

**American Public Health Association
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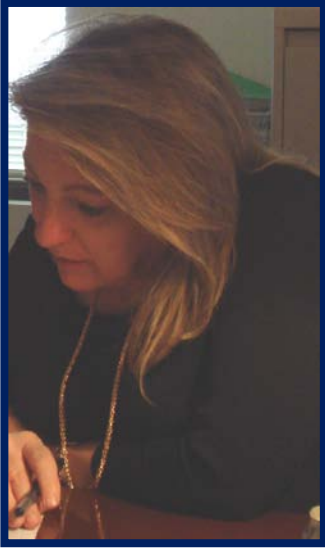
CONTENTS

Notes from the Chair.....	2
2009APHA Annual Meeting Items of Interest.....	3
Award-Winning ICEHS Booth Needs You To Make It Happen Again! ...	3
ICEHS Annual Awards Dinner Information.....	4
What Everyone Should Know About Philly.....	6
Media Advocacy: From Classroom to Crosswalk.....	8
New National Suicide Statistics at a Glance	9
Agency for Healthcare Research and Quality (AHRQ) Announcements...	10
SOPHE 2009 National Health Education Week.....	12
POSITION ANNOUNCEMENTS.....	14
ARCHIVISTS ATTIC.....	15

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,



It is hard to believe, but the 2009 annual meeting is only one month away. Both APHA and ICEHS have exciting events planned that make the trip to Phillie one not to be missed. As we near another annual meeting, many of us are anticipating meeting and greeting old colleagues, getting an update on activities in the field, and re-energizing our selves for another hopefully productive year. A lot has transpired since our last annual meeting and we look forward to more changes as new leadership assumes their roles.

We have our usual Monday morning all member breakfast where Committee Chairs and Co-Chairs will be in attendance to welcome new and long-time members. We urge you to visit the committee section of our work-in-progress website to learn more (consider signing up for the communications committee to speed website development).

<http://www.apha.org/membersgroups/sections/aphasections/icehs/benefits/>. As you familiarize yourself with the committees and their activities, if you are interested in becoming or continuing as a 2010 committee co-chair contact jat65@drexel.edu or holly.schipp@sdcountry.ca.gov to express your interest. If you are interested in joining a committee, visit the ICEHS booth (#117) or attend the new member breakfast. Sign-up sheets will be available at both sites. The Student Assembly has a well developed mentoring program. If you are a student interested in being mentored in the area of injury, violence, disaster or emergency health services, sign up with the student assembly and visit the ICEHS booth and breakfast as well to meet and talk with potential mentors. If you are interested in becoming a mentor, you can also sign up at the Student Assembly website to offer your mentoring services to an interested student. The annual meeting is an excellent time to link up with a mentor. Since incoming chair, Jennifer Taylor, has expressed an interest in supporting mentoring activities within our section in 2010, you might consider approaching her with your interest as well.

We urge each of you attending the annual meeting to register for the awards dinner on Tuesday night. Visit the ICEHS section on the APHA website for more information or read further in this issue of the newsletter.

As we approach the annual meeting, there has been a growing concern expressed about reprisal and retaliation to some of our members and institutions who have been outspoken on serious, but real issues confronting our field. I believe it is important to guard our colleagues constitutional right to free speech, their right to expose fraudulent activities and corruption, and to challenge decisions of our institutions without fear of reprisal, retaliation, harassment or loss of volunteer or paid positions. As we all strive to be better and more positive people, to learn from our mistakes, to be more productive and to improve our performance, it is important that we provide that same opportunity to our colleagues.

Thus, it is with this last note that I re-emphasize that we are looking forward to a productive, positive 2009 Annual Meeting. I look forward to seeing all of you and ask all of you to join me in supporting the initiatives of next year's incoming leadership.

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

2009 APHA Annual Meeting Items of Interest

WATER AND PUBLIC HEALTH

APHA 137TH ANNUAL MEETING AND EXPO
NOVEMBER 7-11, 2009
PHILADELPHIA, PENNSYLVANIA

Award-Winning ICEHS Booth Needs You To Make It Happen Again!

Have you ever met anyone who is as passionate about injury prevention as you? Here's your chance... We're getting ready to greet our section members at the ICEHS booth! As in past years, this year's booth will provide ICEHS section information, a schedule of ICEHS sponsored sessions, book raffle tickets and opportunities for section members to network. The booth is a great place for students and new members to learn about section activities and meet other section members.

We're looking for booth volunteers to greet section members and share section information.

The annual meeting is a great opportunity for members to renew their interest in the section and to recruit new members. We always recruit a few new members who have stopped by the booth and talked with one of our current members.

WHERE: The booth will be located in the designated area for all APHA sections and SPIGS

WHEN: You can volunteer for one or more two hour blocks from Sunday evening through Wednesday afternoon

WHAT: It's simple! You and another volunteer will greet folks who stop by, distribute brochures and talk about injury prevention with your colleagues.

WHY: Because it's fun to talk about injury prevention and learn what your colleagues are doing. It's a great way to network and help the section grow.

WHO: Anyone who is a section member (regardless of how involved you've been in section activities – here's a way to learn more).

HOW: To sign-up for the booth, please email Kimberley Freire at kfreire@cdc.gov.

Students please join in! At least the first three students who volunteer will receive a FREE ticket to the ICEHS Awards Dinner on Tuesday (\$55 value).

We'll see you there!

~Joyce Pressley

Media Advocacy: From Classroom to Crosswalk

Seven Not So Lucky- How many near-misses does it take to kill a pedestrian?

When the Boston University School of Public Health expanded into a new building near campus in early 2008, many were concerned about the safety of the school's students, staff and faculty. The new building is situated on the corner of one of the busiest intersections in Boston. Despite the heeded concern, it was hard to predict exactly how dangerous this situation would present itself to the BU community.

The campaign started as a class project for a course in public health advocacy, blossomed into a campus-wide campaign to address pedestrian safety. The student-

led project highlighted the dangers of the intersection and called attention to the urgency needed to address those dangers, particularly for all who crossed the busy thoroughfare daily. When it was realized that at least seven people had been hit while crossing with the "walk signal" since the building opened (and countless near-misses), something had to be done.

Attending class or going to work has become a life or death situation for many at the school. The difficulties faced by employees, students and the public are tremendous. In order to get into the building, individuals must cross through the intersection as there is no University Shuttle stop on that side of the street. Also, one of the main public bus lines used by students does not stop by the building (but on the other side of the intersection) and the rest of the campus (including parking lots) is diagonally across the intersection. In order to get into the building everyone has to cross through the intersection. In addition to the school, Boston Medical Center- one of the city's busiest hospitals, is also located at this intersection.

Using a stakeholder analysis, the campaign focused on changing traffic lighting patterns to promote and improve pedestrian safety. The use of advocacy tools such as press releases, framing, messaging and letter writing were employed to bring this public health concern to the attention of key university administrators and city officials.

Disappointed in the school's lack of response and coupled with the city's unfulfilled promises of changing light patterns and repainting crosswalks, it was evident that a public demonstration was the only effective way to attract the attention of the key stakeholders.

Students organized a public rally at the intersection to attract media, school officials, and the Boston Transportation Department. On a Monday afternoon more than 50 people attended the rally, including faculty and staff. Attendees held colorful signs and conducted a walking demonstration of the dangers of designated crosswalks and pedestrian signals. People from offices and buildings surrounding the intersection attended and shared stories about the daily occupational hazard of going to and from work.



The rally was covered in three newspapers, local television stations and the university's online daily news. Using media as leverage, this student-led campaign was able to successfully bring this public health issue to the attention of the Boston University administration and the Boston Transportation Department. As a result of the demonstration, University and city officials have agreed to work together to make changes to the dangerous intersection. This issue is now a priority for all stakeholders.

Through this event, it is evident that media advocacy can be a vital component in advancing public health agendas and bringing attention to matters that directly impact the health and safety of the public.

We will be presenting this at the Committee of Affiliates Student Posters on Monday, November 9th at 10:30am. We'd be happy to discuss this more and share any updates we may have.

Jaime Elizabeth Lederer, MSW
Siphannay Nhean, MPH
Melanie Pennison, MPH
Maegan Siobhan Berliner, MPH

~Jaime Lederer



New National Suicide Statistics at a Glance

Suicide is the 11th leading cause of death among all Americans. Each year, more than 33,000 people ages 10 years and older take their own lives. In addition, more than 385,000 people 10 years and older are treated in emergency departments for nonfatal self-harm injuries every year. CDC works to prevent suicidal behavior and help all Americans to live healthier and more fulfilling lives. Monitoring and tracking trends in suicide across the United States provides critical data to help prevent the problem. CDC's new National Suicide Statistics at a Glance provides national statistics on suicide and suicidal behavior. These data can help public health officials, researchers, practitioners and the public to describe and monitor suicide trends and to develop and evaluate prevention programs and strategies. Together we can create communities in which all Americans are safe from violence, and are able to reach their full potential.

View the new [National Suicide Statistics at a Glance](#).

Note: These pages are best viewed by Internet Explorer 7 or higher. Users with Internet Explorer 6 may have difficulty viewing the pages.

For more information please contact: Jennifer Middlebrooks jod5@cdc.gov

~Lee Annest

Agency for Healthcare Research and Quality (AHRQ) Announcements

Four in 10 Emergency Department Visits Billed to Public Insurance

More than 40 percent of the 120 million visits that Americans made to hospital emergency departments in 2006 were billed to public insurance, according to the latest report from the Agency for Healthcare Research and Quality (AHRQ).

According to the analysis by the Federal agency, about 50 million emergency department visits were billed to Medicaid and Medicare. The uninsured accounted for another 18 percent of visits for emergency care, while 34 percent of the visits were billed to private insurance companies and the rest were billed to workers compensation, military health plan administrator Tricare, and other payers.

The Agency's study of hospital emergency department use in 2006 also found that:

- About 38 percent of the 24.2 million visits billed to Medicare ended with the patients being admitted, compared with 11 percent of the 41.5 million visits billed to private insurers, 9.5 percent of the 26 million visits billed to Medicaid, and 7 percent of the 21.2 million visits by the uninsured.
- The uninsured were the most frequent users of hospital emergency departments. Their rate was 1.2 times greater than that of people with public or private insurance—452 visits per 1,000 population vs. 367 visits per 1,000 population, respectively.
- The uninsured were also the most likely to be treated and released—a possible indication of their use of hospital emergency departments as their usual source of care. Their "treat-and-release" rate was 421 visits per 1,000 population vs. 301 per 1,000 population for the insured.

These findings are based on data described in [Payers of Emergency Department Care, 2006 \(HCUP Statistical Brief #77\)](#). The report uses statistics from the 2006 Nationwide Emergency Department Sample, a new AHRQ database that is nationally representative of emergency department visits in all non-Federal hospitals. The [Nationwide Emergency Department Sample](#) contains 26 million records from emergency department visits from approximately 1,000 community hospitals nationwide. This represents 20 percent of all U.S. hospital emergency departments.

Patients Increasingly Leaving Hospitals Against Medical Advice

The number of hospital stays that ended with patients leaving against the advice of medical staff increased from 264,000 cases to 368,000—about 39 percent—between 1997 and 2007 according to the latest report from the Agency for Healthcare Research and Quality (AHRQ).

For cases in which patients left against medical advice in 2007, the Federal agency also found that:

- The top five reasons were chest pain with no determined cause (25,600); alcohol-related disorders ([25,300](#)); [substance-related disorders \(21,000\)](#); [depression or other mood disorders \(13,900\)](#); and diabetes with complications (12,500).
- Medicaid and Medicare patients each accounted for about 27 percent and privately insured patients accounted for 19 percent. About 22 percent of the cases in 2007 involved uninsured patients.

- Men were roughly 1.5 times more likely to leave against medical advice than women.
- In the Northeast, patients left hospitals against medical advice at twice the rate of that of the rest of the country—2 per 1,000 population versus an average of 1 per 1,000 population in all other regions.

These findings are based on data described in [Hospitalizations in which Patients Leave the Hospital against Medical Advice \(AMA\) \(HCUP Statistical Brief #78\)](#). The report uses statistics from the 2007 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

POSITION ANNOUNCEMENTS

West Virginia University ICRC Faculty Positions (3)

West Virginia University (WVU) seeks applicants for up to three full-time tenure-track faculty positions (open rank), to participate in the expansion of a multidisciplinary injury research program. The successful candidates will serve as Core Faculty of the WVU Injury Control Research Center (ICRC) – one of eleven CDC-funded injury centers nationwide. The ICRC is located within the School of Medicine at the Robert C. Byrd Health Sciences Center, in Morgantown, West Virginia.

This recruitment is intended to expand the depth of the ICRC and also fit within the WVU Health Sciences Center's Strategic Research Plan, which provides guidance for biomedical, public health and translational clinical research consistent with the NIH Roadmap. ICRC faculty will also participate in a recently established Clinical and Translational Science Institute. While candidates from any background relevant to the science of injury control are encouraged to apply, we seek to align these recruitments with specific population health needs in West Virginia, with emphasis on injury among the elderly population, neurological trauma, and prescription drug abuse/poisonings.

Applicants for these positions should possess a terminal degree and have academic preparation/expertise in one or more of the following: epidemiology, biostatistics, social and behavioral sciences, population health, health services research, acute injury care, or translation/dissemination research. Candidates should be able to collaborate with multidisciplinary research teams of basic, clinical, and applied researchers, and also develop their own program of funded research. The ICRC has close ties with multiple departments and research centers including the CDC-funded Prevention Research Center, the Center on Aging, the HRSA-funded West Virginia Rural Health Research Center, and the Collaborative Health Outcomes Research of Therapies and Services Center. We are adjacent to, and a frequent research and educational collaborator with CDC's National Institute for Occupational Safety and Health (NIOSH). The Department of Community Medicine has several national research programs, a thriving, CEPH-accredited MPH program, and a new PhD program in Public Health Sciences with multiple specialty tracks. The Department of Pharmaceutical Systems and Policy has a well-established PhD program in Health Outcomes Research.

Candidates should have a record of, or significant promise for, excellence in research and teaching in relevant areas, as well as peer-reviewed publications. Experience and participation in NIH or other federally-funded research is an advantage. Primary responsibilities will be to develop and maintain an independently funded research portfolio that is consistent with the objectives of the ICRC. All new hires are expected to achieve NIH or comparable competitive extramural funding within four years. A variety of support mechanisms are in place to help achieve this goal, including involvement in our current and future Center grant activities. Graduate teaching and mentorship is expected, and excellent communication skills are important. Each new position comes with a competitive salary and start-up package. A faculty appointment in an appropriate department within the WVU Health Sciences Center will be provided, commensurate with the individual's background and experience.

West Virginia University is a comprehensive, land-grant, Carnegie-designated Doctoral Research/Extensive public institution, with approximately 22,000 undergraduates plus 5,500 graduate and professional students. The Health Sciences Center includes the Schools of Medicine, Pharmacy, Dentistry and Nursing, each of which offers professional and graduate training programs. Patient care facilities include a 460-bed teaching hospital, a Level I trauma center, and a 70-bed psychiatric hospital. Morgantown is consistently and broadly rated as one of the best small towns in the U.S., with affordable housing, excellent schools, a picturesque countryside, many outdoor recreational activities, and close proximity to major cities, such as Pittsburgh and

Washington, DC. The WVU Health Sciences Center is participating in a major research facility and faculty expansion.

Interested candidates should submit a cover letter describing their research and teaching experience, listing of contact information for three references, and curriculum vitae to Jeffrey H. Coben, MD, Director, WVU Injury Control Research Center, Robert C. Byrd Health Sciences Center, PO Box 9151, Morgantown, WV 26506-9151 or submit by email to jcoben@hsc.wvu.edu and cc: dfulaytar@hsc.wvu.edu. The search will remain active until the positions are filled.

WVU is an Affirmative Action/Equal Opportunity Employer
Women and minorities are encouraged to apply

ARCHIVISTS ATTIC

Against Historical Rapids and With Momentum Toward Upstream Stepping Stones for Prevention of Urban Injury Violence: One State's -City's Collaborations in Kayak Steering *

My commentary below, from meeting minutes, my prior testimonies before the City of Albany, NY, the state capital area written press, journal and memoirs; serves as one nascent ongoing case study for possible role playing by injury control policy makers, researchers, practitioners, educators and student leaders, particularly, with a formative, 'out of the box' linking of gun and violent injury prevention to broader urban public and public health themes (e.g. Like "Water and Public Health", the theme of this year's Annual APHA Meeting or WHO's traffic safety or violent injury prevention in the national health reform advocacy agendas. Injury control research and practice agendas have been re-leverage and reset with broader social, economic and cultural issues.)

Secondly, this commentary, catalyzed from the recent City of Albany, NY, Gun Violence Prevention Task Force Report, (TFGV) Final Report and Recommendations, offers from the TFGV, a useful review and footnote bookshelf for "what works" or is promising in urban violence prevention. That review was done with the cooperation of national, states and local resource expert consultations from prior work: (<http://www.albanyny.org/Government/CityOfficials/CommonCouncil/GunViolenceTaskForce.aspx>). The TFGV Recommendations have led, subsequently, to broader academic and community- based collaborative violence prevention program planning and funding options.

Thirdly, I invite public health injury control and policy students to apply Team-Based Learning (TBL) about my commentary, as a case study and for role playing, to the public health policy and injury control systems professional literature (for excellent examples, see : Brownson RC, Chiqui, JF, et al. Government, Politics and Law. Policy, Politics, and Collective Action. Understanding Evidence –Based Public Health Policy. Amer J Public Health. 99:2009; 1576-1583 and Runyan CW. Introduction: Back to the Future – Revisiting Haddon's Conceptualization of Injury Epidemiology and Prevention. Epidemiologic Reviews 2003;25:60-64.; Fisher L. Childhood injuries - Causes, preventive theories, and case studies; an overview on the role of the sanitarian and other health professionals. Journal of Environmental Health 1988;2:123-6.).

Finally, our teachers may also apply other recent leadership literature framings of the process and outcomes for TBL to enhance present and future injury control leadership competencies: These framings use newer modern archetypes leadership systems during formative injury prevention evaluations for best practices. This is in

contrast to some currently used 'snapshots' of components of classical formative evaluation planning, organizing, initiating, directing but also include real world vagaries and contradictions especially on the limits of evidence-based science during fluidity, dynamics of leaders' values and competencies, and gradient powers and influences (1-5).

Abstract of Commentary

Background: In April 2009, new momentum for four nascent urban New York State regional violence prevention initiatives began under then NY Senate Majority Leader Malcolm Smith's, Member Initiative. His sponsored SNUG violence prevention program law appropriated, Statewide, \$4.0Million linked to violence prevention outreach consultation from evidence-based Cease Fire, Chicago funded by Robert Woods Johnson. As of mid July, this bid to cut statewide violence was 'held hostage' due to a June 10 NY State Senate leadership coup that relieved Senator Smith of his Senate leadership. In August, request for proposals were issued by the NY State Senate and applications are now under its review.

Methods: I will describe, in part from our Albany, NY, meeting minutes and my memoir, as a public health seasoned veteran participant, sample fluid applications of the public health practice model - assessment, policy options and assurances - for several key system components. More details are reported in www.timesunion.org archives (search: guns, gun violence, SNUG, Cease Fire)

Results: These components include: The ongoing collection of shooting data for advocacy ; the establishment and actions on The Final Report and Recommendations of the City of Albany (NY) Gun Violence Task Force that reviewed and adapted prior and new nationwide and local effective or promising prevention strategies ; the creation and programming of the community stakeholders' Community Coalition to Prevention Violence, specifically its lobbying of the State Legislature for passage of the State Majority Leader's \$4.0 million funding law ; and the subsequent State University at Albany four graduate school collaborative steering committee program planning, under the University's administration, pending state funding.

Conclusions: Parts of this leadership archetype may be transferable to other injury control coalition programs to prevent, reduce or ameliorate - upstream - the flowing rapids of urban violence - especially during current states' and national economic and political turbulence.

A. Background

CDC's 2007 Fact Sheet: Total costs associated with nonfatal injuries and deaths due to interpersonal- self directed violence in 2000 were more than \$70 billion, 92 per cent was lost productivity; about \$5.6 billion was spent on medical care for the more than 2.5 million injuries due to interpersonal and self-directed violence. Substantial cost savings of 10-40% are predictable from many known evidence based violence prevention strategies. A most significant urban injury death is homicidal shootings; in the City of Albany, NY, about 30-40 shootings take place yearly.

B. Methods: Preventive Components - Albany

1. City of Albany (NY), Task Force on Gun Violence (TFGV) Report and Recommendations.

For many years, Albany City Common Council (ACC) lawmakers, Dominick Calsolaro and Barbara Smith advocated for City actions to prevent gun related violence in low income areas. Leonard Morgenbesser, a City resident and criminal justice expert, continually researched and reported the number and types of shootings reported in the Albany Times Union (TU) written press. Due in part to that advocacy, in May 2008, the City's Common Council established the TFGV to report within one year on its findings on the causes of the City's

shootings and recommend appropriate policy options. The 13 member research-practice panel was appointed by the City Mayor and ACC from applicants. I served, as the only non City-resident. Diverse member perspectives included : three local clergy, and the County District Attorney, two private attorneys, the City Treasurer, the City Chief of Police, a criminal justice professor of State U of NY , Leonard Morgenbesser, a mother whose child had been shot, and Hon. Barbara Smith, liaison to ACC, etc. (I was reported in the TU as an group organization expert and I prepared at the TFGV chair, Rev John Miller's request, the initial meeting agenda, moved for an elected vice chair, Rev. Edward Smart, and helped with group interpersonal dynamics of collaborations . In truth, I primarily offered the public health prospective and my resource expertise tracked and shared similar historical national and local task reports and reviews of the latest evidence-based and promising literature and related dynamics in actual program activations. I also served in each preventive component (below) as that public health, injury control and leadership models expert. With the help of national resources, I tried to leverage any, conflicting though complimentary local power and influence (1) with newer public health prevention models from my almost half century of seasoned veteran experiences.

The TFGV Report

(<http://www.albanyny.org/Government/CityOfficials/CommonCouncil/GunViolenceTaskForce.aspx> pages 2-5ff): “We met as a Task Force semi-monthly, with a regular two hour meeting ... bimonthly ..., for a total of 25 meetings, all but ... which was open to the public... we allowed for public comment at other meetings and in many instances throughout our meetings, and not only at their conclusion. The recorded minutes of these meetings are included ... We held four public forums for ... community input ... in different locations across the city, to facilitate participation by different segments of the community, but especially those most directly affected by gun violence ... On Feb 18, 2008, then NYS Senate Majority Leader Malcolm Smith, at the calling of Len Morgenbesser, because of his major interest in violence prevention visited the TF meeting expressing his support for gun violence prevention with his SNUG proposal ...” From the minutes of TF Meeting 2/18/08, Senator Smith: “Part of the reason why it's important I got this invitation and decided to come today is because we recognize that this gun problem is a major problem in this state. What affects Albany effects everywhere. We had a summit recently where we had members from Chicago Ceasefire and we have a plan called Operation SNUGS' four components: 1) Site intervention, which involves the community partnering up with law enforcement 2) National, State, and local funding initiatives we have project ceasefire that can do pilot program with intervention in the hospital 3) Use of Celebrities and centers, we have engaged a number of celebrities from the Youth summit to say that guns is not something that is attractive and shouldn't feel good about it Centers, there are a number in our community public and private 4) Gangs, guns, and gainful employment we are looking to got to companies where they are receiving state funding and state subsidies and ask them to make a serious effort to provide gainful employment ... the SNUG program in all NYS regions.” I had connected the TF by conference call with Cease Fire staff.

On Aug 9, 2008, Sen. Smith, the Senate Majority Leader, held meetings with three Chicago Cease Fire reps who later toured Albany areas with John Cutro, Youth Violence Intervention, Restorative Conferencing, Violence Interrupter. Cease Fire founder, Gary Slutkin, MD, an AIDS medical epidemiologist practitioner in Africa observed that the prevention or control of spread of AIDS - and violence- relied on keeping a separation, an embargo, between the source and a subsequent carrier. He concluded that if you stop the infection at its sources you can interrupt the incident spread ... Cease Fire has five core components, linked to SNUG.

2. The Community Coalition to Prevent (all) Violence (CCPV). By February 2009, that Coalition of community-based stakeholders was established and named (per my suggestion initially as ad hoc) to maintain an independence from any government agency. It met twice a month, under Chair Hon. Barbara Smith and formulated a main goal to lobby key NYS legislative leaders for passage of a member initiative bill to fund NYS Senate Majority Smith's \$4.0 Million appropriation. The CCPV legislative experts members, David Kaczynski, Exec Director, New Yorkers for Alternative to the Death Penalty and the veteran state budget leadership of Dahlia Herring, then Inner City Youth and family Coalition developed, brought together and

framed talking points that successfully guided us during meetings each key legislative leaders : ways and means and finance, health, and criminal justice, etc.

C. Results: Process, Content and Outcomes

1. TFG Violence: Process

From the TFGV Report (pp4ff) : "The Data Committee gathered information on the incidence and type of violence in Albany and other cities, and assembled information on the effectiveness of various measures to control and prevent gun violence. The Prevention Committee identified root causes and immediate causes of gun violence in Albany, and investigated prevention and intervention programs in other cities. The Community Action Committee held conversations with people in the community to hear their concerns, experiences, and ideas about gun violence. One such meeting was with youth who attend Teen Night at the YMCA on Saturday evenings. The Task Force has endeavored to take full advantage of information - including but not limited to scientific research – on violence-reduction initiatives in other U.S. cities, at the same time that we tried to take account of the potentially unique elements of Albany's patterns of violence and Albany's history and existing structure of community and governmental programs and resources."

"We did not wish to reinvent any wheels, and we did not presume that our individual and collective experiences and perceptions are superior sources of knowledge and insight about violence reduction, but neither did we presume that we should overlook our experiences or those of others who shared them with us, in favor of only research-based evidence. We have, therefore, drawn eclectically on accounts of the causes of violence and the effectiveness of violence reduction initiatives that can be found in scientific literature, on information about other promising but unevaluated programs, on the information provided by invited guests and other members of the public at Task Force meetings and public forums, and on our own backgrounds and experiences."

"We reached out to the community as much as practicable. Many Task Force members reported conducting outside reading addressing gun and other types of violence. We have, then, sought to include invited guests including John Cutro (Albany Restorative Justice), and Dr. Mark Gestring (Trauma Surgeon at Strong Memorial Hospital) that understand gun violence in statistical, scientific, and human terms, and to use all available information to formulate recommendations for its control and prevention."

Dr. Robert Worden, SUNYA criminal justice professor and TF member, prepared the TFGV Report and Recommendations.

Early on, the TF was shown epi-type spot maps done by a ACC student intern of 2-3 highest violence areas of the city and overlays (of lacking) public services in those areas. I had asked for overlays of both maps for our TF Final Report. Our list of 18 Recommendations was not done with a formal Delphi facilitated technique (as I had proposed) but by going around the room and listing our priority recommendations. In that Report, CEASE FIRE is recommended with other strategies including hospital and community –based universal violence prevention education in public schools, use of public health nurses visits, etc.

The TF members differed at what we had totally done. Some wanted more passion in the Report, (ergo, our member commentaries in the first section of the Report) others more data, etc. All was included making the Report extensive but separating out the Recommendations that most others would actually read. Of course interest group wanted to appear more prominent in the work they and done. Wisely the TF Report writer and the group chose many evidence-based findings, in spite of the given potential for no real City quick responses to the Report and Recommendations. Seven months after the TFGV Report, late June 2009, the City started to solicit for members of a TFGV recommendation for a City Initiation Committee. In my interview, I restated the

essential first need for the City to review, reallocate and restructure its organization on urban violence; I was not chosen. <http://www.timesunion.com/AspStories/story.asp?storyID=839708&category=REGION>

2. CCPV: Development and Planning

CCPV lobbying action planning that began 4/21/09, led to passage of Malcolm Smith's legislative "member initiative" (not to be confused with a "member item") legislation- law (line 29ff) in the State Budget. It applies, \$4.0 M federal Byrne funds: Public Protection Appropriation Bill. A.150-C/S.50-C. March 29, 2009. SNUG: State Operations Aid to the Division of Criminal Justice which would develop a type RFP and then disperse the funds for expenses of establishment of regional Operation SNUG. Legislative Responses: "Tough year can't do; great resource talking points including the TF Recommendations Report handout ..."

3. State of NY at Albany SNUG/CeaseFire Planning and Initiation

Nevertheless, the bill passed with the Senate Majority Smith's leader leverage and our background message of cost savings and cost containment; (from my prior journal papers, and experiences in passage of the NYS 1986 \$6.0 Million hospital increased Medicaid rate reimbursement, Poison Control Center Network Law - I handed legislators' take home stickers for National Poison Prevention Week!).

Sen. Malcolm Smith and his aids had kept in continue contact with Barbara Smith and the CCPV as he approached members of the State Senate and Assembly for a member funding initiatives, SNUG line item, while the Coalition members carried out lobbying in the NYS for all regions of the state. The SNUG line item passed the State legislature and the Governor with the Division of Criminal Justice anticipated funding of \$500T per site (Rochester, Buffalo, Syracuse, Albany, Westchester, and three sites in NYC); the law also links to the Chicago Cease Fire funds to conduct the statewide regional training and accounting- needed for any next years NYS restoration funding.

e.g. <http://www.timesunion.com/AspStories/story.asp?storyID=795410&category=REGION>

Barbara Smith, Chair CCPV, suggested a follow-up debriefing session with the CCPV. Her strategic recommendation, partnering with the University at Albany, SUNY School of Social Work, (SSW), received enthusiastic support from SSW, Dean Kathleen Briar-Lawson who quickly "went shopping" and obtained the University administrative support for SNUG from the deans of the Schools of Public Health, Criminal Justice, and Education, a similar administrative model of the University Chicago's Cease Fire. Operation SNUG/Cease Fire meetings, started April 21, 2009, are jointly chaired by Barbara Smith and University at Albany School of Social Work Dean Briar-Lawson and developed written goals, measurable, specific, doable objectives, activities, outcomes and time-lines from four subcommittees and for nationwide funding sources.

D. Conclusions

The leadership, gradient steps of the momentum of the City of Albany GVTF Final Report and Recommendations, especially on Cease Fire; of the grass route Coalition's role with the State University's steering and subcommittees and of NYS Majority Leader's leveraged forthcoming 4.0M\$ funds; were nascent stepping stones for injury prevention and cost containment in rough state and national economic waters affecting emerging and longstanding effective regional violence prevention programs. As of late August 2009, the described formative momentum process is the outcome.

Injury prevention for Johann Frank, in 1788, the father of public health programming, was the newer "injury scourges on the land" (6-7). However, it was borne malformed and took decades of gradient historical reforms in public and professional health acceptance. In that history, our field has not been effectively linked with other external systems and happenings. Where rare system change agents have invented the better future for injury

prevention , evidence-based linkages to interventions took place but usually a ‘step child’, disproportional to societal losses and costs, on major institutionalized national, state and local funds.

Today, even during major sea changes, various navigating leaders’ temperaments continue to trump over all. And the ‘thunder of the history’ from effective public health and injury control can and will tower over the present fluidity for long term gun violence and injury prevention outcomes, like a mountain.

Back to the APHA Annual Meeting theme, “Water and Public Health”: One of our greatest ancient leaders, Moses, started his career in the water currents of the nourishing Nile. His journey, as ours today, was not to complete the work but, for us, to move our IP leadership systems research, practice, teaching and rhetoric, forward.

*My views are mine and do not necessarily represent others’.

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For specific ‘Archivist Attics’ on the above system archetype themes in modern IP leadership dynamics, see, for examples, my ‘Archivist Attic’, injury prevention leadership commentaries in ICEHS Newsletters- Sept 2003; May and Sept 2004; Feb, March, June 2006; March, Aug 2009 and : Fisher , L. Editorial: dissent - traditional public health injury control does not apply to violence. *Injury Prevention* 1999;5: 13-14.

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