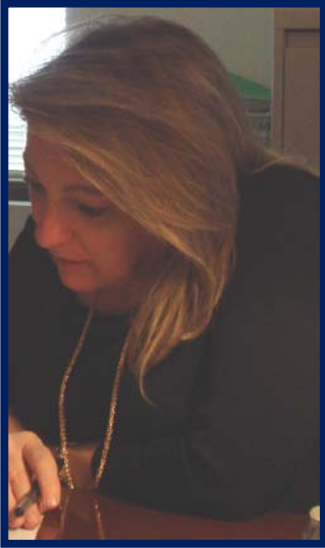
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Greetings from your ICEHS Section Newsletter Editor John Lundell at the University of Iowa Injury Prevention Research Center. I am pleased to help share important information among the members of our section. Please send articles, announcements, and photos for future issues to *john-lundell@uiowa.edu*.

Notes from the Chair

Greetings ICEHS members and friends,



Health disparities are prominent in many areas of public health including injury, violence, emergency health services and emergency preparedness. There is an upcoming opportunity to highlight efforts to reduce these disparities through National Public Health Week (NPHW), April 6-12th. This year's NPHW is geared to building the foundation for a healthy America. Georges Benjamin, the Executive Director of APHA, reports that "Our national is falling behind in many important measures of what it means to be healthy". APHA developed a toolkit for use by members and partners in their outreach endeavors to remedy this. You can obtain a copy of this tool kit at <http://www.nphw.org/nphw09/default.htm>. We urge you to use the tool kit to call attention to injury and violence prevention issues in your communities and state during this week.

Watch for your upcoming February issue of The Nation's Health-- the official newspaper of APHA. It contains the congressional voting records of your senators and representatives on health issues. APHA reports that the proportion of representatives voting in support of key public health issues improved over the previous year. In particular, issues included the federal budget resolution, Medicare improvement bill, children's health insurance, Medicaid rules, tobacco regulation, mental health parity legislation and others. We thank the scores of ICEHS members who took the time to let their representatives know how important these issues were to the health of the American public. There are several key issues coming up in 2009 that will have a direct impact on injury and emergency health services so we invite ICEHS members to stay tuned and be prepared to urge their representatives to vote to "build a foundation for a healthy America." If you are not receiving the nation's health, log on to APHA to check your individual membership status to verify that it is up-to-date.

If you are interested in working on injury and violence policy and in reviewing existing policies for their continued applicability and compatibility with the latest scientific discoveries, please be in touch with Kathleen Carlson (ferg0114@umn.edu). Kathleen is tracking and disseminating committee membership for all ICEHS committees.

If you are planning to attend the Annual Meeting of the World Federation of Public Health Associations in Istanbul in April 2009, join ICEHS members for the last day of the conference for what is shaping up to be an exciting session on injury and violence. Drop me an e-mail jp376@columbia.edu if you are planning on attending and would like to be invited to a mid-year ICEHS dinner.

We look forward to hearing from you.

Best wishes,

Joyce Pressley, Ph.D., M.P.H.
Chair, ICEHS

Call for APHA/ICEHS Abstracts

The Injury Control and Emergency Health Services (ICEHS) Section invites abstracts related to the prevention and control of injuries and violence in all settings; delivery and evaluation of emergency health services; and issues related to emergency preparedness and population safety. Abstracts addressing policy, methodological advances, programs, services, translational research, epidemiology, and research and evaluation are appropriate for this section. We welcome abstracts on ALL unintentional and intentional injury topics.

Abstracts must be submitted via this website. The deadline for submitting abstracts to the ICEHS Section is 11:59 pm PST on **Wednesday, February 13, 2009**. Abstracts will be peer-reviewed and considered for presentation at the 137th Annual Meeting of the American Public Health Association, to be held November 7-11, 2009, in Philadelphia, PA. The theme for the 2009 meeting is "Water and Public Health: The 21st Century Challenge." Authors will be notified of the status of their abstracts by email in early June 2009.

Abstracts must be structured as follows:

Background/Purpose, Methods, Results/Outcomes, Conclusions

The abstract word limit is 250 words. You must also include clear MEASURABLE learning objectives with your abstract submission. Learning objectives are not included in the word count.

An expanded summary must be submitted with the abstract. The purpose of the expanded summary is to provide additional information to help reviewers judge the relevance and quality of your work. It should not repeat the abstract material, but instead should provide complementary details about the work. The average length of an expanded summary is 500 words (maximum 2,000).

We also welcome abstract submissions for consideration as a Special Session, Innovations in Injury Methodology, Student Paper Award, APHA Film and Technology Theatre, and Latebreakers as noted below. **Except for Latebreakers, all abstracts are due February 13, 2009.**

Special Sessions. We welcome proposals for full sessions (90 minutes in length). In addition to the electronic online submission of an individual abstract for EACH of the 4-5 papers to be included in a Session, a one-page overview of the proposed Session MUST be submitted directly to Dr. Keshia Pollack (kpollack@jhsph.edu), the ICEHS Scientific Program Committee Chair. This one-page overview should include:

1. Overall session title;
2. Name of the lead facilitator and the contact person for the Session;
3. Brief overview of the rationale for the Session; and
4. List (in presentation order) of the individual abstracts to be organized into this Session, complete with titles, presenters' names, and time allocated for each presentation and any discussion periods.

Please note that each individual abstract to be included in a Session must be submitted through the APHA electronic abstract submission process. In the "Comments to Organizers" box for each abstract submission, the authors should indicate that the abstract is to be considered as part of the Proposed Session (indicated by Session title).

Methods Session: An annual session titled Innovations in Injury Methodology highlights methodological

advances to the field of injury science. Previously an invited session, this session is now issuing a general call for abstracts with a due date of February 13, 2009. This session will consist of 4 to 5 presentations focusing on methodological issues of interest to injury researchers. This session is coordinated by Dr. Guohua Li (gl2240@columbia.edu). Latebreaker abstracts are not eligible for consideration in this session.

Student Paper Award Competition. The purpose of the Student Paper Award is to foster and reward quality research efforts of student members of the ICEHS section. (Student members of APHA can select up to one additional section free of charge (in addition to their membership in the student section) by going on-line at apha.org. Contact kfreire@cdc.gov if you have questions on how to affiliate with the ICEHS section). To qualify for the competition, students must be currently enrolled or have completed their degree programs within the last year. Student paper award abstracts are submitted through the online APHA abstract submission process in accordance with APHA guidelines, which require that the work be original, unpublished, and not have been previously presented at a professional meeting. Both regular deadline and latebreaker abstracts qualify for consideration if the student meets the respective submission deadline AND indicates an interest in having their abstract considered for an award. (To indicate such interest, on the TITLE screen (Step 2 of the submission process), check the "YES" button on the "Consider This Paper For An Award" question (located in the "Presenting Author and Award Submission" box). Use the pull-down menu to select "Best Student Paper Award.") Following notice of acceptance of the abstract for either oral or poster presentation, by the Scientific Program Chair, applicants must submit a completed manuscript by September 1, 2009 according to the instructions posted on the ICEHS section website at apha.org. It is the full-length manuscript that is reviewed for the award. For additional information regarding the student paper competition review the ICEHS website or contact Dr. Susan G. Gerberich (gerbe001@umn.edu) or Dr. Lenora Olson (lenora.olson@hsc.utah.edu).

APHA Film and Technology Theatre. We also welcome abstract submissions for the APHA Film and Technology Theater. If you have documentaries, public service announcements, or other kinds of media related to ICEHS, please send an email to Dr. Keshia Pollack (kpollack@jhsph.edu) with the title, director, length of time, and media description.

Late-breaker Sessions. A call for late-breaker abstracts for research findings and events that have transpired after the February 13 deadline will be released in the summer of 2009. A notification that includes a firm submission deadline for the abstracts will appear in the ICEHS Newsletter. For questions related to late-breaker abstracts contact Dr. Shannon Frattaroli (sfrattar@jhsph.edu). Student abstracts submitted for late-breakers are eligible for Student Paper Award consideration as long as the full paper is submitted by the September 1, 2009 date as noted above.



Program Planner Contact Information:
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kpollack@jhsph.edu

19th Annual APHA Public Health Materials Contest

The APHA Public Health Education Health Promotion section is soliciting your best health education, promotion and communication materials for the 19th annual competition. The contest provides a forum to showcase public health materials during the APHA Annual Meeting and recognizes professionals for their hard work.

All winners will be selected by panels of expert judges prior to the 137th APHA Annual Meeting in Philadelphia, PA. A session will be held at the Annual Meeting to recognize winners, during which one representative from the top materials selected in each category will give a presentation about their material.

Entries will be accepted in three categories; printed materials, electronic materials, and other materials. Entries for the contest are due by March 27th, 2009. Please contact Kira McGroarty at kmcgroar@jhsph.edu for additional contest entry information.

~Natasha Williams

Renee Johnson Moves to Boston University

Renee M. Johnson, an ICEHS member since 1997, is pleased to announce that she has joined the faculty at the Boston University School of Public Health, Department of Social & Behavioral Sciences. This move comes after more than two years as a Research Associate at Harvard School of Public Health, where she worked with David Hemenway at the Harvard Youth Violence Prevention Center (HYVPC). Renee will continue to work with HYVPC despite the change in affiliation.

Renee's new department is home to two other ICEHS-affiliated faculty: Jonathan Howland and Emily Rothman. Jonathan studies falls among older adults, reduction of human error in safety-sensitive systems, and the effects of low-doses of alcohol or over-the-counter medications on occupational performance. Emily's research focuses on dating abuse perpetration, underage alcohol use, sexual violence prevention, and youth gang violence prevention. Renee, Emily, and Jonathan are looking forward to serving as the Host Committee the next time APHA is held in Boston! Renee's new email address is: rjohnson@bu.edu.

~Renee Johnson

APHA Action Board Update

The APHA Action Board recently had its first teleconference of the year. APHA's key priorities for the upcoming legislative year are: health reform, funding for CDC and HRSA, the transportation bill reauthorization, and climate change.

The letter from APHA Executive Director Georges Benjamin sent in December 9, 2009, to Senator Harkin about APHA's priorities in health reform can be found at:

<http://www.apha.org/NR/rdonlyres/7C29935A-748A-4EDC-8F9D-58E44E8A7EC5/0/APHAPHReformPrinciplesfinalHarkin.pdf>

You can access more information about APHA's policy and advocacy work at the APHA website (www.apha.org) under the tab "Policy and Advocacy." You'll need your APHA member number and password.

If you are not receiving APHA Action Alerts directly in your email, visit this site to see the latest Action Alerts:

<http://www.capwiz.com/apha/home/>

As a new member of the APHA Action Board representing the ICEHS Section, I would welcome your help – both in making injury prevention a greater advocacy priority for APHA as a whole AND in encouraging ICEHS members to take action on general public health advocacy outside of injury prevention. I think there is much we can do together to promote injury prevention and public health in general! Please contact me, Bella Dinh-Zarr, at dinhzarr@dinhzarr.org if you would like to work with me in disseminating information or other efforts related to the Advocacy Board. – T. Bella Dinh-Zarr

APHA Aging Forum Update

The APHA Aging Forum is composed of delegates from diverse APHA sections with a common interest in healthy aging. Although there are many members from Gerontological Health, other sections are also represented, including Vision Care, Environmental Health, Social Work, and ICEHS. Currently, the group is working on collaborating on specific Healthy Aging Communities projects in Atlanta and Toledo with a focus on self-assessment, disseminating health aging activity information in communities, and best practices for formal and informal physical activity program for older adults. If you would like to get in touch with APHA members working on this project, please email T. Bella Dinh-Zarr (new ICEHS liaison to the Aging Forum) at dinhzarr@dinhzarr.org. In addition, the Aging Forum holds an Aging Symposium at the Annual APHA Meeting. Details will be published in a future ICEHS newsletter.

UN Ministerial Meeting on Road Safety and Decade of Action (2010-2020) on Road Safety

In March 2008, ICEHS Section Chair Dr. Joyce Pressley and ICEHS Section Member and then APHA President Dr. Linda DeGutis, and ICEHS Section Councilor Dr. Bella Dinh-Zarr participated in the United Nations General Assembly meeting on road safety. This General Assembly led to a UN resolution on road safety that included a call for the first-ever Ministerial Meeting on Road Safety, which will take place in Moscow in November 2009. It is expected that this meeting of Ministers of Transportation, Health, and other high-level government officials will result in an official UN Decade of Action for Road Safety (2010-2020) similar to other UN Decades (for Disabled Persons, Malaria, Human Rights Education, etc) and greater investment in road traffic injury prevention. For more information, please contact: T. Bella Dinh-Zarr, PhD, MPH, at dinhzarr@dinhzarr.org.

~Bella Dinh-Zarr



Bella Dinh-Zarr with APHA Executive Director Georges Benjamin at the Health for All Inauguration Ball

APHA Health System Reform Webinar

The Community Health Planning and Policy Development (CHPPD) Section of the American Public Health Association (APHA) is coordinating a free web conference on The Role of Community in Health System Reform? on Wednesday, February 11, 3:00 - 4:00 p.m. Eastern Time. Three speakers will present perspectives on a position paper the section is working on. They will describe community health planning from the medical and from the public health/community perspectives, and opportunities for action. For more information, or to register, visit <http://www.chppd.org>.

~Priti Irani

Information Sought on Prescription Painkiller Overdose Prevention Programs

There is concern about the rapidly growing problem of fatal and non-fatal overdoses involving prescription opioid painkillers (such as hydrocodone, oxycodone, fentanyl, and methadone). Middle-aged (ages 35-54) men are at the highest risk. PIRE working with the North Carolina Department of Public Health is seeking effective, relevant public health education, social marketing, and other types of interventions that could reach our primary target group and help them recognize and avoid the risks of overdose from prescription opioid painkillers.

They are looking for:

Relevant national, state, or local campaigns targeting middle-aged (ages 35-54) men. And also, previous efforts to reduce morbidity and mortality from pain pills (narcotic/opioid poisoning) among any population?

Please send your materials (focus group summaries, survey findings, scholarly articles, and/or published literature) to Monique Sheppard (sheppard@pire.org). These materials are being compiled by the NC DPH Poison Workgroup to achieve our goal of reducing morbidity and mortality from pain pills (narcotic/opioid poisoning), particularly among middle-aged men. For more information about the Poison Workgroup, please e-mail sheppard@pire.org.

~Joyce Pressley

14th International Conference on Violence, Abuse and Trauma

(Formerly the International Conference on Family Violence)



SEPTEMBER 21 - 26, 2009

Town and Country Resort & Convention Center, San Diego, CA

TRAININGS, WORKSHOPS AND CONFERENCE

Monday, September 21 - Saturday, September 26, 2009

POST CONFERENCE WORKSHOPS

Saturday, September 26, 2009 (PM)

CALL FOR SUBMISSIONS

THEME: "Promoting Peace in the Home, Your Community, and the World: Linking Practice, Research, and Policy Across the Lifespan"
(Presentations focusing on the theme of the Conference are highly encouraged)

CONFERENCE TRACKS: Children Exposed to Violence, Child Maltreatment, Adult Survivors of Child Maltreatment, Intimate Partner Violence Victims, Intimate Partner Violence Offenders, Trauma and Its Effect on Military Personnel and Their Families, Other Trauma, Sexual Assault Victims, Sexual Assault Offenders, Elder Abuse and Vulnerable Populations, Legal Issues and Criminal Justice, Healthcare, At Risk Youth

Note special themes of Cultural Diversity as well as Substance Abuse

SUBMIT PROPOSAL: [HERE](#)
SUBMISSION BOOKLET: [HERE](#)

Questions regarding the submission process can be directed to:

IVAT CONFERENCES

Institute on Violence, Abuse, and Trauma
1065 Old Grove Road San Diego, Suite 101
San Diego, CA 92131
858-527-1860 ext. 4030 or ivatconf@alliant.edu

~Holly Schipp

First Israeli International Conference on Healthcare System Preparedness & Response to Emergencies & Disasters



SAVE THE DATE: 11-14 January 2010

From January 11-14, 2010, the Israeli Ministry of Health and the Israel Home Front Command will be hosting the First Israeli International Conference on Healthcare System Preparedness and Response to Emergencies and Disasters. The meeting, which will be held in Tel Aviv, will provide an unparalleled opportunity for professionals from around the world to share the latest findings and new experience regarding health system readiness for disasters and emergencies of all types.

Conference Aims:

1. To provide a platform for the exchange of ideas, experience and lessons learned for practitioners and researchers involved in the field of preparedness and response to emergencies and disasters.
2. To promote international networking between health care professionals in the fields of preparedness and response to emergencies and disasters.
3. To enhance international research collaboration in the field of emergency and disaster medicine and public health preparedness.

Audience:

The conference is aimed at professionals (both practitioners and researchers) from the



civilian and military domains, government and non-governmental agencies and organizations involved in the delivery of health care, and agencies involved in preparedness and response of health care systems for the full gamut of emergencies and disasters. Professionals who would benefit from the conference include: physicians, nurses, emergency medical services personnel, emergency planners, public health, mental health, law enforcement, environmental protection agencies, and rescue and fire services.

Location: Dan Panorama - Tel – Aviv, Israel

Important dates:

1. Final date for submission of abstracts: July 1, 2009
2. Notification of abstract acceptance: August 31, 2009
3. Deadline for Early Bird registration: August 12, 2009
4. Presenters of accepted abstracts must be registered by: November 12, 2009
5. Late and on-site registration fee begins: December 23, 2009

Language of the Conference: English

Topics:

1. Healthcare system planning for emergencies and disasters
2. Training and exercising medical and other personnel for managing emergencies
3. Protection of healthcare facilities
4. C4 of disaster management – Command, Control, Coordination & Communication.
5. Risk assessment for different types of emergencies
6. Challenges posed by emerging threats
7. Surveillance systems for monitoring morbidity and mortality; detecting and identifying communicable diseases and pandemics
8. Methods for evaluating levels of preparedness for emergencies and disasters
9. Lessons learned from mass casualty events and emergencies
10. Logistics in managing emergencies
11. Disaster and emergency nursing
12. Interface relations between emergency agencies
13. Collaboration between military and civilian systems in managing emergencies
14. Mental health aspects of managing emergencies
15. Adjusted standards and protocols of treating casualties in disasters
16. Risk communication and public behavior in emergencies
17. Organizing volunteers in disaster medicine
18. The role of community health services in times of emergency
19. Role of international agencies in disaster medicine

For inquiries and additional information please contact: bruria@moh.health.gov.il

~Limor Aharonson-Daniel

ASTHO, NACCHO, and STIPDA Injury Prevention Webcast



ASTHO, NACCHO, and STIPDA are pleased to offer the next installment in their Injury and Violence Prevention Webcast Series. Entitled, “Integrating Injury and Chronic Disease Prevention: Successes, Challenges, & Lessons Learned,” the webcast will address current efforts to integrate injury and chronic disease prevention efforts at the federal, state, and local levels.

Presenters will address injury and chronic disease integration efforts being organized and implemented by their organizations, the challenges they have faced in achieving these efforts, and the next steps they plan to take to further develop these partnerships and activities.

The live webcast will take place on Wednesday, February 4, 2009 from 2:30-4:00 p.m. EST.

[Click here for more information and to register for the webcast.](#)

If you are unable to view the live webcast, the presentations will be available on the ASTHO, NACCHO, and STIPDA websites.

SAVIR, CIRCL, and STIPDA Webinar



Join SAVIR, CIRCL, and STIPDA for their jointly-sponsored, free, and live webinar entitled, “Preventing Motor Vehicle Crashes Among Young Drivers.”



Presenters will provide information and strategies from research being conducted to prevent teen driving-related crashes.

The live webcast will take place on Wednesday, February 11, 2009 from 2:00-4:00 p.m. EST.



[Click here for more information and to register for the webinar.](#)

POSITION ANNOUNCEMENTS



Title: Director, Injury Prevention

Salary Range: \$64,787.00 to \$86, 417.00

Contact Information:

Director, Human Resources

Association of State and Territorial Health Officials

2231 Crystal Drive, Suite 450

Arlington, VA 22202

202-371-9090

571-527-3189 (fax)

E-mail: resumes@astho.org

About ASTHO: The Association of State and Territorial Health Officials (ASTHO) is the national non-profit organization representing the state and territorial public health agencies of the United States, the U.S. Territories, and the District of Columbia. ASTHO's members, the chief health officials of these jurisdictions, are dedicated to formulating and influencing sound public health policy, and to assuring excellence in state-based public health practice.

Position Overview: The Director of Injury Prevention is responsible for leadership, policy analysis, and policy and programmatic implementation related to unintentional injury, injury response and violence prevention. A key responsibility is for the administration of the CDC federally-funded Cooperative Agreements in that area. The Director is a member of the ASTHO Prevention Team and reports directly to the Chief of Health Promotion and Disease Prevention. The position coordinates with the ASTHO Director of Chronic Disease in support of the ASTHO Prevention Policy Committee and collaborates across the organization, for example with staff in maternal child health, health care access, public health preparedness, environmental health and infectious disease. In addition the Director is responsible for coordination and collaboration and policy analysis with national partners in mental health and substance abuse.

Specific responsibilities include, but are not limited to:

1. Direct and managing federally funded project activities and related budget on a day-to-day basis.
2. Overseeing the fulfillment of objectives and strategies in the strategic plan relevant to project area.
3. Initiating, coordination and responding to technical assistance requests from state health officials and leadership staff in state health agencies
4. Fostering collaborative relationships with representatives from other national public health organizations, ASTHO affiliates, Federal agencies, and other stakeholder organizations.
5. Formulating, synthesizing, reviewing and drafting recommendations on national public health policy related to programmatic issues.
6. Developing, writing, and publishing fact sheets, issue briefs, and other documents; coordinate webinars, conference sessions, roundtable meetings and other educational opportunities.

7. Initiating and coordinating responses from the ASTHO membership on current priority issues.
8. Writing and reviewing cooperative agreements, including developing services and products for proposals.
9. Developing and writing funding proposals - including conceptualizing deliverables and identifying new funding opportunities that meet member needs.
10. Tracking and analyzing federal legislation related to programmatic issues.
11. Providing staff support to relevant ASTHO committees and task forces.
12. Professional representing of ASTHO at meetings and on workgroups and committees with summary reports to Chief of Health Promotion and Disease Prevention. Domestic Travel is approximately 10% of time.
13. Functioning effectively in a team environment.
14. Supervise student interns and policy analysts when indicated.
15. As part of the Senior Management Team has responsibility to professionally lead by example.
16. Performing other duties as assigned.

Requirements:

Education: MPH or related degree

Experience: State or local public health, injury prevention-related, and/or association experience desirable. Grant/Cooperative Agreement management proficiency. Awareness of public health policy from a state perspective. Experience with injury and violence prevention, mental health, substance abuse, or land-use policy desired.

Years Experience: Three years relevant work experience in public health, public policy and/or related knowledge of project focus area.

Skills: Excellent written and oral skills; ability to write about and describe complex concepts in easy-to-understand language; fiscal management skills; successful grant writing skills, interpersonal skills needed to coordinate, manage and execute multiple projects in a challenging environment; ability to develop project measures of success, analyze progress, evaluate outcomes, and forecast needs; ability to track and analyze related project issues and legislation at federal and state levels; ability to work with large networks and to represent ASTHO at meetings and conference on project-related issues. Ability to work independently and in a team environment, manage multiple projects and complete assigned tasks in a timely manner. Knowledge of Microsoft Office, basic knowledge of other software applications (e.g., database, desktop publishing, etc.) and HTML and/or Web page design.

Submit resume, cover letter, and writing sample not to exceed two pages.

ARCHIVISTS ATTIC

Lessons for us from the Great Depression of the 1930's? Rational Documentation and Advocacy Practices: Human Relations Leadership for "Accident" Prevention.

(Note this was part of my proposed presentation* before Worldwide Safe Kids, Twentieth Anniversary Conference .Oct 16, 2008, Washington, DC .modified from: Fisher L. Shaping the Millennium. From the History of Child - Home Injury in the United States, in public health journals (1900 - 1975), to Applications of Leadership Systems. Copyrighted Registered at www.extranet.icehs.org , members only and is not for reproduction without permissions)

(See also: ICEHS Newsletters Archivist's Attic, Sept and Oct 2002; Feb 2006 and Dec 2007.)

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For us historians, one major fallacy is to reflect on the past by using current paradigms.

With that caveat, here are some reflections and perhaps some echoes of the past on our present economic downturns.

The time period is the 1930's, the Great Depression, the small part of the corner of the world is our field's harbingers - the 'accident' prevention school.

The first offering is on home accidents. The ICEHS Section appreciates the written permissions from the American Journal of Public Health to have ICEHS reprint the following excerpts from the AJPH archives of 1929-1938, so to fill in some gaps in my commentary.

1. To begin- is this really a false dichotomy on data collection separated from planning, developing organizing initiating injury prevention programs?:

“Science is built with facts, as a house is built with stones. But, a collection of facts is no more a science than a heap of stones a house.”

Henri Poincare. *La Science et l'hypothese* Flammarion, Paris, (1902).

Introduction. In Mark Buchanan. *Nexus. Small Worlds and Groundbreaking Science of Networks.* W W

Norton &Company, NY, NY. 2002.11

OR

2. There are only a few different letters between change and challenge. In economic downturn it's a chance- (it was for me over many years in injury control)- for injury control to edit those different letters into written programming programs and on manuscripts for our future history. L.F. (The original source of “challenge and change “ was adapted from Leadership Course at NYS Dept of Health , circa 1990). Moreover, those different letters must be not just framing “Injury Control” but cost savings to society and taxpayers (see ICEHS Newsletter Dec 2007).

The Great Depression period, worldwide and in the USA from 1929 to circa 1939 – with bread lines, home tents camping near the White House, 20 percent unemployment, one out of four banks failing – still continued philosophical or limited programmatic progress on injury prevention. In 1935, innovative national data collection started on the class of child and home injury. Non fatal home accidents were first included in the Nation Health Survey by frequency of disability of one week or more by means and nature of the injury, age, sex, employment, extent of impairment, and persons disabled for the twelve months immediately preceding the day of interview. ⁱ. By 1936, about 36,500 Americans died in auto accidents and 36,000 in home accidents, a newly recognized growing threat to the public health. (A New York State study showed that by 1940- 1948, home injury deaths in upstate New York had greatly accelerated those of motor vehicles.ⁱⁱ) In a plea for state cooperation to reduce motor vehicle related injury to occupants, President Franklin D. Roosevelt, sent in 1936 a letter to the Governor's of the forty-eight states: his leadership leveraging - in the worse time of our nation's history - for injury prevention during the Great Depression moved states to establish Governor's Traffic Safety Committees (and in the early 1940's he spoke nationwide about more lives being lost on the home front from' accidents' and the need for home safety groups to come together),. ⁱⁱⁱ In 1937, leaders of the National Safety Council and the State and Provincial Health Authorities of North America conferred on:" What shall we do about accidents?"^{iv}

A follow-up thrust for later planning and development for injury prevention started at the October 23, 1936, Annual APHA Meetings, Vital Statistics Section, in New Orleans. New York State Health Department Commissioner, Edward Godfrey, subsequently APHA President, stated his thesis statement that health departments study of "accidents" required an epidemiological approach:

"few, if any health officers or health departments are displaying any interest in prevention of injury and death from accidents. They are content that statistics shall be tabulated and published, leaving prevention entirely to other agencies or the will of God... It is the field of home and public accidents however, that I believe the health department has the greatest responsibility and opportunity."^v

Godfrey, while offering an agrarian thesis of a rational documenting system for preventing accidental deaths (he offered evidence that injury death were beginning to exceed deaths from the major communicable diseases , and the 1938 APHA Resolutions cited Congressional funding support for accident prevention ^{vi vii}), would fail to neither develop a program plan nor organize a structure, nor suggest any evaluation approaches. He, instead, proposed collecting of data and vague informational remedies of being safe and careful. He, like Shattuck in Boston or Chadwich in England on rational and on emotive public health leadership for changing poor housing conditions, was unable to directly leverage real change.

And Godfrey's pleas would be on deaf ears as A War had converged on other foci, not unlike today – for our country and the world. WWII end was the 'mother of returning to prosperity'.

ⁱ*Proceedings of the First Conference on Home Accident Prevention*. Ann Arbor: University of Michigan School of Public Health, National Safety Council, USPHS, APHA Committee on Home Accident Prevention, 1953.

ⁱⁱ Brightman IJ, McCaffrey I, Cook LC. Morbidity statistics as a direction finder in home accident prevention. *Am J Public Health*.1952;24:841.

ⁱⁱⁱ Inside Cover: *Am J Prev Med* 2001;21.(thanks to Dave Sleet, CDC, for his research and that offering)

^{iv} Johnson W., King B., op cite. 7.

^v Godfrey E. Role of health departments in the prevention of accidents. *Am J Public Health*. 1937;27:152 - 155.

^{vi} Year Book . *Amer J Public Health* .1938;28:34-35. (see also Godfrey's advocacies on noise conditions and accidents and on his presentations at national meetings, respectively , in: *Amer J Pub Health* . Year Book Part III .28(2) ;160-161 (Feb1938); Year Book 1938-39.Part 1. 29 (Feb 1939) ; and also 29 (Aug 1939). (For the last two citations , the pages were not found but search phrases 'Godfey and accidents' found at www.ajph.org ,on 8/16/07)

^{vii} Editorial: The health officer and the accident problem. *Am J Pub Health*. Dec 1937;27:1290-1291.

There was also Great Depression activity on motor vehicle, suicide, and homicide injury prevention:

-ACCIDENTS (From: AJPH 1929)

PREVENTIVE medicine has been concerned too exclusively with the prevention of disease, the great majority of its devotees still regarding that function as the chief, if not the only province of their profession. Some of the old dictionaries had in their definition of medicine "the remedying, as far as possible, the results of accident and violence." The speed of modern life has forced us to recognize the prevention of accidents as a part of our calling, though a casual survey of books on hygiene and preventive medicine indicates that only those interested in industrial hygiene have given the subject the attention which it deserves.

The 1928 report of the National Safety Council¹ arrests one's attention. During 1927, more than 95,000 deaths occurred by accident. If the same rate of increase holds for 1928, approximately 100,000 lives will have been lost. While the year showed a low general death rate, no improvement for accidents is evident. From 1911 to 1928, there was a total decrease in the death rate from accidents of 7.2 per cent, all of which, however, occurred prior to 1921, since which year the death rate has steadily increased. The actual number of deaths per year has increased 20 per cent. **The most striking item is that deaths from automobile accidents have increased 1050 per cent during the same period. (bold LF)** It is leasing to note the great improvement in deaths from railway and street railway accidents-37 per cent in one case, and 44 per cent in the other. As might be expected, a large number of automobile accidents occur among children, most of them in the 5-9 year period. This rate is exceeded only in the longer 15-24 year period, by approximately 3 per cent. Defects in the vehicle, such as poor brakes, improper lighting, etc., played a comparatively small part in the total number of accidents, there being only 4,969 cases reported in approximately 200,000 vehicles. Intoxication and physical defects were reported in 3,163 cases, 90 per cent of these being the result of intoxication. As far as the responsibility of the driver of the cargoes, the greatest number of accidents occurred through violation of the rules of right of way. Excessive speed, driving on the wrong side of the road, failing to signal and cutting in, come next in order as given. As far as pedestrians injured are concerned, crossing at intersections without a signal was the chief cause of accidents, crossing between intersections coming next, and playing in the street third.

A more recent report from the City of New York,' while not so detailed in character, shows that highway accidents lead as the cause of violent deaths- 1,306 out of 5,902.

The figures taken from these two reports have been selected because, for the most part, they represent the more easily preventable causes of accidents. The railroads and street car lines have adopted very widely the " **Safety**

First " slogan. It is recognized that the great increase in automobile traffic has had a marked influence in decreasing the number of passengers on railways and street cars, especially for the short hauls, but there is little doubt that care of equipment and instructions to operatives have also played a part. It seems time for those interested in hygiene and public health to take a more active part in the education of the public in the prevention of accidents, and for the influence of the vast body of health workers to be exercised, not only for the making of laws, but for the provision of officers to enforce such laws.

REFERENCES

1. Public Safety Series, No. 17, 108 East Ohio 'Street, Chicago, Ill.
2. Weekly Bull., Dec. 1, 1928.

-AJPH 1932:

' In 1932, the overall accidental death rate was 70.5 the lowest in the history of the united states except for 1921-22 (68.4 and 67.6)..MV accidental deaths declined lowest in history by 13%..'

...the reason for decreased MV accidental deaths was due in part "to safer use of streets and highways" and the lower occupational accidental deaths, ... higher unemployment". For MV data, state by state assessments are provided.

LF Note: The above sampled web archive (it also has tasteless racist comments on stats and causes of homicides and suicides) is from a AJPH published column:

Vital Statistics. *Amer. J. Pub Health* 23(6): 629. 1933 , courtesy to apha.icehs section for reproduction and use , and also at www.ajph.org:

<http://www.ajph.org/cgi/reprint/23/6/620?maxtoshow=&HITS=25&hits=25&RESULTFORMAT=1&andorexacttitle=and&andorexacttitleabs=and&fulltext=lower+accidental+deaths&andorexactfulltext=and&searchid=1&FIRSTINDEX=25&sortspec=relevance&resourcetype=HWCIT>

- AJPH 1933:

“In its campaign against the eye hazards of industry, the Society cooperates with state labor departments, industrial journals, insurance companies, trade associations, universities and vocational schools, safety engineers, and others professionally concerned with industrial accident and health problems.

During the past year the Society sought, particularly, to arouse the public against dangerous fireworks and toy firearms, which constitute serious hazards to children. A survey conducted by the Society revealed that many children lost their sight as the result of accidents while playing with such toys”.

- AJPH 1933:

“Attention should be called to the rate of fatal automobile accidents, 22.0, the lowest in 4 years, and that of other types of accidents, 47.0, which has never been lower. These figures reflect not only the effect of safety measures, but also of the decrease in the number of automobiles on the highways and machines in operation in factories.

Compared with 1931, cases of sickness from reportable diseases increased by 15,000. More cases of scarlet fever were reported than ever before, the total of 40,000 being greater by 50 per cent than the corresponding

figure in 1931. Cases of measles increased by 6,000, whooping cough by 1,500. The number of reported cases of syphilis, almost 60,000, was by far the greatest on record, representing a rise of more than 100 per cent since 1925. Among the favorable events was the drop in cases of poliomyelitis, the total for the year, 333, being a gratifying contrast to the 6,000 or more cases registered during the epidemic of 1931. A new minimum point was reached by diphtheria, with 4,200 cases in the entire state as compared with 11,000 only 4 years ago.-NTew York State Weekly Health News, 10:25-26 (Feb. 13), 1933.”

- AJPH 1933:

“**Safety First** for Little Folks-By

Lillian M. Waldo. New York:

Scribner, 1933. 165 pp. Price, \$64.

That safety education has definitely established its place in the elementary schools is proved by statistics which show a steady increase in fatalities for adults and for children of preschool age, and a marked decrease for children of school age. The story centers around a little girl who dreamed that she took a trip to Danger Land and who tells of her experiences with the crippled children she met there. The safety lessons drawn are correlated with civic instruction to show children what the community is doing for their welfare and how they can cooperate. The book contains a number of illustrations.

A very good book for children of the third, fourth, and fifth grades if studied under the supervision of an understanding teacher. Bess Exton

That Great Depression ‘thunder of history’, (what we cannot change), we pray, will never be repeated. But in crisis and political changes , comes new opportunities for the safety of consumers . Our history can also show how our leaders in earlier generations coped and moved our injury prevention systems forward. (See www.extranet.icehs.org , Members’ Only for my major surveys and overlays of modern leadership models on our injury control history) ; also check out some broader overlays on our field : “ A Bookshelf of Change. Essential works that altered America’s thinking “. (WSJ.Nov 8-9. 2008, W8);; works by David Thoreau, Harriet Beecher Stowe, Betty Friedan, Mark Twain, and Dr. Benjamin Spock.

My opinions are mine alone.

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* A death in the family did not permit me to present.

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