

munity level. We look forward to more studies from other regions of the world.

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### Random thoughts<sup>1</sup> on bicycle helmets

EDITOR, — If we get bicycle helmet laws, don't we then need pedestrian helmet laws? Lots of child pedestrians, many more than child bicyclists, are hurt by cars.

Or is the answer to get drivers not to hit people? (Or kids, if you want to limit it.) Isn't that what's needed, hard as it is?

Thanks for thinking about, and taking a position on, a hard subject.

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## PEDNET

### Threads from the Pedestrian Network (PEDNET)

The lively discussions on PEDNET frequently include safety issues. One recent topic focused on efforts to 'encourage' motorists to stop for pedestrians in crosswalks. Much of the discussion about how this could be achieved involved elements of epidemiology, education, law enforcement, and environmental modification. It was evident, however, that concerns about violations of crosswalk rules differ widely. Whereas *Injury Prevention* readers worry about the injuries resulting from these violations, others worry about dangerous drivers scaring walkers. Reducing exposure is one way to prevent injuries, but it is difficult to imagine discouraging walking as a prevention strategy! Indeed, advocates oppose injury prevention programs that rely on deterrence (for example avoid walking at night).

Sally Flocks (of Walk Atlanta, pedsatl@aol.com) initiated a PEDNET thread by asking about the use of signs to mark crosswalks. Most participants agreed the current sign used in North America (a figure walking between two lines) fails to convey that the law requires motorists to stop for the pedestrian. Participants proposed other signs that might be better: I reported that one study<sup>1</sup> showed that a sign reading 'Stop Here for Pedestrians'

reduced conflicts by 80%.

Another part of the discussion focused on law enforcement. An exchange of information between advocates and researchers was valuable. A paper by Britt *et al* showed that traffic law enforcement aimed at increasing motorist compliance with pedestrian traffic laws failed to increase drivers' willingness to stop for pedestrians.<sup>2</sup> The authors state that altering the design features of the roadway to achieve traffic calming is likely to be more effective. Thus further contributions to this thread focused on crosswalk design and other environmental issues. Here's where the international perspective of PEDNET and the readers of *Injury Prevention* can be beneficial. Crosswalk design varies between countries. The US relies mostly on painted markings on the road surface, whereas British crosswalks are more elaborate and often include flashing (Belisha) beacons. Unfortunately, by international standards, both of these countries have higher than expected pedestrian injury rates.

Another thread addressed the role of legal liability. In much of Europe, the motorist is at fault for striking a child, whereas that is not the case in Britain and North America. More information is needed to determine the role of legal responsibility in injury reduction. Perhaps an *Injury Prevention* reader can help.

PEDNET participants also learn of the latest developments in politics. In many countries, transportation policy has become controversial. After the long, hot, and smog-ridden summer of 1995 in Europe, many people saw a connection between transportation policy accommodating car use and damage to the environment. Some protested road construction projects, notably at Twyford Down in Britain. This road project would have saved three minutes on the journey between London and Southampton, but would have sacrificed an area of historical and ecological importance. Protesters frequently framed the arguments against road construction in terms of injuries, and were successful in making transportation spending a campaign issue in the British elections.

In the US, pedestrian safety has also become a political item. The national transportation advocates, Surface Transportation Policy Program (STPP), received press coverage for determining that people are nearly twice (1.6 times) as likely to be killed by a car while walking than by a stranger with a gun. Nevertheless, in all, just 10% of US federal safety money is spent on pedestrian safety even though pedestrians account for 14% of motor vehicle related fatalities. In urban areas, the disparity increases. In New York City, pedestrian deaths are 53% of the traffic fatalities, but the city spends only 5% of the safety funds on pedestrians. Other cities were even less likely to invest in pedestrian safety, and 36 states spent none of their federal safety money on pedestrian safety. Although 10 times as many pedestrians die than people in railroad crossings, one tenth as much is spent on pedestrian safety. The STPP have asked for pedestrian safety projects, such as traffic calming, to receive federal safety funds at least proportionally to the number injured. Wouldn't that amount of money do wonderful things for pedestrians? Their report *Mean Streets; Pedestrian Safety and Reform of the Nation's Transportation Law* is available on the world wide web at [www.ewg.org](http://www.ewg.org).

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## BOOK REVIEWS

**Injury Control—A Global View.** By Lawrence R Berger and Dinesh Mohan. (Pp 292; US\$35.) Oxford University Press, 1996. ISBN 0-19-563680-5.

Published in 1996, and initiated by the World Health Organisation (WHO) Injury Prevention Program, the goal of this book was, in the words of the foreword written by Claude Romer, to 'provide an overview of the current status and trends of injuries in countries throughout the world'. This it does and does well. It is also intended to 'discuss the value and limitations of injury data, the scientific basis of injury research and control, and the role of all health professionals in addressing injuries as a public health problem'. Again, a clear success. Whether it succeeds in its third goal—to reach the intended broad target audience—is another matter. The dust cover suggests it would be of interest to health professionals, policy makers, community health workers, and students of medicine, nursing, and public health. We fear too many of these do not even know this book exists.

*Injury Control* effectively outlines the trends in injury in both the lower income countries and higher income countries, delineating the similarities and differences in the etiology and outcomes of injury in the two world areas. It is grounded in the theoretical framework of the Haddon matrix which, when combined with the chapters on 'Translating Concern into Action' and 'Injury Control Interventions' make it especially useful to program managers. Moreover, the numerous tables and pictures make it accessible to the novice and the appendices add to its value.

There are three positive features of this book. First, it is well written, coupling clarity with scientific rigor. Second, it achieves a balance between the problems unique to high and low income countries and those that are shared. Third, it is well illustrated, using clear charts and tables alongside many excellent photographs.

Information pertinent to low income countries is contrasted with that from high income countries. The rationale for doing so is that the profiles in each of these settings is different, and thus their respective research efforts should also differ. At the same time, the book makes evident that many problems are multinational, so that 'pesticides used by South American farmers appear in foods on dinner tables in Europe and North America', and, conversely, 'automobiles made in Japan, Korea, and the USA traverse the roads of Thailand and Argentina'.

However, while it addresses the special socioeconomic influences on injury in the low income countries it does not delve deeply into underlying issues such as religion

and politicoeconomic development. For example, falling off overcrowded buses is often the result of over-population. Machinery given or sold to low income countries may need expensive repair parts only available in high income countries and injuries from poorly maintained machines may be the result of economic dependence on high income countries. Although injuries sustained by child labourers can be effectively reduced by improved working conditions, a much preferable alternative may be to press for better education of these children. This would free them from work related injury and simultaneously foster economic development, which, in turn, should reduce injury rates now seen in low income countries. Accordingly, Berger and Mohan state that child labour must be 'totally abolished through . . . agrarian reforms, . . . and sustained economic development leading to full adult employment'.

Nevertheless, supporting economic development is not an excuse for ignoring the urgency of lowering the incidence of injury in low income countries. To this extent, the book provides several solid suggestions for reducing injury generally. For example, painting the tops of Indian taxis yellow was an affordable and successful step that cut nighttime motor vehicle accidents.

Several elements of the book are unusual. For example, it includes a surprisingly solid section entitled 'Conducting Epidemiologic Research in Injury Control'. Another welcome chapter is 'Translating Concern into Action'. Finally, the appendices are of special interest. One provides selected references, another lists injury control organizations and agencies, a third describes computerized information systems, and a fourth presents nine learning exercises.

From the point of view of readers on *Injury Prevention* one weakness is the fact that the emphasis on children is limited. A section entitled 'Developmental, Behavioral, and Socio-economic Aspects' includes a few pages devoted to child development and injuries, and elsewhere, there is a short presentation on child labour. On the other hand, many of the key messages are 'ageless'.

Although we are disappointed more is not said about children and adolescents, as an introduction—one that uses an orientation consistent with the beliefs of many readers of this journal—*Injury Control* is a welcome addition to our library and especially those working in low income countries.

Because we truly believe this, we are surprised at how this book has been marketed. There is no evidence that WHO has assisted in its distribution and the publisher has not promoted this book well. Have any readers seen it announced or received flyers about it? No copy was sent to *Injury Prevention* for review despite the fact that it is customary for publishers to do so.

These points aside, this is an important addition to our understanding. No injury prevention program should be without a copy. In a world where injury prevention is still on the periphery of public health, *Injury Control: A Global View* is a welcome addition. And for those who intend to work in an international program, it is essential reading

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**Injury Research and Prevention: A Text.** Edited by Joan Ozanne-Smith and Fiona Williams. (Pp 271; A\$27.50.) Monash University Accident Research Centre, Clayton Road, Clayton, Victoria 3168, Australia, 1995. ISBN 0-7326-0066-9.

Injury has long been recognised as important and preventable in Australia, with the initial focus on the road environment and occupational health. Public health interest in the problem has grown since the mid 1980s when the Commonwealth Government's 'Better Health Commission' identified injury as a key target. Thus a considerable body of expertise has been developed in Australia in collecting injury data and applying it in a range of injury initiatives. This expertise has been harnessed in the production of *Injury Research and Prevention: A Text*. This provides a state of the art overview of the field of injury prevention for both practitioners and academics and draws together contributions from 20 authors from a range of disciplines in Australia.

Monash University's Accident Research Centre has developed short courses on injury prevention and research and this publication was produced as the proceedings of the second course held in 1994. The four main sections of the book cover (1) research methods, principles of injury prevention and data sources, (2) specific injury problems and their prevention, (3) countermeasures and implementation strategies, and (4) evaluation.

One chapter by Joan Ozanne-Smith is entitled 'Child Injury Prevention' but many of the other chapters relate to children and adolescents, for example, the development of preventive strategies relating to bunk beds. The book provides useful basic information for the newcomer to epidemiological research on concepts such as causality, exposure to risk, confounding, and different study designs and methods of evaluation. It provides up-to-date information on the epidemiology of specific injury types and more discursive chapters on community based studies, institutionalisation of prevention and policy

change. Perhaps such a broad remit means that some chapters work better than others. The section on evaluation, for example, described the principles of evaluation well but could have benefited from more specific examples. Nevertheless there is much to be gleaned from the text, both in its contents and in the approach it adopts. Although of more practical relevance to practitioners and academics in Australia, it also provides a useful model for other countries interested in developing a greater pool of expertise in the field of injury prevention.

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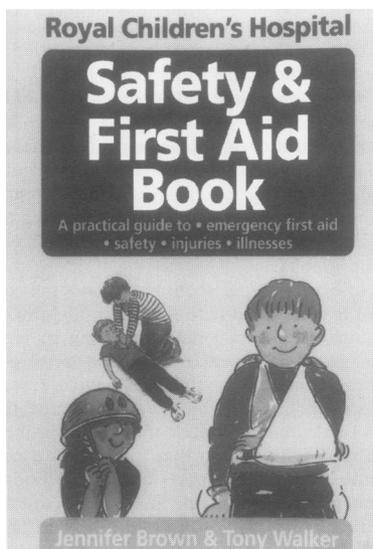
This book is based on the proceedings of a short course on injury research and prevention conducted in Melbourne, Australia in July, 1994. The content draws heavily on Australian data and examples, since these were the most relevant to the intended audience.

The 21 different chapters are written by 20 different authors, all from Australia. The book is divided into four sections: research methodology and principles of injury prevention; specific injury problems and their prevention; countermeasures and implementation strategies; and evaluation. The quality of individual chapters varies widely with considerable overlap in some areas. The first section includes a good overview of the role of statistics and modern epidemiology in injury research, and an excellent review of Australian injury data. Especially interesting is the historical trend data, including two excellent examples of the effectiveness of product changes or regulation in reducing suicides from gas and barbiturate poisoning.

The second section on specific injury problems has an excellent chapter that summarizes the Australian experience in reducing motor vehicle injuries. It documents a number of success stories, including studies of seatbelt effectiveness, bicycle helmets, random breath tests, and speed cameras. Over the past 23 years, Victoria (and Australia) went from one of the countries with the highest motor vehicle fatality rates to one of the lowest. This chapter alone would make the book worthwhile reading for an international audience. Other chapters cover the following injury areas: rural, intentional sports, occupational, children, falls in the elderly, and consumer safety.

The third section reviews a number of specific countermeasures and implementation strategies, such as community injury prevention and the role of state health departments. The chapter on the role of law and injury prevention is interesting reading, both because of its discussion of the value of the coroner system to identify problems and advocate change, and to contrast it to the approaches taken in the US. The final section provides a short and diverse review of issues relating to evaluation of injury programs.

The book is written at a basic level targeted to those taking the Australian course, not injury practitioners. One of the limitations of the book for a wider audience than Australia is that because of its effort to use Australian examples and be an Australian text, there is little attempt to integrate the authors work with the wider body of injury literature from other countries. For example, the excellent reference text by Waller (Lexington Books, 1985) is not even mentioned. However, the Australian text could be a useful model for



Available from the Royal Children's Hospital Safety Centre, Flemington Road, Parkville, Victoria 3052, Australia; price \$A16.95. For a review of this book see the June issue, p149.