

**American Public Health Association
Injury Control and Emergency Health Services Section
APHA ICEHS Electronic News
August, 2009 Vol. 16 Issue 4**

CONTENTS

Notes from the Chair.....	2
2009APHA Annual Meeting Items of Interest.....	3
Suicide Prevention Web Seminar – October 28, 2009.....	4
ICEHS Annual Awards Dinner Information.....	5
Action Board Update.....	7
Physical Activity SPIG Announces Annual Meeting 5K Fun Run/Walk...	8
Safe Transportation Means Better Public Health!.....	8
Drive Safely Work Week: October 5-9, 2009.....	9
ICEHS Chair-Elect Jenn Taylor Wins Golden Apple Award.....	10
Call for Website Resources.....	10
WHO Study Reveals that Pedestrians, Cyclists and Motorcyclists Paying the Toll	11
ICPHSO Call for Research Presentations / Papers.....	12
Agency for Healthcare Research and Quality (AHRQ) Announcements...	13
POSITION ANNOUNCEMENTS.....	16
ARCHIVISTS ATTIC.....	16

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,



I am writing with good news and a heartwarming story as we enjoy the last few weeks of our summer vacations and begin preparing for our annual November meeting.

Although there are sometimes federal funding incentives and disincentives to states as they debate statewide legislation on injury-related issues, even with compelling data, most of the final decisions have been left to states or local governments. A change in this approach was posed a few weeks ago through an amendment attached to the defense authorization bill that would have required states, cities and counties to relinquish their control over screening criteria for persons legally allowed to carry concealed, loaded weapons within their borders. While this amendment had its pros and cons, from an injury prevention perspective, the cons weighed heavily.

The amendment would have had the effect of rescinding currently recognized state/local government rights to decide this for themselves. Had it passed and become law, the amendment would have required states to recognize the concealed, loaded gun permits of other states even though screening criteria varies significantly across states—as does the relative proportion of their unintentional and intentional injury and firearm associated deaths. A report reached me in late July that a senate poll had showed the bill to have a 56 vote majority and that it was expected to pass before the end of the month.

Our NY State U.S. Senator, Charles Schumer, stepped up to the plate on the issue. Initially, he openly and very publicly promised a filibuster during the time of the scheduled vote. The publicity catalyzed many responses including that of mayors and governors who are among those credited. We appealed to and (express our thanks to) our ICEHS injury prevention colleagues, including Dr. David Hemenway, author of *While We Were Sleeping and Private Guns*, Public Health, who provided materials and information to support Senator Schumer's effort.

On the eve of the vote, Senator Schumer asked for permission to address the Senate on the issue that was not scheduled for debate until the following day. He delivered a very compelling argument in opposition to the amendment during which he promised to speak only for his 5 minutes the next day. In his prepared address, he urged his colleagues to give careful consideration to the amendment and its consequences. He noted that states had crafted their own concealed carry laws that [usually] made sense for their state, but that what is good for the safety of us living in large U.S. cities is not the same thing as that for rural Idaho or rural Tennessee. He noted the lineup of people who, under the amendment, could legally carry concealed loaded weapons in the 48 states included: hate groups; persons previously repeatedly convicted of illegal carrying of a handgun; violent gang members; persons convicted of violent misdemeanors; sex offenders including those convicted of committing offenses against minors, alcoholics; and dangerously mentally ill who had voluntarily committed themselves. Read his full address on his website: <http://schumer.senate.gov/>.

In a follow-up letter from Senator Schumer, he wrote “Keeping our neighborhoods safe is my primary job as a senator. Vigorously enforcing gun control legislation is an essential component of any strategy to keep our neighborhoods safe and is an important priority of mine as a senator.” He also noted that he is “working hard to ensure that the National Instant Criminal Background Check System (NICS) Improvement Amendments Act receives full funding this fiscal year... NICS is the only national database that flags individuals who are

precluded under current law from purchasing or possessing firearms. Since NICS is only as good as the information it contains, this important law authorizes funds for states to compile all available background data, including mental health and conviction records, into a the shared electronic NICS database. Ensuring that this information is comprehensive and up to date will better prevent criminals from illegally purchasing and possessing firearms.”

I ask each of you who feel your state is a safer place because your local mayor or governor stood up to drop them a note of thanks. Our requests on the injury prevention front have been frequent. This is a success that deserves thanks for a job well done. In particular, we owe Senator Schumer, who introduced the original Brady bill and co-wrote the Assault Weapons Ban in 1994, a great deal for his extraordinary past efforts, his current effort to fund the NICS and for his future promise to remain vigilant on this issue. I have used this Chair’s letter to thank all of you who contributed time, intellect and energy to make our communities safer.

With many thanks and best wishes to our injury and violence prevention colleagues,

Best wishes,

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

2009APHA Annual Meeting Items of Interest



- **Registration and Lodging:** [Register for the meeting](#) and [make your hotel reservation](#) soon (advance registration closes October 2, housing closes Oct. 9). Note: Presenters must be individual members of APHA to present their paper(s) and must register in advance for the meeting. Session organizers and moderators are also required to be members and pay the appropriate registration fee. Hope to see you in Philadelphia
- **APHA Career Guidance Center:** Don't miss this opportunity! Sign up now for a one-on-one or a group session with a professional career coach at APHA Annual Meeting & Exposition. These coaches can guide you in strategizing the next phase of your career and help you define your goals. Select a 45 individual session or a 90 minute group session. The group sessions are designed according to your career needs. To see which session best fits for you, please read about each coach's experience and education before setting an appointment. If you have never experienced coaching before, this is a wonderful introduction to what may become a useful service for your career!
<https://secure.commpartners.com/apha/careers/mentorlist.php?event=7>
- **New Epi Books:** APHA Press has three books in production of interest to epidemiologists and other health professionals that will be available at the annual meeting. They include: *Chronic Disease Epidemiology and Control*, 3rd edition by Patrick Remington, Ross Brownson and Mark Wegner and two books by Steven S. Coughlin, *Ethics in Epidemiology and Public Health Practice*, 2nd Edition and *Case Studies in Public Health Ethics*, 2nd edition.
- **Section Scavenger Hunt:** Joyce has signed up the ICEHS to participate in a new scavenger hunt at the annual meeting. Conference attendees will receive a scavenger hunt form that includes information about each of the APHA Sections (the information on the form will be supplied by each section). Conference attendees will then visit your Section booth, and find the answer to the question, either by talking to someone, or because you have strategically placed the answer somewhere in your booth. Once

a conference attendee completes all the answers, they submit their card, and if they have all the right answers, they are placed in the drawing to win a prize – such as:

- A 2010 conference registration
- A year's membership to the Section of their choice
- Or...some other gifts that we identify.

- **APHA Candidate Forum:** There has been a change in APHA election campaign procedures this year that requires all candidate questions for the candidate forum be submitted in advance. The deadline for submission of candidate questions is Friday, September 11, 2009.

Candidates for Executive Board and President-Elect participate in a forum that includes a segment of questions from Council members. In the past, these were submitted “live” during the session, and the candidates were given only a few minutes to formulate their answers. Over the past year, the Nominations Committee solicited feedback from past candidates and, in response, has instituted a new procedure for the 2009 elections.

This involves two changes:

- 1) Questions for the candidates will be collected in advance, consolidated and condensed by the Nominations Committee to no more than six, and sent to the candidates about a month before the Annual Meeting. [The Saturday forum will have roughly the same structure – separate segments for each candidate to deliver a prepared statement and to respond to questions.]
- 2) Different sets of position-specific questions will be given to the Executive Board and President-Elect candidates.

If you have ICEHS section questions, please send them to Anara Guard at aguard@edc.org. She will see that they reach the person who is submitting them on behalf of the section. There will be no live questions this year.

Suicide Prevention Web Seminar – October 28, 2009

Did you know that 1 in 10 suicides are by people seen in an ED within 2 months of dying. Learn how you can prevent suicide using a quick life saving tool in your practice.

The ENA Injury Prevention Institute will be hosting a Suicide Prevention Web Seminar on October 28, 2009 at 1:00 p.m. CST. FREE Special incentive: First 150 people who register for the Suicide Prevention Web Seminar receive FREE access to secondary certificate program (\$495 value).

For more information, or to register visit www.ena.org/ipinstitute/Webinars/Pages/Default.aspx .

Please feel free to share this information with your colleagues or anyone who may be interested.

~Oksana Kurylak

Action Board Update

WHAT ARE YOU DOING TO INSURE THAT HEALTH REFORM IS PASSED SOON?

We have all grown increasingly frustrated by the health reform misinformation being communicated on the internet, at town-hall meetings and by the media! As opponents have stepped up their efforts to derail health reform efforts by perpetuating false information and spreading fear, now is the time to be heard.

We are committing to take at least one action a week until health reform is passed and we are asking you to do the same!

During the August Congressional recess, APHA is asking ALL members to participate in the PHACT Campaign. ICEHS members have a special role to play in communicating how proposed changes will support injury prevention and emergency health services.

Share the importance of passing health reform this year and ensuring that any health reform legislation considered by Congress contains strong public health provisions.

Get Informed!

Learn more about APHA's [PHACT Campaign](#).

[Compare](#) the current bills in Congress to APHA's [2009 Agenda for Health Reform](#).

Thwart anti-reform attacks with Families USA's [Responding to Attacks on Health Reform](#).

Take Action!

Connect with APHA Members and Affiliates in APHA's targeted states: *Montana, Iowa, Wyoming, Massachusetts, California, Texas, New York and Michigan*. Contact Tom Quade (QuadeTo@ci.akron.oh.us) or Jerry King (jking@inpha.org) for information on how to get involved.

Download the [APHA Health Reform Advocacy Toolkit](#) for information on how to:

- ✓ Visit your members of Congress
- ✓ Attend town hall meetings in your Congressional districts
- ✓ Write letters to the editor or op-ed pieces

This is our opportunity to regain control of the debate and foster a constructive conversation.

Join us in seizing it.

~Bella Dinh-Zarr

Physical Activity SPIG Announces Annual Meeting 5K Fun Run/Walk



2008 APHA Annual Meeting Fun Run/Walk Participants

While in Philadelphia for the 2009 APHA Annual Meeting, join your colleagues for the 2nd Annual 5K Fun Run/Walk on the morning of Tuesday, November 10th. The 5K (3.1-mile) route will feature views of the Schuylkill River and the Philadelphia Museum of Art, the steps of which were made famous in the movie Rocky. More information about this activity, including a course map, will be published in the Fall newsletters of the Physical Activity SPIG and other Sections and SPIGs and will be made available at the Annual Meeting. In the mean time, please contact Genevieve Dunton (dunton@usc.edu) or Jim Konopack (jkonopac@monmouth.edu) with any questions. We look forward to seeing you in Philadelphia!

~James Konopack

Safe Transportation Means Better Public Health!

Every year 1.3 million people die and up to 50 million are disabled in traffic crashes worldwide, millions don't receive medical supplies or are unable to access care due to unsafe roads, and countless others are left stranded without transportation options such as safe bicycle and pedestrian paths or public transport. Making roads safer has a positive impact on the environment, medical spending, quality of life, and overall public health.

Right now, we can urge the President and Congress to commit to making roads safe around the world during the upcoming first UN-sanctioned Global Ministerial Conference on Road Safety. House Concurrent Resolution 74 (H. Con Res. 74), which outlines these needs and urges U.S. involvement in global road safety, needs sponsors!

APHA has created an Action Alert so that you easily can contact the President and your Members of Congress in support of strong U.S. commitment to road safety as a public health issue, especially at the November 2009 Ministerial Meeting and Decade of Action for Road Safety (2010-2020).

Please act now by clicking on the link below (or pasting into your browser) so we can start preventing deaths and injuries on our roads!

https://secure3.convio.net/apha/site/Advocacy?s_oo=e1Q6W8VCm-siOf7cqUJFAw.&id=161

You can also access this link via the APHA website (www.apha.org) by going to “Advocacy & Policy” then “Take Action”. For more information, contact Bella Dinh-Zarr, PhD, MPH at dinhzarr@dinhzarr.org or 202-701-5656.

Take Action for Global Road Safety – It’s a public health, human rights, and economic development issue!

~Bella Dinh-Zarr

Drive Safely Work Week: October 5-9, 2009

Drive Safely Work Week (DSWW) is the annual campaign sponsored by the Network of Employers for Traffic Safety (NETS,) October 5-9 2009.

The campaign tells employers: "Getting home safely is the most important thing your employees will do today. In today's lean business environment, protecting your employees from traffic crashes is more important than ever. Traffic crashes are the leading cause of death and injury in the workplace and cost employers more than \$60 billion annually, in the U.S. alone."

This year's campaign educates employees on the dangers of distracted driving, the leading cause of traffic crashes. DSWW also focuses on eco-friendly driving- driving smart- to conserve fuel and reduce the impact driving habits can have on the environment.

The campaign tool kit is entirely web-based, providing downloadable messages, graphics, activities and interactive tools for each day of the campaign week. Tool kit components include:

Fact/tip sheets on the campaign issues

Interactive quizzes and tools

Daily activities and communications messages Downloadable graphics Resources for global employers

To preview the campaign materials, visit <http://www.trafficsafety.org/drivesafelyworkweek/about-dsww.php>

For more information on NETS, visit www.trafficsafety.org

~Bella Dinh-Zarr

ICEHS Chair-Elect Jenn Taylor Wins Golden Apple Award



Pictured: Drexel University Provost Michael Greenberg, PhD; Teaching Excellence Award Winner Jennifer Taylor, PhD, MPH; School of Public Health Dean Marla Gold, MD

The Drexel University School of Public Health presented its 2009 School Awards on Thursday, June 4th, 2009. Traditionally bestowed in the days before graduation, the awards recognize graduating students and faculty for their achievements and service to the School of Public Health and local community.

The Golden Apple Award - a vote of the graduating class for excellence in teaching, advising, and mentoring - was presented to ICEHS section member Jennifer Taylor, Assistant Professor in the Department of Environmental & Occupational Health. While the data are not available, Jenn hopes the award was given in relation to the new injury course she launched this year. She developed the syllabus with her colleague – and ICEHS section member - Dr. Maria Bulzacchelli from the University of Massachusetts at Amherst.

~Jenn Taylor

Call for Website Resources

The ICEHS Section requests information on books and monographs for inclusion in our website resources section. Any book in injury, violence, emergency health services, and emergency preparedness published within the last 15 years or to be published is of interest.

Please provide the following information: 1) Title; 2) Name of Authors; 3) Publisher; 4) Year of Publication; and if available a 5) Summary: up to 100 words with Table of Contents (or up to 150 words without Table of Contents).

This is a great opportunity for book publicity. Please send as much information as you have available to Motao Zhu who is heading the effort to build the resources section of our website. mzhu@hsc.wvu.edu.

~Motao Zhu

WHO Study Reveals that Pedestrians, Cyclists and Motorcyclists Paying the Toll

The first global assessment of road safety finds that almost half of the estimated 1.27 million people who die in road traffic crashes each year are pedestrians, motorcyclists and cyclists. While progress has been made towards protecting people in cars, the needs of these vulnerable groups of road users are not being met.

The Global status report on road safety, released in New York on Monday 15 June by Dr Margaret Chan, Director-General of WHO, and Mr Michael Bloomberg, Mayor of the City of New York, provides the first worldwide analysis of how well countries are implementing a number of effective road safety measures. These include limiting speed, reducing drink-driving, and increasing the use of seatbelts, child restraints and motorcycle helmets.



Funded by Bloomberg Philanthropies, the report - which contains a global overview of the results, one-page country-by-country profiles, and a statistical annex with the key statistics for each country - presents information from 178 countries, accounting for over 98% of the world's population. It uses a standardized method that allows comparisons between countries to be made.

The key messages of the report are:

- Road traffic injuries remain a global public health problem, especially in low-income and middle-income countries.
- Nearly half of those dying on the world's roads are vulnerable road users.
- Few countries have comprehensive road safety laws that are well enforced.
- Few countries have reliable data on road traffic injuries.

New data from the report include:

- Less than a third of countries meet basic criteria for reducing speed in urban areas.
- Less than half of countries use the recommended blood alcohol concentration limit of 0.05 grams per decilitre as a measure to reduce drink-driving.
- While helmet laws exist in more than 90% of countries, only 40% have a law that covers both riders and passengers while also requiring that helmets meet a specified standard.
- Only 57% of countries have laws that require all car occupants to wear seat-belts. This figure is only 38% in low-income countries.
- Half of all countries do not have laws requiring the use of child restraints (e.g., child seats and booster seats). This figure masks considerable variation, with relevant laws in 90% of high-income countries but only 20% of low-income countries.
- Only 15% of countries have comprehensive laws which address all five of these risk factors.
- Where laws on these risk factors are in place they are often inadequately enforced, particularly in low-income countries. For example, only 9% of countries rate their enforcement of speed limits

as over 7 on a scale of 0 to 10, while the corresponding figure for enforcement of seat-belt laws is 19%.

- More than 90% of the world's road deaths occur in low-income and middle-income countries, while these countries only have 48% of the world's vehicles.

Since 15 June the report has drawn significant media attention in many of the world's leading newspapers and on radio and television news programmes in many regions.

While road traffic death rates in many high-income countries have stabilized or declined in recent decades, research suggests road deaths are increasing in most regions of the world and that if trends continue unabated, they will rise to an estimated 2.4 million a year by 2030. In addition, road crashes cause between 20 million and 50 million non-fatal injuries every year and are an important cause of disability. In many countries support services for road traffic victims are inadequate. These avoidable injuries also overload already stretched health-care systems in many countries.

The Global status report on road safety aims to help countries assess their road safety progress since the release of the World report on road traffic injury prevention and related United Nations General Assembly and World Health Assembly resolutions and encourages increased investment in road traffic injury prevention. In addition, the report will be an important contribution to discussions in the forthcoming First Global Ministerial Conference on Road Safety.

Related Links

Global status report on road safety

http://www.who.int/violence_injury_prevention/road_safety_status/2009

First Global Ministerial Conference on Road Safety

<http://www.1300000.net/>

~Joyce Pressley

ICPHSO Call for Research Presentations / Papers

(ICPHSO) International Consumer Product Health and Safety Organization

Annual Meeting and Training Symposium

February 15 - 18, 2010 Washington, D.C.



The International Consumer Product Health & Safety Organization (ICPHSO) is announcing a call for research presentations/papers for its February 2010 symposium, to be held in Washington, D.C. ICPHSO is an international organization devoted to promoting health and safety associated with consumer products that are

manufactured and distributed throughout the world. Conference attendees include industry members, consumer organizations, government representatives, test laboratories, standards-setting organizations, researchers and academia.

Each year, a Research Panel is convened where researchers discuss their findings from studies relating to consumer product safety. For the 2010 symposium, the Research panel will be held on February 16, 2010. Three papers will be selected for participation in this 1.25 hour session. Each speaker will have 15 minutes to present their findings, followed by Q&A.

Research studies should pertain to the field of human factors and product safety including: Consumer product safety, effectiveness of warnings, supervision and injuries, consumer behavior, perception, motivation, and reaction times, anthropometry relating to product design, and risk-taking.

Abstracts of no more than 350 words should be submitted before October 2, 2009 to: Carol Pollack-Nelson, Ph.D., Independent Safety Consulting, 13713 Valley Drive, Rockville, MD 20850. Abstracts should include the following: Objective of the research, Brief background, Method, Results, Conclusion. On a separate page, please submit an author biography including current affiliation and contact information. Authors will be notified by November 2, 2009 as to whether or not their submission has been selected. Papers that are selected must be submitted in final form, electronically by February 1, 2010. Power Point presentations must also be submitted via email at that time. Accepted papers will be published on the ICPHSO website following the conference.

Papers will be selected through a peer-review process based on their contribution to the field, clarity of presentation and quality of the research. Final papers should be prepared according to the editorial style of the Fifth Edition of the Publication Manual of the American Psychological Association (APA, 750 First St., NE, Washington, DC 20002; 800-374-2721).

For further information, please contact: Carol Pollack-Nelson, Ph.D. at pollacknel@comcast.net or by calling 301-340-2912. For more information about ICPHSO, please go to www.icphso.org.

~Carol Pollack-Nelson

Agency for Healthcare Research and Quality (AHRQ) Announcements

HCUP's New 2006 Nationwide Emergency Department Sample Released

The [Agency for Healthcare Research and Quality](http://www.ahrq.gov) (AHRQ) is pleased to announce the release of its newest Healthcare Cost and Utilization Project (HCUP) database, the 2006 Nationwide Emergency Department Sample (NEDS). The NEDS is the largest all-payer emergency department (ED) database in the United States. The NEDS was created to enable analyses of ED utilization patterns and to support public health professionals, administrators, policymakers, and clinicians in their understanding and decision-making regarding this critical source of health care.

The NEDS has many research applications as it contains information on hospital characteristics, patient characteristics, geographic region and the nature of the ED visits (e.g., common reasons for ED visits, including injuries). The database includes information on all visits to the ED, regardless of payer—including persons covered by Medicare, Medicaid, private insurance and the uninsured.

The 2006 NEDS contains data from 26 million ED visits, and encompasses all encounter data from nearly 1,000
Page | 13

hospital-based EDs in 24 states. The NEDS approximates a 20-percent stratified sample of EDs from community hospitals. Weights are provided to calculate national estimates pertaining to the 120 million ED visits that took place in 2006. The database was constructed using records from both the HCUP State Emergency Department Databases (SEDD) and the State Inpatient Databases (SID). The NEDS provides information on “treat-and-release” ED visits, as well as ED visits in which the patient was admitted to the same hospital for further care.

The 2006 NEDS can be purchased through the [HCUP Central Distributor](#). Some 2006 NEDS data are available in [HCUPnet](#), a free online query system. More information about the NEDS and other HCUP products can be found on the [HCUP-US Website](#). If you have questions, please contact HCUP user support at hcup@ahrq.gov.

Childbirth Injuries Fall Sharply but More Could Be Prevented

Injuries to mothers during childbirth decreased significantly between 2000 and 2006, according to the latest report from the Agency for Healthcare Research and Quality (AHRQ). The number of mothers who experienced injuries while giving birth vaginally without the use of forceps or other instruments dropped by 30 percent. For mothers giving birth vaginally with the use of instruments or by cesarean section, injuries declined about 20 percent.

Despite the declines, nearly 158,000 potentially preventable injuries occurred to mothers and infants during childbirth in U.S. hospitals in 2006. Specifically:

- Women covered by Medicaid were less likely to be injured while giving birth than privately insured mothers (127 vs. 185 injuries per 1,000 vaginal deliveries with instruments, respectively).
- Mothers ages 25 to 34 had the highest rate of injury during vaginal delivery with instruments (193 per 1,000 such deliveries) and mothers ages 15 to 17 had the highest rate of injury during vaginal delivery without instruments (48 per 1,000). Mothers ages 35 to 54 had the highest rate of injury during cesarean section (5.5 per 1,000).
- Mothers living in the highest income communities suffered 44 percent more obstetric injuries during vaginal delivery than those from the poorest communities. Black and Hispanic mothers experienced fewer childbirth-related injuries than Whites (108, 130, and 162 per 1,000 vaginal deliveries with instrument, respectively). Asian-American mothers had the highest rate of childbirth-related injuries (203 per 1,000 vaginal deliveries with instrument).

AHRQ had more limited data on injuries to newborns during childbirth. The Agency found that:

- Injuries were highest to infants born in rural areas (2 per 1,000 deliveries for rural areas vs. 1.5 per 1,000 for large metropolitan areas) and the Northeast (2 injuries per 1,000) vs. the West (1.4 per 1,000).
- White infants had higher injury rates than other racial groups (1.9 per 1000 vs. 1.4 to 1.5 per 1,000).
- Injury rates were higher for infants with Medicaid coverage than those with private insurance (1.7 per 1,000 vs. 1.5. per 1,000).

These findings are based on data presented in [Potentially Avoidable Injuries to Mothers and Newborns During Childbirth, 2006 \(HCUP Statistical Brief #74\)](#). 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. The report also uses statistics from a special disparities analysis file created from the Healthcare Cost and Utilization Project 2006 State Inpatient Databases.

Sports Injuries Caused 1 in 5 Emergency Department Visits for Kids

Sports-related injuries such as bruises, scrapes, and broken bones accounted for 22 percent of hospital emergency department visits for children ages 5 to 17 in 2006, according to the latest report from the Agency for Healthcare Research and Quality (AHRQ).

The Federal agency's analysis also shows that in 2006:

Boys had 3 times more visits to treat sports injuries than did girls (147 visits per 10,000 children vs. 50 visits per 10,000 children).

- Teens were 5 times more likely than children to be treated for sports injuries in emergency departments (154 visits per 10,000 15 to 17 year-olds vs. 30 visits per 10,000 5 to 9 year-olds).
- Some 81 percent of all visits were for bruises, sprains and strains, arm fractures, or cuts and scrapes to the head, neck, or chest.
- Only 1.3 percent of visits resulted in hospital admissions, mostly for leg and arm fractures. In nearly 99 percent of visits, the children were treated and released.

These findings are based on data presented in [*Sports Injuries in Children Requiring Hospital Emergency Care, 2006 \(HCUP Statistical Brief #75\)*](#). 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.

Osteoporosis-Linked Fractures Rise Dramatically

The hospitalization rate of patients admitted for treatment of hip, pelvis and other fractures associated with osteoporosis increased by 55 percent between 1995 and 2006, according to the latest report from the Agency for Healthcare Research and Quality (AHRQ).

An estimated 10 million Americans suffer from osteoporosis, which causes bones to become brittle and weak. Fractures associated with osteoporosis can be slow to heal, and they also can cause debilitating pain, disability, deformities, and occasionally death.

The Federal agency's study also found that fractures associated with osteoporosis:

- Accounted for one-fourth of the roughly 1 million hospitalizations in 2006 of patients with osteoporosis.
- Cost hospitals \$2.4 billion in 2006.
- Caused women to be 6 times more likely to be hospitalized than men.
- Involved mostly older patients: 90 percent of hospitalizations were for age 65 and older and 37 percent for patients age 85 and older.
- Were highest in the Midwest (107 per 100,000 people) and lowest in the West (68 per 100,000 people).

These findings are based on data presented in [*U.S. Hospitalizations Involving Osteoporosis and Injury, 2006 \(HCUP Statistical Brief #76\)*](#). 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. The report also uses statistics from a special disparities analysis file created from the Healthcare Cost and Utilization Project 2006 State Inpatient Databases.

~P. Hannah Davis

POSITION ANNOUNCEMENTS

Faculty Position, Injury Prevention and Control

The Johns Hopkins Bloomberg School of Public Health Center for Injury Research and Policy

The Department of Health Policy and Management of The Johns Hopkins Bloomberg School of Public Health is seeking a tenure-track Assistant or Associate Professor with expertise and interest in injury prevention and control. The successful candidate will contribute to the Department's multi-disciplinary research and educational initiatives. The person in this position, will be a core faculty member of the Center for Injury Research and Policy and will hold the Leon Robertson Career Development Chair in Injury Prevention for the first three years on the faculty.

Applicants must have strong quantitative research skills. Candidates with strength/ expertise in research involving vulnerable populations, program and policy evaluation, applied economic analysis, and/or translation and dissemination studies are especially encouraged to apply. Applicants must hold a PhD, DrPH, MD, or equivalent degree, have clear potential for a distinguished record of scholarship, show promise of excellence in teaching, and demonstrate potential for collaborative and interdisciplinary work. Experience in the practice of public health or public policy is desirable.

The Johns Hopkins University actively encourages interest from women and minorities and is an Affirmative Action, Equal Opportunity Employer. Applications will be reviewed as they are received. Interested candidates should send a letter of interest, curriculum vitae, and contact information for two references to:

Susan P. Baker, MPH, ScD (Hon.)
Professor, Johns Hopkins Bloomberg School of Public Health
624 N. Broadway, Baltimore MD 21205
Phone 410-955-2078, Fax 410-614-2797
sbaker@jhsph.edu

Applications will be accepted until the position is filled.

ARCHIVISTS ATTIC

Applying Archival IC Leadership Principles into Current Practices. How Would You Testify?

The NYS Legislature has appropriated some \$4 million for six regional cities' violence prevention programs, (search SNUG at www.timesunion.com for general details). Here at the State University NY at Albany I am collaborating with four graduate schools (social welfare, education, criminal justice and public health) to develop our response program plans.

New or veteran students of IC might self-quiz using my recent testimony (below) before the City of Albany Common Council on initiating the Albany, NY findings from the Report and overall violence prevention Recommendations of the Gun Violence Task Force

(<http://www.albanyny.org/Government/CityOfficials/CommonCouncil/GunViolenceTaskForce.aspx>)

- on primary and secondary proof texts (books or articles) in my testimony (hint: find from these archives: **The Future of Public Health, Injury In America**, Wm Haddon's works, **Developing Child Injury Prevention Program** and you score 100%)

Inventing the City of Albany's (NY) Future.

Remarks/ Notes by Les Fisher, M.PH. before City of Albany, Violence Prevention Initiation Recruitment Committee, June 8, 2009.

Thank you for my opportunity to dialogue with you leaders of the City's Violence Prevention Initiation Group selection panel. Thanks you for your many leadership hours of thinking how best a city can prevent, reduce or limit the effects of urban violence.

I. My Background Sketch

My Mother of blessed memory would be very proud of her son's extensive CV pages that I sent you; my Dad would have doubts on much of it. So here's the terse version:

A. I have actively testified over the years on the City's work for violence prevention at public hearings, served on the City's Gun Violence Task Force (GVTF) with a public health and collaborative vision and I am now engaged in the City's Coalition for Violence prevention and the related efforts of four departments of the Graduate Schools, SUNY-ALB.

B. I am a 45 year passionate veteran public health professional researcher, practitioner and advocate in injury prevention and control as a key director, innovator/ change agent, adviser, mentor coach nationally, statewide and locally.

C. I have published professional journal articles on the planning, development, *initiation*, organization, and evaluation on my tens of seminal national, state and local preventive programs. I have helped realign, consolidate and implement these programs at the State level.

II. The Public Health Archetype/Working Model

A. For the public health worker, injuries –a leading cause of death, disability and societal costs in NYS youngsters - are not blaming people, groups nor organizations. The cause of intentional or unintentional ("accidental") injury is due to kinetic energy thermal, biological, chemical, radiation, mechanical, electrical) going wrong. Our mix of preventive approaches involves safety engineering design, education, and regulation / policies.

B. We prevent, reduce or limit the after effects of serious injury.

III. My thoughts on that Paradigm for Initiation – but prior steps are needed!

A. While some will think that any City mandates for violence prevention 'are intrinsically flawed and defective and therefore this commission will never be able to do a proper job, whatever good intentions its leaders may have' I offer another public health practice model:

B. Here's my nascent position *outline* using that public health practice phases model of: Step 1. Assessment, Step 2. Policy Options, and Step 3. Assurances Gradient:

IV. Assessment phase (first year) planning and development. For examples- Reassess Services

A. Consider using a recent survey or conducting a new one (include informal hearings with city staffs) on which programs and staff in the City are involved and how directly and indirectly, in violence prevention. Use the UNITY program guide (Oakland , CA) from some 30 cities nationwide, the CDC ,

the Justice Department, et al all of wrestling for dialoging on similar evidence-based or promising – assessments that- it -works for violence prevention, in small size targeted high risk populations.

- B. Collaborate your assessment with the Coalition on Violence Prevention and the SUNY-ALB Rockefeller Institute on local government’s expertise especially on current needs to reinvent, reallocate and realign state, regional, county and local governments during this economic downturns; AND on foundations and other federal sources of developmental and initiation funds, *not just for* the City government but more so for the Coalition and the inventoried community-based programs.
- C. Link your findings to your GVTF work and Report on any missing effective service components ; but expand to all severe forms of violence

V. Policy Development Phases for Organization Polices – Beginning of Year II, for example;

Only after the above and other assessments phases, should you consider what old and new policies should be activated:

As done in my injury control field at the State level, look for top (City) leadership to consolidate and realign those effective services especially if it will attract newer private, federal or state funds and resources FOR COMMUNITY BASED organizations.

VI. Assurances Phase – Year II and after the Report

- A. Be a positive change agent who seeks more and more to be trusted by applying power (and empowering) and influence for your policies to prevent, reduce or ameliorate the effects of violent injury.
- B. Have the ongoing willpower to further trust and be trusted by your communities most affected by violent injury’s personal and societal economic losses- that eventually affect all of us by the increased City-State and national tax base, personal losses and general ill well- being.

(In all this, you will need a good report writer: we in the GVTF were fortunate to have that from our academic representative from SUNY-ALB Criminal Justice. You will need serious internal departmental assessment, policy, and assurances actions before you initiate GVTF Recommendations.)

Best in your/our work!

During my prep for the above commentary on the competent use of archives for testimonies, I’ve been reading: Thygerson AL . Thygerson SN and Thygerson JS . Injury Prevention .Competencies for Unintentional Injury Professionals. Third Edition. .Jones and Bartlett Publishers. Boston. 2008.

Based upon STIPDA’s and SAVIR’s set of nine Core Competencies for Injury and Violence Prevention Professionals, this book is one good straightforward *description* and mostly first level introductory *analysis* of best practices and evidence-based interventions and of suitable interventions and of prioritizing injury problems. My offering (above) illustrates a “third dimension”: *fluidity* for applying real world dynamics, for example more case studies text, additionally to the regular short sections, on “testimony, writing page 129.”

It is my hope that subsequent similar textbooks will also include, space permitting, sections and chapters on the dynamics of IC leadership, of career management, (including holding on to the job, of managing the challenge of change), on what can go wrong in the leader’s use of each competency and on offerings on competing yet complementary competencies and on power and influence, etc) as translated to the IP professional from modern leadership texts. Much of that has been cited in my previous “archivist attics”.

My comments are mine alone and do not necessarily represent any one else nor their organization

Copyrighted 2008 Les Fisher

Les Fisher M.P.H

Safety/Leadership Consultant,(Archivist, American Public Health Association, Injury Control and Emergency Health Services Section - www.icehs.org - See my monthly newsletter commentaries and monographs at members only, on the history of injury control leadership) 97 Union Ave, S. Delmar, NY 12054 USA. 518-439-0326