

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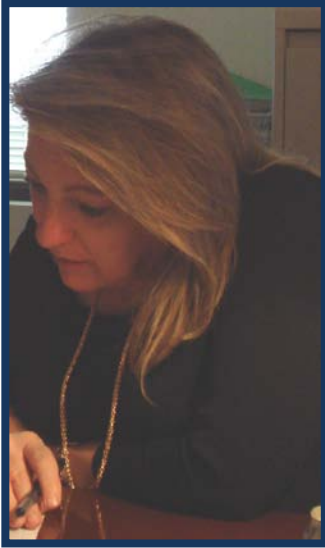
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Greetings from your ICEHS Section Newsletter Editor John Lundell at the University of Iowa Injury Prevention Research Center. I am pleased to help share important information among the members of our section. Please send articles, announcements, and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

Notes from the Chair

Dear Injury Colleagues,



Several ICEHS members presented their injury work at the World Federation/World Congress on Public Health in Istanbul, Turkey a few weeks ago. Initiating injury presentations at this conference was an important step in our continuing efforts to raise awareness of the global burden of injury. Assisting with our efforts to advance a global injury prevention agenda were ICEHS members Rebecca Spicer, Ted Miller, Bella Dinh-Zarr, Larry Cohen, and myself.

The global road safety panel organized by ICEHS member Bella Dinh-Zarr with moderation from APHA staff member Mighty Fine was well received. APHA member and leader, Deborah Klein Walker moderated the panel organized by Larry Cohen and the Prevention Institute on Reducing Injuries and Violence through Community Action to Address Determinants of Health. Other sessions included reports by Ted Miller and colleagues on violence and substance abuse and alcohol. One of the major outcomes of the meeting was that our U.S. based ICEHS contingent in conjunction with our international colleagues initiated a dialogue on strengthening the presence of a global injury agenda within the framework of the World

Federation/World Congress on Public Health. Members will be able to participate in our related on-line discussion later in the summer via of our ICEHS website based e-communities discussion forum.

Our communications committee is continuing to work very hard to strengthen and expand the content offered to members via of the ICEHS section on the APHA website located at <http://www.apha.org/membergroups/sections/aphasections/icehs/>. One of the important additions is a discussion board (accessed by selecting *My Communities*) to which members themselves may directly post comment. We have organized themes, mostly along ICEHS committee lines, but also containing other topics of interest such as transportation issues, injury disparities and global injury prevention. To view and post to this members-only section of the website, you will need your APHA member number and password. (If you do not know your members number and password, select member login on the upper right corner of the APHA main page and then forgot my member number and password. You should have it within minutes.) If you want to participate, you should subscribe to e-communities using the instructions listed on the *My Communities* section of the website. You can then view ongoing discussion, sign up for a committee, and post your own thoughts. We view this as a major breakthrough in the facilitation of collegial interaction on injury, violence and emergency health services issues. If you are not an ICEHS section member, join today and sign up for e-mail alerts for additions to the discussion group(s) of your choice. Look forward to visiting with you on-line!

Best wishes,

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

Register Now for APHA Annual Meeting



From November 7-11, 2009 thousands of public health professionals will convene in Philadelphia, PA for the APHA 137th Annual Meeting and Exposition. Over, 1,000 cutting edge scientific sessions will be presented by public health researchers, academicians, policy-makers and practitioners on the most current public health issues facing the nation today. To ensure that no public health professional misses this opportunity, this year's Annual Meeting will be more affordable than ever. Hotel rates have been slashed so that no rates are higher than \$195. Eleven of the 15 contracted hotels are offering rates between \$149 and \$179. Registration and Housing Open June 1st. Save up to \$115 on registration by registering before August 28. Take advantage of these discounts and join your colleagues in a meeting you won't want to miss. For more information about the Annual Meeting and the role your Section or SPIG will make it's success visit www.apha.org/meetings!

We're on Twitter: APHAAnnualMtg

~Natasha Williams

ICEHS Call For Late-Breaker Abstracts

As the ICEHS APHA 2009 Program Co-Chairs (Keshia and Shannon from Johns Hopkins Bloomberg School of Public Health) we would like to thank all of you who submitted and reviewed abstracts for the 2009 APHA Annual Meeting. We were impressed by the quality of the submissions and unfortunately, we were unable to accept all of the abstracts. We appreciate and thank you for your enthusiasm and interest in sharing your work with the ICEHS community.

We are excited about the program that we assembled. Not including the late-breaker sessions, during the meeting, ICEHS will sponsor 9 poster sessions and 15 oral sessions. We are co-sponsoring two sessions with other sections: one on self-inflicted injury jointly-sponsored with the Mental Health Section, and one on eye injuries, jointly organized with the Vision Care Section. In addition we will have several special sessions that highlight injury research methods, exploration of data, trust in public health during disasters, and water-related injuries. Please be on the lookout for a detailed schedule of all of the sessions in our fall ICEHS newsletter.

We want to remind you that the deadline for late-breaker abstract submission is Friday, July 17, 2009 at 11:59 PST. The announcement for the call is below.

We look forward to seeing you in Philadelphia!

Submission Deadline: Friday, July 17, 2009, 11:59 PM PST

APHA's Injury Control and Emergency Health Services (ICEHS) Section is inviting abstracts to be submitted for two Late-Breaker Sessions to occur at the 2009 APHA Annual Meeting in Philadelphia, PA. The poster session is scheduled for Sunday, November 8 from 2:30 PM to 3:30 PM. The oral session is scheduled for Tuesday, November 10 from 4:30 PM to 6:00 PM.

These sessions are a forum for presentation of research findings and events that have been produced or transpired recently (i.e., after the February deadline of the original ICEHS Call for Abstracts). A brief

statement should be included in the abstract (or in the expanded summary, described below) that justifies how the work meets this criterion of being “late-breaking.”

The Section will accept abstracts of no more than 250 words (structured as: Background/Purpose, Methods, Results/Outcomes, and Conclusions) between June 15, 2009 and July 17, 2009, 11:59 PM PST. An expanded summary of the paper must be submitted with the abstract. The average length of an expanded summary is 500 words (maximum limit of 2,000). Its purpose 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. Do not include tables or figures in your submission.

Preferences for oral versus poster presentation will be considered, but the program committee will make the final determination. Only one abstract may be submitted per primary author. Abstracts must contain results, and abstracts specific to the theme of the conference, “Water and the Public’s Health,” are encouraged. Individuals who present abstracts at the Annual Meeting must be members of the APHA.

Students are encouraged to submit a late-breaker abstract and are eligible to be considered for the Student Paper Award. Your preference to be considered can be indicated using the menus in the online submission website. To be considered, students must submit a complete manuscript for review by September 1, 2009. Detailed instructions regarding the Student Paper Award will be posted on the ICEHS website:

<http://www.apha.org/membergroups/sections/aphasections/icehs/>

All abstracts must be submitted through APHA’s website: <http://apha.confex.com/apha/136am/late.htm>
Notification of decisions will be e-mailed to all submitters in early August. Please address questions to Dr. Shannon Frattaroli, ICEHS Late Breaker Coordinator, at sfrattar@jhsph.edu.

~Keshia Pollock

ICEHS E-communities: What it is, How to Access it, and Its Capabilities

The ICEHS eCommunities is an interactive tool that allows members to communicate with each other on topics of interest to professionals working in the field. This section contains news, discussion groups and a bulletin board. It is possible for members to initiate discussion and upload content on existing and new topics. Members can subscribe to the ICEHS eCommunities and openly communicate and share documents with other subscribed members. If you need a password, go to the APHA home page, click member log-in and forgot member number and password—it will be e-mailed to you.

To subscribe to eCommunities:

- Go to the eCommunities login page at: <https://secure.apha.org/source/communities/userhomepage.cfm>
- Enter Member ID and password (first letter of first name and last name)
- Click on “Subscribe/Unsubscribe”
- Click the “subscribe” button for the eCommunity you would like to join
- Choose your preferences – we suggest choosing to receive either weekly emails or no emails

To read and post to discussion topics:

- To see various posts by members, click on the topic title
- If you wish to make a comment, click “Reply” (you may edit or delete your own post at any time)

- To create a new thread of discussion, click “Create New Topic” then enter information in “Subject” and “Message” fields

To read and share documents in bulletin boards:

- To see all folders, click on “View complete bulletin board”
- To see documents within a folder, click on that folder
- To add a document within a folder, you must be in the specific folder, then click on “Add Document to Bulletin Board” (.txt, .doc and PDFs may be uploaded)

~Joyce Pressley

Health Care Reform Discussion

Former ICEHS Chair Larry Cohen, Director of the Prevention Institute, has been active in the health care reform discussions. Below is a letter from Larry published in the New York Times, followed an excerpt from the May 21, 2009 Briefing Paper for Meeting of the Senate Committee on Health, Education, Labor and Pensions: “A New Vision for American Health Care: Strengthening What Works and Fixing What Doesn’t”

Can Health Insurers Be Cost-Cutters?

New York Times, May 12, 2009

To the Editor:

Paul Krugman (Harry, Louise and Barack, column, May 11) is absolutely right: the Obama administration should always remember the self-serving profit motives of the health care industry.

But this is not 1993, and most Americans are now clamoring for health reform. The administration is not without leverage at the bargaining table; in fact, it comes with a strong hand. If industry is endorsing quality, efficiency and best of all, prevention, let’s make it walk the talk.

The administration can (and should) demand that a reformed approach to health include substantial investments in prevention. This may be America’s chance to create a health system that truly protects and promotes our health; old villains cannot stand in the way.

Larry Cohen
Executive Director
Prevention Institute
Oakland, Calif., May 11, 2009

<http://www.nytimes.com/2009/05/13/opinion/113care.html>

Building a New Framework to Enhance Prevention and Wellness

The Senate has released a draft framework for the prevention piece of comprehensive health reform. It identifies seven service areas. In each of the seven, injury prevention can and should be a key element. Congress members need to be informed by constituents of the potential value of saving money, lives, and misery through injury and violence prevention. The key goals are listed below. (Excerpt from the May 21, 2009 Briefing Paper for Meeting of the Senate Committee on Health, Education, Labor and Pensions: “A New Vision for American Health Care: Strengthening What Works and Fixing What Doesn’t”)

- Reimbursing for essential preventive services.
- Removing barriers to preventive services.
- Promoting community wellness and strengthening our public health system.
- Changing medical school and residency curricula.
- Promoting the benefits of wellness and prevention.
- Encouraging workplace wellness programs.
- Creating a Federal-level Prevention and Public Health Council.

Reimbursing for essential preventive services: We will reform our health insurance system to incentivize providers to promote basic preventive services such as screenings for diabetes, depression, and colorectal and other forms of cancer, tobacco cessation, and nutrition counseling. These types of basic preventive services save money and improve the quality of life for all Americans.

Removing barriers to preventive services: We will remove barriers to preventive services that discourage individuals from participating in screenings and preventive initiatives. Studies show that even small copayments and deductibles cause individuals to forego essential screenings and annual physicals which detect health problems before they become full blown conditions. These and other barriers to preventive services will be eliminated.

Promoting community wellness and strengthening our public health system: Health reform must occur in communities as well as in medical settings. Most chronic diseases can be prevented through lifestyle and environmental changes. Community prevention programs encourage physical activity, good nutrition, and the reduction of tobacco use, helping individuals to make healthy choices easier. Strengthening our public health system is critical to protecting people from health threats beyond their control, such as bioterrorism, natural disasters, infectious outbreaks, and environmental hazards.

Changing medical school and residency curricula: Currently, health care professionals receive little or no formal training in prevention and public health. The Hippocratic Oath says: “First, do no harm.” A reformed curriculum will teach the next generation of health care professionals: First, prevent unnecessary disease.

Promoting the benefits of wellness and prevention: People need information to take charge of their health. This includes educating the general public and health care providers about the benefits of lifestyle changes that keep people healthy and out of the hospital. Also, we must support health literacy programs to relay information in the most understandable manner.

Encouraging workplace wellness programs: We must give employers technical assistance and evaluations of effective workplace wellness programs.

Creating a federal-level Prevention and Public Health Council: The goal of the Council will be to improve coordination among federal agencies to incorporate wellness into national policy and to develop a national strategy with public health goals and objectives for the nation to achieve.

~Larry Cohen

AHRQ Releases New Reports from the Healthcare Cost and Utilization Project

The Agency for Healthcare Research and Quality (AHRQ) announces the release of two new reports from the [Healthcare Cost and Utilization Project](#) (HCUP). They have been added to the HCUP User Support Website: [Medicare Hospital Stays: Comparisons between the Fee-for-Service Plan and Alternative Plans, 2006](#) (HCUP Statistical Brief #66) and [Trends in Uninsured Hospital Stays, 1997-2006](#) (HCUP Statistical Brief #67).

Hospitals Spend Less for Patients in Medicare Advantage than for Patients in Fee-For-Service Medicare

Treating a patient enrolled in the Federal Medicare Advantage health insurance program costs hospitals an average of \$10,800 compared with an average of \$11,100 for those enrolled in Medicare's traditional fee-for-service program, according to the latest report from the Agency for Healthcare Research and Quality (AHRQ).

Medicare Advantage, launched in 1997, allows patients to enroll in managed care plans. Nationally, patients enrolled in Medicare Advantage accounted for 14 percent of the 12.2 million Medicare patient stays in 2006.

To explore differences, AHRQ conducted an analysis of 5.7 million hospital stays of patients over age 65 in 13 states in 2006. Findings show that:

- Patients in Medicare Advantage had shorter stays than their fee-for-service counterparts—5.2 days compared with 5.9 days.
- In Medicare Advantage, 35.5 percent of patients were categorized as most severely ill, compared with 38.5 percent among fee-for-service Medicare patients.
- Fifty-two percent of the patients in Medicare Advantage went home after their hospital stay and not to a nursing home or under the care of home health care agency. This compares to 47 percent of fee-for-service Medicare patients.

These findings are based on data from [Medicare Hospital Stays: Comparisons between the Fee-for-Service Plan and Alternative Plans, 2006](#) (HCUP Statistical Brief #66). The report uses statewide hospital discharge data for 13 states in 2006. The inpatient stays are in short-term, non-Federal hospitals and include all patients over age 65 who were Medicare beneficiaries, with or without other insurance coverage.

Hospital Admissions and Bills Rising for Uninsured Americans

Hospital admissions for the uninsured increased by a third between 1997 and 2006, rising from 1.7 million to 2.2 million stays, according to the latest report from the Agency for Healthcare Research and Quality (AHRQ). The 34 percent increase is more than double the 14 percent rise in overall hospital admissions during the same period.

The proportion of uninsured hospital stays in the South and Northeast grew by 39 and 26 percent, respectively; decreased in the Midwest by nearly 20 percent; and remained stable in the West.

AHRQ also found that the bill for treating uninsured patients has increased by 76 percent from \$11,000 to \$19,400 per stay over the same period after adjusting for inflation compared to a 69 percent increase in hospital charges overall.

Several conditions fueled the significant increase in hospitalizations, including

- Skin infections rose 167 percent, from 27,900 to 74,500 hospital stays per year.

- Chest pain with no known cause increased 101 percent, from 39,300 to 79,200 hospital stays per year.
- Diabetes with complications, such as poor foot or leg circulation, jumped 76 percent, from 31,000 to 52,000 hospital stays per year.
- Depression and other mood disorders rose 41 percent, from 55,000 to 77,300 hospital stays per year.
- Childbirth admission, the most common reason for hospitalization among the uninsured, increased 32 percent, from 190,700 to 251,800 hospital stays per year.

These data are based on data from [Trends in Uninsured Hospital Stays, 1997- 2006 \(Statistical Brief #67\)](#). The report uses statistics from the 2006 Nationwide Inpatient Sample, a database of hospital inpatient stays that is nationally representative of inpatient stays in all short-term, non-Federal hospitals. The data are drawn from hospitals that comprise 90 percent of all discharges in the United States and include all patients, regardless of insurance type, as well as the uninsured.

~P. Hannah Davis, AHRQ

STOP Injuries: A Prevention Leadership Program. Now Available!



The ENA Injury Prevention Institute/ EN CARE released its “*Strategic Thinking On Prevention (STOP) of Injuries*” program. The STOP Injuries program is a self-study, six-module interactive learning tool that provides emergency nurses and public health professionals a strong knowledge-base complemented with skill development activities relative to injury prevention. The program content was guided by the national core competencies for injury and violence prevention.

For more information about this program visit www.ena.org/ipinstitute/STOP/default.asp or contact the ENA Injury Prevention Institute at (800) 900-9659, ext 4112 or via email at ipinstitute@ena.org.

~Pierre Desy

APHA Community Health Worker Special Primary Interest Group Membership Drive

The Community Health Worker Special Primary Interest Group (CHW SPIG) needs your support as they embark on a membership drive to continue the CHW workforce development and educational efforts. The CHW SPIG is in the process of applying for section status. They have met all of the requirements except the minimum number of members. In order to be considered for section status, they must have 250 members. They are currently just over 200. Please assist them in meeting the needed membership numbers by joining this SPIG if you are a community health worker (and passing this notice on to colleagues who may be interested). Current APHA members may add the SPIG to their current affiliations for a small fee. APHA members who already have two affiliations can add the CHW SPIG at no additional cost. For more information, please contact Lisa Renee Holderby at: holderbylr@aol.com

~Bella Dinh-Zarr

International Health Section Collaboration

ICEHS Members Billie Weiss and Bella Dinh-Zarr are acting as liaisons with the International Health (IH) section of APHA. At the May 28, 2009, IH mid-year meeting in Washington, DC, our IH colleagues enthusiastically welcomed opportunities to collaborate with ICEHS on future annual conference sessions, advocacy, policy, and other activities. Please contact Billie Weiss [billieweiss@verizon.net] and Bella Dinh-Zarr [dinhzarr@dinhzarr.org] with your suggestions.

~Bella Dinh-Zarr

Action Board Update

1. Health Reform: In late June, APHA will be launching a toolkit on Health Reform Advocacy and the Fact Campaign on Health Reform. See the website www.apha.org under “Advocacy & Policy” tab for more information.
2. Annual Meeting Advocacy Session: Monday, November 9, 2009, 10:30am-12pm (examples of advocacy strategies from local, state, national, and possibly international models).
3. Generation Public Health video “Healthiest Nation in One Generation”: In case you haven’t seen this APHA video created for the last Public Health Week in April, which can be used on your website (and which mentions ICEHS related topics), visit: www.generationpublichealth.org - it’s worth a look!
4. Action Alerts: Are you getting Action Alerts? Every APHA member should be getting these alerts so if not, please let me know. Also, I will be working with the APHA staff on creating some Action Alerts related to injury prevention and emergency health services.
5. General: Many Action Board members are in agreement that sections and members should be a part of developing the policies APHA endorses rather than just disseminating or acting on them once they are created. I’ll continue working on this and keep you updated...

~Bella Dinh-Zarr

New Documentary on Global Road Safety

The FIA Foundation and Make Roads Safe have released a new documentary on road safety featuring actress Michelle Yeoh and injury prevention specialists from around the world. It is entitled “Turning Point” but is being shown under the title “Dying to Go to School” on BBC World TV currently. The film calls for a Decade of Action for Road Safety in 2010 following the upcoming Ministerial Meeting in Moscow in November. Road crashes are the leading cause of death for children over 5 and result in 1.3 million deaths (and 30-50 million injuries) each year. To see a clip of the film, which was debuted at a Make Roads Safe event in Rome and at the Cannes Film Festival recently, go to www.makeroadssafe.org. More information about the Moscow Ministerial and the Decade of Action for Road Safety can be found in upcoming editions of this newsletter.

~Bella Dinh-Zarr

ICEHS Members Attend World Congress on Public Health



Pictured left to right- Greig Craft (Asia Injury Prevention Foundation), John Mumford (International Road Assessment Program), Mighty Fine (APHA), Bella Dinh-Zarr (Make Roads Safe/FIA Foundation), Joyce Pressley (Columbia University and ICEHS Chair), and Larry Cohen (The Prevention Institute).

New APHA Platform for Legislative Alerts

APHA has a new online platform for our legislative alerts. Please visit <http://action.apha.org/site/PageNavigator/Advocacy> to send a letter to your Congressional representatives urging their support for funding for public health agencies in fiscal year 2010, funding for pandemic influenza preparedness, supporting FDA regulation of tobacco products and addressing public health in climate change legislation. Help APHA influence lawmakers to make public health a priority this year.

~Joyce Pressley

Congratulations Anara!!

This recently arrived from ICEHS member Anara Guard:

Great news – East meets West! After due consideration, exhaustive research, extensive correspondence, and prolonged courtship, we have made up our minds: Anara and Dave are marrying! Anara tells us “Dave is a pediatric nurse who left bedside nursing a decade ago to work in electronic medical records within the UC Davis hospital system. Nice smile, brilliant mind, wonderful sense of humor, ok I am smitten. We met in college and have been friends for about 1000 years....”

Congratulations and best wishes Anara and Dave from all your friends in ICEHS!



Alcohol Screening and Brief Intervention Manual

APHA is proud to announce the release of "Alcohol Screening and Brief Intervention: A Guide for Public Health Practitioners". This manual provides public health professionals with information, skills and tools needed to conduct screening and brief intervention (SBI) to help at-risk drinkers reduce their alcohol use. Download the manual for free online: <http://www.apha.org/programs/additional/progaddNHTSI.htm> ICEHS member Anara Guard was primary author of this manual with Dan Hungerford of CDC serving as an expert reviewer. SBI has been shown to be effective in reducing injury-related visits to emergency rooms.

~Anara Guard

Aging Forum Announcements

Our colleagues in the Aging Forum would like us to know about their sessions at the Annual Meeting. Please attend if you can and contact Bella Dinh-Zarr <dinhzarr@dinhzarr.org> if you would like to collaborate on aging and injury activities with the Aging Forum.

Link to Forum on Aging symposia and our business meeting:
<http://apha.confex.com/apha/137am/webprogram/HCHA.html>

Aging Sessions at Annual Meeting:

1. Sunday, November 8, 2009 3:30 PM-5:00 PM
256.0 Business Meeting Healthy Communities for Healthy Aging Forum