

**American Public Health Association
Injury Control and Emergency Health Services Section
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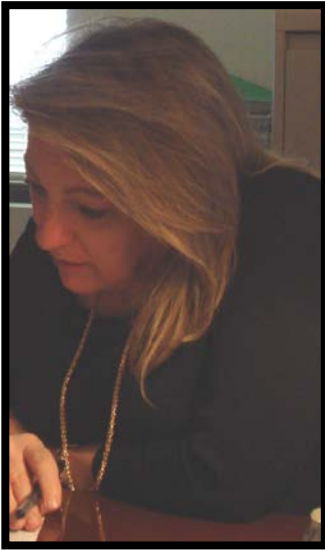
CONTENTS

Notes from the Chair.....	2
2009 Policies for Review: ICEHS Needs Your Expertise.....	3
ICEHS Recreation and Sports Injury Committee Seeks Members.....	7
Call for American Academy of Pediatrics Abstracts.....	8
E-Coding Partners Meeting Held.....	8
Updated CDC Injury Research Agenda Released.....	8
New Global Burden of Injury Collaboration Formed.....	9
New Injury/Violence Prevention Book by David Hemenway.....	9
World Congress on Public Health – Road Safety Session.....	10
New NCIPC Child Injury Prevention Resources.....	11
Home Safety Webinar.....	12
SAVIR Pre-Conference Workshop Held.....	13
Former ICEHS Member Honored.....	13
National Park Service Launches New Intern Program.....	14
Photos from the SAVIR Conference.....	16
POSITION ANNOUNCEMENTS.....	19
ARCHIVISTS ATTIC	20

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 fellow injury prevention colleagues,



This is a busy time of the year at APHA and at the federal level for HP 2020 injury-related policy issues.

The ICEHS policy committee is offering the opportunity for new committee members to join them as they review APHA new and existing APHA policies. Work is underway to review new policies for their impact on injury, violence and disaster preparedness and work is beginning on the review of existing policies for their continued relevance and scientific soundness. Policy committee meetings will begin this Thursday, March 26 and continue through fall. Register to join the committee at ferg0114@umn.edu.

The Department of Health and Human Services and their colleagues are working on Healthy People 2020 (HP 2020) goals. These goals are important for many reasons including their influence on federal funding priorities over the next 10 years. Work on the initiative has progressed beyond development of the *vision, mission and overarching goals* to reviewing HP2010 to determine which specific objectives will be retained and which will be dropped. At a DHHS meeting I attended in Washington, comments on which objectives should be retained was requested by Tuesday, March 31^s with comments on which initiatives should be added continuing through late spring/early summer. However, their current website notes that "comments received by April 24 will be considered as we create the draft objectives for Healthy People 2020". Comments may be made anonymously or by identified log-in by selecting public comment at the <http://www.healthypeople.gov/>.

While the majority of the injury and violence related goals and objectives for HP 2010 can be viewed in Chapter 15, there are other chapters that contain one or more objectives that fit the mission of ICEHS. In addition to the injury and violence (Chapter 15), there are objectives related to emergency services (Chapter 1, objective 11-14); injury education (Chapter 7); medical product safety (Chapter 17); disaster preparedness (Chapter 8), emergency cardiac services (Chapter 12); and others. To review these, visit the DHHS website where you can review the progress achieved on the goals to date. We urge ICEHS members to comment on existing as well as new goals that should be added. To review the executive summary and progress on HP 2010 go to <http://www.healthypeople.gov/Data/midcourse/>. To review specific objectives and the progress made on these for each area see: <http://www.healthypeople.gov/Data/midcourse/html/default.htm#FocusAreas>

We urge you to weigh in and lend your expertise to this important endeavor.

Best wishes,

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

2009 Policies for Review: ICEHS Needs Your Expertise

APHA encourages members to participate in annual policy review process. To list your name as a member of the ICEHS policy committee: e-mail ferg0114@umn.edu

E-mail contacts for the policy review process:

T Bella Dinh-Zarr (dinhzarr@dinhzarr.org)

Kevin Borrup (Kborrup@ccmckids.org),

Fred Von Recklinghausen (Friedrich.M.Von.Recklinghausen@Hitchcock.org)

Joyce Pressley (jp376@columbia.edu)

Kathleen Ferguson (ferg0114@umn.edu)

Each year, APHA members introduce new policies for relevant issues and review APHA's compilation of existing public policy statements adopted by APHA over the last 60 years. These policies guide the position and response that APHA, as a larger organization, takes on issues that relate to injury and other topics. There is a well developed mechanism for each member of APHA to have input into the content and relevance of these policies.

Each year there are a number of new policies that are developed and a number of older existing policies that are reviewed to ensure that the science supporting the policy is current. This year, APHA's Joint Policy Committee in collaboration with the Action Board's Policy Committee has selected a list of policies for review. There are a large number of injury policies up for review and updating. The full text of these policies is posted on the APHA website (<http://www.apha.org/advocacy/policy/>) and titles are listed below for your information. You can use your member name and password to login to review the policies. It is customary for each section to collect comments and to collate these and forward to APHA for consideration. **If you have comments on the NEW policies listed below, send comments by March 30th. For comments on OLD policies listed below, send comments by May 15th. Comments on new policies are underway and are due to APHA by March 31st. Please send all comments to ICEHS Action Board member Bella Dinh-Zarr (dinhzarr@dinhzarr.org or 202-701-5656) who will organize and forward to the appropriate Policy Committee Members.** If you have expertise in one of the areas listed below, please be in touch with one of the policy people to join the policy review process.

Newly Proposed APHA Policies Open for Comment until March 30, 2009

A: Health Disparities/International Health

- [A1: Support for Integration of Community Health Workers to Improve the Nation's Health](#)
- [A2: Genetic Health Literacy, Cultural Competence, Public and Professional Education](#)
- [A3: Border Crossing Deaths: A Public Health Crisis along the US-Mexico Border](#)
- [A4: Food Crises: Addressing the Current Crisis and Preventing the Next One](#)

- [A5: Access to Health Care for Gaza Residents](#)
- [A6: Call for the Release of the Cuban 5 as Public Health on the Front Lines of the Fight against Terrorism](#)
- [A7: Ensuring the Achievement of the Millenium Development Goals: Strengthening U.S. Efforts to Reduce Global Poverty and Promote Public Health](#)
- [A8: The Role of the Public Health Practitioners, Academics and Advocates in Relation to Armed Conflict and War](#)

B: Environmental Health

- [B1: The Elimination of Asbestos and Adequate Compensation for Victims](#)
- [B2: Workers Compensation Reform](#)
- [B3: Calling for Precautionary Avoidance of Non-Medicinal Hormones, Especially Those Intentionally Added to the Food System](#)
- [B4: Proposed Resolution to Ban Non-Medical Uses of Triclosan](#)
- [B5: Protect America's Water: Creating a Federal Trust Fund to Keep our Water Clean and Safe](#)
- [B6: Reducing the Burden of Poor Health and Health Inequities thought Transportation and Land-use Policies](#)

C: Access to Care

- [C1: Increasing Access Points, Evaluation, and Research for Rural Veterans' Healthcare: Where do we go from here?](#)
- [C2: Child Health Policy for the United States](#)
- [C3: Primary Care](#)
- [C4: Improving Access to Vision Care in Community Health Centers](#)
- [C5: Cancer Prevention through Federal Nutrition Policy](#)
- [C6: Public Health's Critical Role in Health Reform](#)

D: Public Health Science and Infrastructure

- [D1: Eliminating Highly-Enriched Uranium \(HEU\) from Radiopharmaceutical Production](#)
- [D2: Expansion of Health Promotion Research for Older Adults](#)
- [D3: Building Code Development, Adoption and Enforcement Problems Impacting Safety and Usability of Homes and other Buildings](#)
- [D4: The Need for Universal EHR & Public Health Information Systems Based on Open Source Code](#)
- [D5: Building Public Health Infrastructure for Youth Violence Prevention](#)

- [D6: Resolution Seeking the Attention of the American Public Health Association to Support the Integration of Core Public Health Education into Undergraduate Curriculum](#)

The following lists contain Old Policies for review that are related to injury. There are additional ones for review related to immigrant health and global health that also have some relevance to injury listed below. Again, the full text of the policies is available on the website.

Old Injury Relevant Policies Up For Review by May 15

Policy number	Name of policy
2002-3	Support of Healthy Aging through Health Promotion and Prevention of Disease and Injury
20067	Promoting the Use of Protective Eyewear For Children In Sports
6306	Prevention of Injury from Flammable Clothing and Fabrics
200019	PH Role of the Nat'l Fire Protection Assoc in Setting Codes and Standards for the Built Environment
200028	Ensuring Optimal Vision Performance in Visually At Risk Drivers
2002-2	Endorsing Caring For Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs
2002-7	Protecting the Health and Safety of Workers Who Respond to Disasters
2005-7	PROTECTING CHILDREN FROM OVEREXPOSURE TO LEAD IN CANDY AND PROTECTING CHILDREN BY LOWERING THE BLOOD LEAD "LEVEL OF CONCERN" STANDARD
20069	Response to Disasters: Protection of Rescue and Recovery Workers, Volunteers, and Residents Responding to Disasters
200713	Eye Care in Disaster Preparedness
7614	Public Health Support for Controlling Unrestrained Dogs and Cats
7725	Automatic ("Passive") Protection for Motor Vehicle Occupants
7823	Mandatory Safety Features for Mopeds
8008	Fire Safe Cigarettes
8317	Protection of Occupants of Motor Vehicles
8330(PP)	Child Passenger Safety Legislation
8720	Mandatory Motorcycle Helmet Use Legislation
8809	Injury Control Programs in State and Local Health Departments
8914	Funding for the Consumer Product Safety Commission
9006	Occupational Lead Poisoning
9110	School-Age Passenger Protection Laws
9111	Banning Bottle Rockets: Prevention of Ocular Injuries
9306	EMS and Trauma Care Systems
9703	Prevention of Work-Related Musculoskeletal Disorders
9916	Public Health Role of Codes Regulating Design, Construction and Use of Buildings

9927	Injury and Violence Prevention and Control Programs in State and Local Health Departments
9501	Opposition To Anti-Immigrant Statutes
2005-4	Occupational Health and Safety Protections for Immigrant Workers
8102	Occupational Health and Safety Services for Minority Workers
20061	Addressing the Needs of Immigrants in Response to Natural and Human-Made Disasters in the United States
9401	Ensuring Access to Health Services for Undocumented Immigrants
9212	The Health of Refugees and Displaced Persons: A Public Health Priority
9924	Health and Human Rights Violations at the US-Mexico Border
8223	Avoiding the Public Health Consequences of Anti-Immigrant Racism
9009	A Call to Reject "English Only" Legislation
	Other Existing Policies Being Reviewed
20016	Global Campaign to Eliminate Avoidable Blindness
2002-6	Access to Safe Water, Sanitation, and Hygiene Promotion in Developing Countries
20089	Strengthening Health Systems in Developing Countries
9022(PP)	Medicines in Developing Countries: A Global Health Concern
9201	Commitment to Worldwide Tuberculosis Control
9310	Exchange of Medical Supplies, Information, and Personnel with Cuba
9816	AID TO THE PEOPLE OF NORTH KOREA
200024	International Digest of Health Legislation
8306	The Health Effects of United States Intervention in Nicaragua
200030	Preventing Genocide
20009	Trust Fund for Developing Countries to Meet National Commitment under the WHO Framework Convention for Tobacco Control
20009	Support for International Action to Eliminate Persistent Organic Pollutants
200016	Prevent, Response, and Trng for Emerging and Re-emerging Infectious Diseases, including Bioterrorism
200322	Supporting Increased U.S. Investments in Bilateral and Multilateral Programs to Address the Epidemics of HIV/AIDS, Tuberculosis and Malaria
2005-8	Supporting the WHO Global Strategy on Diet, Physical Activity and Health
6515	Eradication of Smallpox
7024	Smallpox Vaccinations
7028	United Nations Conference on the Human Environment
7815	U.S. Support for World Health Organization
7632(PP)	Policy Statement on International Health
9919	International Prevention of Perinatal HIV Transmission
200314	Support for Sexual and Reproductive Health and Rights in the United States and Abroad
20063	Preparing for Pandemic Influenza
5506	Support of International Health Work
6603	International Health Legislation

9816	International Population and Family Planning
8005	Polio Immunization Assistance for Developing Countries
8020	El Salvador
8227	Human Rights in Uruguay
8305	Intervention in Grenada
8327	International Conference on Population, 1984
8417(LB)	Human Rights and Safety of Health Services Workers in Chile
8419(LB)	Ethiopian Famine Relief
8527	International Vision Care Cooperation
8926	United Nations Fund for Population Activities (UNFPA)
8926	Foreign Assistance Act

~Joyce Presley

ICEHS Recreation and Sports Injury Committee Seeks Members

The overall purpose of the Recreation and Sports Injury Committee is to provide a forum for prevention and control specialists in the area of recreation and sports injury to discuss and advocate research and prevention in this area of injury. This subcommittee will support individual and organizational efforts to more effectively identify existing and emerging injury issues; best practices; policy strengths, weaknesses, and gaps; data sources; and research findings in the field of recreation and sports injury.

The objectives of the subcommittee are as follows:

1. Provide review, analysis and comment on policies that impact the field of recreation and sports injury;
2. Identify gaps in APHA policy in the area of recreation and sports injury and promote development of policies that fill gaps;
3. Among injury control practitioners, share best practice in mitigating risks to recreation and sports activists in wide range of areas;
4. Promote development and dissemination of a standard definition of recreational/sports injuries based on appropriate ICD-9/ICD-10 supplemental injury codes (i.e. E-codes);
5. Provide a forum for discussion of a means of tracking and trending injury events due to increased activity resulting from chronic disease initiatives which promote physical activity/recreational
6. Promote research efforts to better understand injury prevention as it relates to leisure and sports activities;
7. Share data in specific recreation and sports areas to gain better understanding of patterns and trends in injury in the areas of swimming, boating, hiking, biking, climbing, diving, sports and others.

If you are interested in joining the Recreation and Sports Injury Committee, please contact the committee chair, Dr. Sara Newman, Public Risk Management Program Director, Division of Risk Management, National Park Service. You can reach Dr. Newman's at Sara_Newman@nps.gov or 202-513-7225.

~Sara Newman

Call for American Academy of Pediatrics Abstracts

The Section of Injury, Violence and Poison Prevention of the American Academy of Pediatrics is requesting abstracts on any aspect of unintentional or intentional injury prevention. Two types of abstracts are encouraged: 1) research abstracts presenting original research findings, and 2) program abstracts describing ongoing or completed projects focusing on injury prevention. Submissions by AAP members and nonmembers are welcome; participation is open to health professionals in any field. This is a great opportunity to meet and discuss injury prevention topics! The abstract deadline is April 17, 2009 and abstracts can be submitted electronically at: <http://aap.confex.com/aap/2009/cfp.cgi>

For questions please contact: Joe O'Neil at joeoneil@iupui.edu

~Joe O'Neil

E-Coding Partners Meeting Held

The E Coding Partners meeting sponsored by NCHS and NCIPC occurred on Feb 22-23. Approximately 45 invitees representing federal, state, health plans and other non governmental organizations/stakeholder attended. Joyce Presley represented APHA ICEHS.

The purpose of the meeting was to provide CDC with recommendations for how to implement the strategies listed in the MMWR RR (march 08) devoted to external cause coding. ICEHS members Lois Fingerhut, Sue Gallagher, Lee Annest and Margaret Warner presented before the participants split into four work groups facilitated by Sue Gallagher, Holly Hedegaard, Mel Kohn and Sue Mallonee.

During the breakout sessions, specific recommendations were made on action plans (practical tasks, methods, and approaches) relevant to CDC working with partners to implement key strategies. Each group also discussed potential barriers, challenges, opportunities, and other key issues that need to be addressed.

CDC's aim is to provide national leadership towards (1) improving communication between stakeholders, (2) building a business case for the importance of having high quality E-coded data, (3) improving the collection and quality of E-coded data for all states, and (4) improving the availability and usefulness of E-coded data for use in the design, development, and evaluation of injury prevention programs at the state and local levels. **CDC gained a broader perspective on the challenges and major issues around improving E coding in state morbidity data systems. Meeting notes will be put together in a summary in the next month.**

~Sue Gallagher

Updated CDC Injury Research Agenda Released

The NCIPC released their newly updated CDC Injury Research Agenda, 2009-2011 at the recent SAVIR conference in Atlanta. The new Injury Research Agenda expands on the 2002-2007 agenda and now includes chapters about child maltreatment and traumatic brain injury. It also places increased emphasis on evaluation research, cost studies, and dissemination and translation of research discoveries. Please help us to promote this agenda among our grantees, partners and colleagues as it is our guide for injury research for the coming decade.

To download the Research Agenda visit www.cdc.gov/injury/researchagenda.

~Paul Smutz

New Global Burden of Injury Collaboration Formed

A collaboration has been formed to improve estimates of the global burden of injuries. Reliable estimates of the incidence and burden of injuries are essential inputs for prioritizing prevention strategies. While population based injury surveillance systems are obviously the best source for such information, it is also widely recognized that such infrastructure is unlikely to be established in most of the world for several decades. Thus, there is an urgent need for the global injury community to collaborate to build the methods and tools that can be used to derive reasonable estimates from a wide range of existing sources, including hospital records, police reports, health surveys, death registers, among many others.

The data collected in the current effort will form the basis of the burden of injury estimates of the current update to the Global Burden of Disease (GBD) study. More details can be found in our call for contributions that was recently published in PLoS Medicine: <http://dx.doi.org/10.1371/journal.pmed.1000001>, and/or on the GBD injury expert group website: <http://sites.google.com/site/gbdinjuryexpertgroup>

~Bella Dinh-Zarr

New Injury/Violence Prevention Book by David Hemenway

While We Were Sleeping by David Hemenway

Success Stories in Injury and Violence Prevention \$24.95, £14.95 paperback

978-0-520-25846-4

Available Now 248 pages, 6 x 9 inches, 7 tables

Description: Public health has made our lives safer—but it often works behind the scenes, without our knowledge, that is, "while we are sleeping." This book powerfully illuminates how public health works with more than sixty success stories drawn from the area of injury and violence prevention. It also profiles dozens of individuals who have made important contributions to safety and health in a range of social arenas. Highlighting examples from the United States as well as from other countries, **While We Were Sleeping** will inform a wide audience of readers about what public health actually does and at the same time inspire a new generation to make the world a safer place.

"**While We Were Sleeping** brings the stories of injury prevention alive. The stories link research to successful advocacy for change and highlight the need to translate data—to put a face on it—in order to make change. These are stories of creativity, courage, and commitment."—Linda C. Degutis, DrPH, MSN, Yale University, Previous Past President, American Public Health Association

"**'While we were sleeping,'** things were happening—good things!—that most of us were not aware of. Injuries of almost all kinds, to children, teenagers, elderly, disabled, and ordinary folks were being drastically reduced. David Hemenway documents this progress, some of it in the nineteenth century, most of it in our lifetimes, with analysis of what brought it about and, in some cases, who the heroes were. It's exhilarating to read—instructive and exhaustively documented by an author who has devoted a career to this kind of analysis." —Thomas C. Schelling, 2005 Nobel Laureate in Economics, Harvard University

"I wish I had written this book. It is astute, inspiring, full of fascinating ideas, and it shows precisely how success in public health is achieved. David Hemenway has given us a story of heroic grit and remarkable

achievement—indeed, a whole compendium of reasons for optimism about what people and society can do."—
Atul Gawande, author of *Better: A Surgeon's Notes on Performance*

~David Hemenway

World Congress on Public Health – Road Safety Session

Please join us for an invited session on road traffic injury prevention at the 12th World Congress on Public Health in Istanbul!

The session details are below:

Making Roads Safe Around the World: A Public Health, Economic, and Transportation Challenge
Thursday, 30 April 2009

Florence Nightingale lecture room

14:00 to 15:30

- Introduction/Overview of International Road Safety - T. Bella Dinh-Zarr, MPH PhD (moderator)
- iRap - the International Road Assessment Program: Improving Road Infrastructure around the World- John Mumford, OBE
- Regulatory and Legislative Approaches to Prevention of Motor Vehicle Injury and Related Mortality in U.S. Teenagers-Joyce Pressley, PhD, MPH
- Improving Road Safety in Vietnam (Asia Injury Prevention Program) - Greig Craft, President/Founder, Asia, Injury, Prevention, Foundation, (AIPF)

Please contact Bella Dinh-Zarr for more details dinhzarr@dinhzarr.org.

~Bella Dinh-Zarr

New NCIPC Child Injury Prevention Resources

Protect the ones you love
Child injuries are preventable



January 2009

Dear Colleague:

We are writing to call your attention to new resources from the Centers for Disease Control and Prevention's Injury Center on child injury prevention.

Unintentional injuries—such as those caused by burns, drowning, falls, poisoning and road traffic—are the leading cause of morbidity and mortality among children in the United States. Each year, among those 0 to 19 years of age, more than 12,000 people die from unintentional injuries and more than 9 million are treated in emergency departments for nonfatal injuries.

In conjunction with the World Health Organization and UNICEF's joint launch of the *World Report on Child Injury Prevention* (2008), the CDC's Injury Center is pleased to announce the release of new resources for the prevention of child injuries in the United States.

- **Protect the Ones You Love: Child Injuries Are Preventable.** This is a new initiative to raise parents' awareness about the leading causes of child injury and how they can be prevented. As part of the initiative, the Injury Center has developed a number of resources that can be used to help parents to keep their children injury-free, including fact sheets, podcasts, e-cards, and media and event planning guides. Find these and other tools, all available free of charge, at <http://www.cdc.gov/safechild/>.
- **CDC Childhood Injury Report: Patterns of Unintentional Injuries among 0-19 Year olds in the United States, 2000 – 2006.** This data report provides an overview of unintentional injuries related to drowning, falls, fires or burns, transportation, poisoning, and suffocation, among others, during the period 2000 to 2006. Results are presented by age group and sex, as well as the geographic distribution of injury death rates by state. Read or download a copy of the report at http://www.cdc.gov/safechild/Child_Injury_Data.htm.
- **Child Injury Prevention Video.** On December 11, 2008, the Injury Center brought together a network of professionals to look at how policy, communications/media outreach, and national and local programs can be used to empower parents in their efforts to protect children. Watch a video of the highlights of the meeting at <http://www.cdc.gov/SafeChild/about.htm>.

We are asking you to use these resources to educate, build awareness, and promote childhood injury prevention in the United States. Working together, we can keep our children safe and help

them live to their full potential.

Sincerely,

Ileana Arias, PhD
Director,
National Center for Injury
Prevention and Control
Centers for Disease
Control and Prevention

Grant Baldwin, PhD, MPH
Director,
Division of Unintentional
Injury Prevention
National Center for Injury
Prevention and Control

Home Safety Webinar

SAVE THE DATE!

Register now for the Maternal and Child Health Bureau's Web cast:

Protecting Families at Home: Best Practices, New Products and Resources

Tune in on **April 8, 2009 from 3:00-4:30 PM EST** to learn about best practices in home safety, new programs, partners and resources. In addition you will learn about program development taking into account the very important aspect of literacy. Speakers include:

- **Meri-K Appy, President**, Home Safety Council
- **Linda Church, Associate Director**, Special Projects, ProLiteracy
- **Ellen Schmidt, MS, National Outreach Director**, Children's Safety Network National Injury and Violence Prevention Resource Center
- **CAPT Stephanie Bryn, MPH, Director**, Injury and Violence Prevention, Health Resources and Services Administration, Maternal and Child Health Bureau

To register for the Web cast, go to: <http://www.mchcom.com>

To learn more about the Home Safety Council, visit their website at www.HomeSafetyCouncil.org

To learn more about Pro-Literacy America, visit their website: www.proliteracy.org

To learn more about the Children's Safety Network, please visit our website at www.ChildrensSafetyNetwork.org

If you need additional information about this web cast, please email Ellen Schmidt at ESchmidt@edc.org

~Ellen Schmidt

SAVIR Pre-Conference Workshop Held

APHA ICEHS members Linda DeGutis, Sue Gallagher and Susan DeFrancesco along with Susan Hardman of STIPDA and Amy Harris of NCIPC offered an afternoon workshop "From Computer to Community: Translating Science for Policy and Advocacy for injury Prevention" . The interactive workshop was implemented in conjunction with the SAVIR scientific meeting held at Emory University in Atlanta in early March. Interactive exercises for the 46 registered participants included:

- an injury advocacy Jeopardy contest;
- development of a one page fact sheet on either E Coding or NVDRS;
- a mock role play for a legislative visit that included a data wonk, an injury researcher, an injury survivor, a STIPDA rep, an ED doc, a public health student and an advocacy group member; and
- development of an advocacy action plan that included an ask, 3-5 points to make the case and strategic steps in the next week, next month, next 6 months and next year.

Further information, contact sue.gallagher@tufts.edu

~Sue Gallagher

Former ICEHS Member Honored

Dr. Elaine Frank, Director of the Injury Prevention Center at Dartmouth will be receiving the Roger Fossum (Lifetime Achievement in Public health) award at the 2009 New Hampshire Public Health Association on April 8. Her impressive award nomination reads as follows:

NHPHA Roger Fossum Award Nomination Elaine Frank 2009

Throughout her career as the Director of the Injury Prevention Center at Dartmouth, Elaine Frank has had a profound positive impact on public health issues in New Hampshire. Her leadership, determination and hard work have on a variety of important issues have helped improve and save lives in NH and beyond. These accomplishments have occurred by following a public health approach that includes increasing awareness, evaluation and data collection, A hallmark of Elaine's approach has been her ability to engage often diverse groups and identify common ground as a way of identifying solutions and moving forward with implementation. Elaine's accomplishments are too numerous to mention in detail, but below are a few examples of the issues she has focused on.

Older Adults and Falls: As a member of the NH Falls Risk Reduction Task Force. Elaine brought together key stakeholder groups of community providers and developed a training to focus on preventing falls for older adults. Falls often result in hospitalization and ultimately loss of independence and nursing home care. Regional teams were brought together and provided with train the trainer training which they were able to take back to their local communities and train key service providers. She has also participated as a member of the NH Falls

Firearm Safety: Elaine has a long history of positive collaboration with pro gun groups such as Gun Owners of New Hampshire to promote firearm safety. Through the NH Firearm Safety Coalition, Elaine has brought together people representing a wide range of views regarding gun ownership and use who have found common ground in preventing childhood deaths and injuries related to firearms. Elaine's leadership has resulted in success including promotion of trigger locks and a video promoting firearm safety in the home.

Buckle Up NH: For many years, Elaine has provided leadership in the area of increasing seat belt use in NH. Successes have included mandatory seat belt laws for children. Although mandatory seat belt laws for all passengers has not yet become law in NH, Elaine has worked with Buckle Up NH to increase awareness and promote this important public health issue. Most recently they have come up with recommendations to increase voluntary seat belt use and as part of that strategy have a conference scheduled for this spring to promote seat belt use.

Suicide Prevention: One of the public health issues Elaine has been most passionate about is suicide prevention. Elaine's vision, and leadership on suicide prevention have helped establish NH as a national leader in suicide prevention efforts. Elaine has served in notable leadership roles related to suicide prevention including Co-Chair of the Youth Suicide Prevention Assembly (YSPA), Co-Chair of the state Suicide Prevention Council and currently serves as the Secretary of the legislatively established Suicide Prevention Council. She was instrumental in the development of the NH State Suicide Prevention Plan in 2004 which laid out a blueprint for suicide prevention efforts in the state. Elaine also led the early development of the Frameworks Project. Through her leadership at YSPA she has made great strides in data collection efforts related to suicide and suicide prevention such as the annual YSPA data report. She has also played a lead role in increasing awareness and promoting best practices in suicide prevention through the annual YSPA conference. Elaine has always viewed suicide prevention as early recognition of mental illness and substance use disorders and under her leadership a statewide survey of attitudes toward mental illness and suicide prevention was conducted by the UNH Survey Center in 2005 and 2008.

NHPHA Leadership: Elaine has promoted public health as an active member of the NHPHA association and has served in leadership positions on the NHPHA board of Directors.

Through these many areas Elaine's work has improved and saved the lives of NH residents.

In addition to all of the work she has done on behalf of people in NH, Elaine has also served as a role model, mentor and inspiration for many of us working on public health issues. Her support, passion, encouragement and wisdom have facilitated our professional development and helped us to become more effective in our individual and collective work to protect and improve the health and safety of our population.

~Anara Guard

National Park Service Launches New Intern Program

The National Park Service, Division of Risk Management is collaborating with the Student Conservation Association (SCA) to launch a first-ever risk management student internship program. The objective of this pilot project is to design a sustainable program that will support park efforts to prevent drowning, fall injuries, hypothermia, dehydration, carbon monoxide poisoning, animal bites or attacks, and trauma from crashes in cars, boats, bikes, and other forms of transportation, among many other injuries that occur in parks.

The program will provide opportunities for undergraduate and graduate level students to apply skills in risk management, injury prevention, epidemiology and health behavior and education to enhance NPS injury prevention and control efforts to mitigate unintentional injuries to park visitors within the National Park Service, and in some cases to assist in the response to park incidents. The goals of this project are to:

- Build a cadre of future leaders and park staff who apply and further develop skills/understanding of wilderness risk management techniques.
- Increase capacity of current park staff to undertake risk management and injury prevention initiatives.
- Provide resources to strengthen parks' risk management programs.

- Provide safety outreach and education to park visitors.

This year, the NPS and SCA will select up to 15 parks to participate in the pilot phase of this program. Risk Management and SCA will work with each park to identify the particular need in that park and to find an intern with the necessary skills to meet that need. Interns will receive a weekly stipend, housing, transportation, training, and may be eligible for an AmericaCorps student grant of up to \$1500. In addition, students may be able to fulfill practicum requirements through this opportunity.

Students interested in learning more about the program should contact Dr. Sara Newman, Director, Public Risk Management Program at 202-513-7225 or (sara_newman@nps.gov).

~Sara Newman

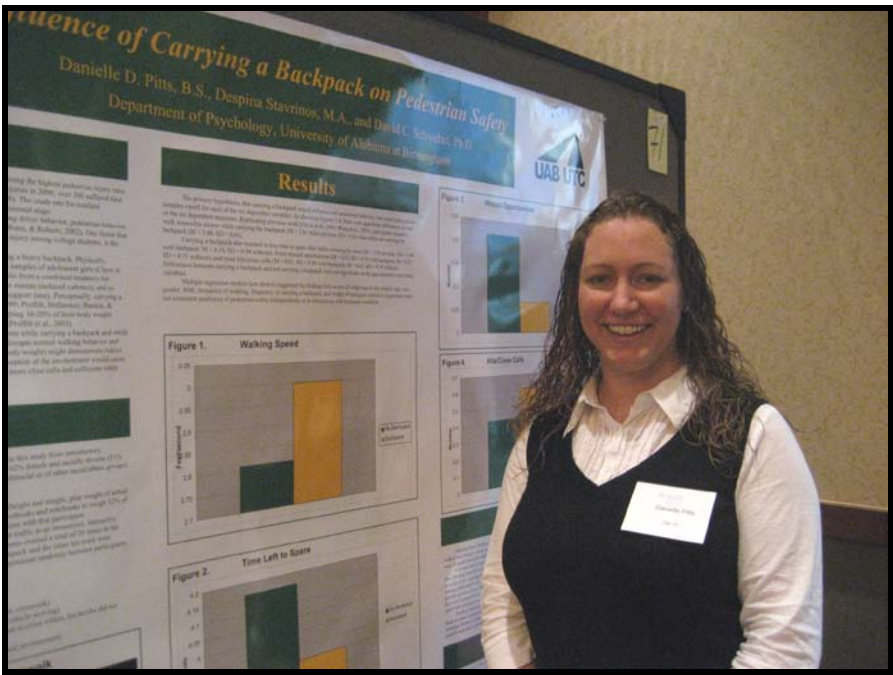
**Photos from the SAVIR Conference
(Thanks to Ginger Yang)**



SAVIR Leadership (left-right) Michael Mello, President-Elect; Corinne Peek-Asa, President; Shannon Fratarolli, Conference Planning Chair; and Charles Branas, Past President

Ginger Yang with Kimberly Freire





Danielle Pitts., BS, from Injury Prevention Research Center, University of Alabama at Birmingham. This was the first time she presented at the national conference. The work she presented, titled “Influence of carrying a backpack on pedestrian safety” is her undergraduate honor thesis. The findings show that carrying heavy backpacks might disrupt safe pedestrian behavior. She will start her graduate work at University of Colorado.

SAVIR Conference committee members, Shannon Frattaroli, PhD, MPH, (left) from John Hopkins Center for Injury Research and Policy, Shakiyla Smith, MPH, from Emory University





Ruth Shults and Rick Waxweiler from the NCIPC in the poster session.

Former NIOSH Director John Howard with SAVIR President Corinne Peek-Asa.



POSITION ANNOUNCEMENTS

National Park Service

Job Type: Summer Internship

Location: Indiana Dunes National Lakeshore

Dates: 2-3 months during the summer of 2009

Site Visitor Safety Internship

Established in 1916, the National Park Service (NPS) has more than 390 park units covering over 84 million acres in 49 states, the District of Columbia, American Samoa, Guam, Puerto Rico, Saipan, and the Virgin Islands. With over 266 million visitors enjoying the parks every year, the NPS holds safety as a core value for both its employees and its visitors. The Public Risk Management Program is working to enhance the ability of parks to address public risk management through injury surveillance, incident investigation, risk assessment, and risk mitigation strategies.

Indiana Dunes National Lakeshore has more than 15 miles of lakeshore and two million visitors per year. The park unit provides tremendous opportunity for outstanding visitor experience to include swimming, hiking, boating, biking, horseback riding and much more. The inherent risks in a natural environment such as Indiana Dunes creates risk for injury.

The NPS is seeking a graduate student to assist Indiana Dunes National Lakeshore to enhance its visitor safety program. The intern will analyze approximately 5 years data from incident records to identify the magnitude and trends of park injuries. The intern will assist the park to implement and assess the effectiveness of a newly drafted Water Safety Management Plan, gathering data on best practice from other water recreation areas and reviewing industry standards. The intern will evaluate current park safety procedures and practices and provide input to improve effective risk communication.

REQUIREMENTS:

- Excellent analytic skills
- Be able to work with a multi-disciplinary group to do a hands-on injury prevention project in our parks.
- Highly organized and able to take initiative and work independently.
- Training in public health, epidemiology, and/or the social/behavioral sciences.

COMPENSATION:

Weekly subsistence, housing, and transportation to and from park will be provided. Intern will also attend a six day training with other student interns in Mount Rainier from June 15-20 as part of the NPS Public Risk Management Internship Program

CONTACT INFO:

Send a resume, writing sample and cover letter to Dr. Sara Newman at sara_newman@nps.gov or fax 202-371-2226.

ARCHIVISTS ATTIC

Linking Leadership Values for Injury Control Perceptions, Legislation and Funding

One historical, present and future bedrock leadership value is the change agent: leaders who have a vision of the future many times which others cannot comprehend, that value is not to just sit around all day just talking but taking bold acting and 'muddling through' while turning on others by cultivating and caring for them. (1)

In our IC successful history for supporting new injury control legislation and funding, we have collaborated and leveraged with others' values; and our leaders have been "change agents". Those effective and successful used leadership values are both competing but complimentary for power and influence.(2)

First of all, most recently kudos to Larry Cohen, Prevention Institute for his and our own APHA's Linda Degutis and Section President's Joyce Pressley leadership for injury prevention in the Economic Stimulus Package. Thanks to you: Over \$1 billion passed for prevention and wellness in the economic stimulus bill! "The version of the American Recovery and Reinvestment Act that the U.S. Congress voted for last week, and that President Obama signed yesterday, includes more than \$1 billion for prevention and wellness. This investment in prevention will support more than 20,000 public health jobs and provide substantial support for efforts to create healthier communities. This would not have happened without an outpouring of support and advocacy from the public health community and supporters like you. **Thanks to all who sent communications and made calls. Your hard work and dedication paid off!** There is still substantial work ahead to ensure that the prevention and wellness funds, as well as stimulus funding related to issues such as transportation, parks and economic development, are allocated in ways that support health and equity"... (3).

What a great beginning for our present and future histories.

Such wonderful state and local supporting action should happen, pray tell, here in snowie ole State Capital Albany, soon, as well, I hope, on state funded violence prevention legislation:

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

See also www.timesunion.com for updates.

Here's, of course, my brief review of our past leadership histories, most recently on the Great Depression and Injury Prevention (see Archivist Attic ICEHS Newsletter Jan 2009)

1. 1970's, brief survey on complimentary values for injury prevention:

The CDC's founding was due greatly to US Surgeon General ties to the US Dept of Transportation's traffic safety programming (4); decades earlier, in the early 1970's the passage of the federal CPSC, flammable fabrics and toy safety laws greatly involved the linkage of DHEW injury prevention staff and liberal Congressional values leaders. The bedrock 1972 Report of the Consumer Product Safety Study Commission (we at NYSDOH was the only state health dept testimony or at least one of two) critiqued and reformed the then public health education/info as 'unknown impact for unknown duration' .. and the age of engineering and regulations as our modern value for public health injury control, was ignited in theory. In 1988, I adapted the 3E's but as concentric overlapping circles showing each component had weaknesses and strengths and had to be used in the overlaps. (5, 6)

2. From the 1990's policy value theory of converging safety and political leadership values:

“ 1. Creative Thinking and Innovative Leadership Crafts

...Creative thinking helps institutionalize prevention programs. Behn suggests one approach: we can better sell our ideas by creatively structuring our funding requests on public health problems with the needed political values needed (e.g., losses of jobs, childhood morbidity, income for hospital buildings) not just technical statements of numbers of disabilities and deaths per year As May recommended, we should craft our alternative ideas and assess potential errors guided by our understanding of what has worked elsewhere under possibly similar cultures and conditions ...”(7)

3. More from the Roaring Twenties- see also: Newsletter, March 2008

a. Julian Harvey, in 1923 (Thanks for the ancillary research by David Sleet) : "The idea of educating the driver was initially conceived as a part of the "balanced approach" against accidents developed in the 1920s. Later known as the Action Program, this approach centered around the "Three E First suggested by Juilan Harvey in 1923 and later adopted by the National Safety Council, this concept indicated that the problem of traffic accidents could best be met through improvements in education, engineering, and enforcement...." (8)

b. The 1920's comedy film,"Safety Last", (based on the popular safety first movement (see : http://www.mvhap.org/noteworthy_doc.php and also web search "safety first") valued the oddly dressed nurd (actually a 1950's term) and safety risk taker in 'getting the girl'.

That highly successful Pathe sentimentality- comedy film, about a country boy moving to the big city and trying to make it good to marry his girl friend, was far from "safety last":

One safety cultural value of the 1920's, the loser moving up socially was linked to the then popular film entertainment comedy values xxx of the looser (actually to become the winner of the girl friend) with the eye glasses - which were not acceptable in the 1920's- and that custom making him look odd.

Pathe, Roach and Lloyd minimized the injury risks by substituting long shots of a 'human fly' stuntman climbing that skyscraper, while the clock sequence was cleverly place near an unseen platform. (source: various gray, e.g Wikipedia, and other research sources for which others can verify that saga !)

Not that film land was all "safety first or last", even back then: "Lloyd four years earlier has lost several fingers in an accident involving a prop bomb - he thought as a fake and lit it with his cigarette" (9).

...

So, here's to evidence based injury control science and arts- and change agents for today's and tomorrow's history!

LF

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Opinion are mine alone

1. (Welch J and Elelch S. The Welchway. What Change Agents Are Made of. Businessweek Oct 20, 2008. 096
2. Quinn, RE. Beyond Rational Management San Francisco: Jossey-Bass Inc, 1988, 86-87, 96-97 and 102-103. at Member's Only for copyrighted registered figures reproduced by permission .)
3. email www.preventioninstitute.org. Prevention Institute Alert Jan 19, 2009
4. *Injury In America, A Continuing Public Health Problem*, Committee on Trauma Research, Commission on Life Sciences, National Research Council and the Institute of Medicine. Washington, DC: National Academy Press, 1985
5. Fisher L. Childhood Injuries-Causes, Preventive Theories and Case Studies. J of Envr Health May June 1988
6. Fisher L. New York State Leads Fisher, L., "New York State Leads in Injury Control Activities", Journal of Environmental Health. November/December 1974.
7. Fisher L. Part I : A Selected Archival Bookshelf - A Tapestry on Seminal Policy and Leadership Systems for Professional Graduate School or In Service Training of the Injury Control Researcher, Practitioner, Educator and Legislator (at www.extranet.icehs.org Members Only)
8. Nichols, James. Driver Education and Improvement Programs. Chapter 3 in Heimstra, NW (Ed). *Injury Control in Traffic Safety*. Springfield, Illinois: Charles C. Thomas, 1970, 49). See also Newsletter July 2007 . 3 E[‘s , USA commemorative stamps)
9. Preview May 22-24. Times Union, Albany, NY, page 5 : www.IMDB.com.

For a 1940's change agent leadership Journal review see: Fisher L. *Book Review. Historical Leadership. Review of: Injury and Violence Prevention: Behavioral Science Theories, Methods, and Applications*. Andrea Carlson Gielen, David A. Sleet, Ralph J. DiClemente, Editors. Hoboken (NJ): Jossey-Bass, 2006. PHR. May / June 2007.

For a 1950's: Fisher L and Brown TM. .Donald Budd Armstrong and W. Graham Cole: *Early Injury Control Advocates*. Am J Public Health, Jun 2004; 94: 941

At "members only" are my primary surveys and cites of the dynamic histories of injury prevention leadership in economic downturns . Copyrighted and Registered

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