LESSONS FOR UK ROAD SAFETY

In 2002 the UK Department for Transport commissioned the project *Children’s Road Traffic Safety: An International Survey of Policy and Practice* (see News and Notes in the October 2004 issue of *Injury Prevention*) to complement the report from the Organisation for Economic Co-operation and Development’s (OECD) Child Traffic Safety Expert Group. The aim of the survey was to provide basic high level data, on a consistent basis, from OECD member countries that identified and accounted for current patterns of child road safety as pedestrians, vehicle occupants or bicyclists, and that identified current best practices and countermeasures in place to improve child road safety. A further report, *Children’s Traffic Safety: International Lessons for the UK*, addressing the lessons to be learned for the UK from this survey of international policy and practice was published in August 2004.

The key findings suggest that the UK has adopted good practice in a number of areas but that current practice needs strengthening. A more widespread approach to modifying the environment is required in the UK to improve the safety of children as pedestrians or bicyclists, and barriers to implementation need to be overcome. Clearer guidelines are needed for implementing low speed limits near schools and in identifying these areas as enforcement zones. In the UK there is a steep social gradient in child pedestrian fatalities and at present there is no routine monitoring of the socioeconomic status of all road traffic casualties. These data are needed to assess whether inequality targets are being met. In terms of national profile, the UK does not compare favourably with most other OECD countries in terms of income distribution, relative child poverty, and the number of children living in one parent families in which the burden of poverty is high. Tackling the causes and effects of these inequalities on safety must continue to be a priority. A greater understanding is needed of how some countries achieve high levels of safety behaviour (such as wearing seat belts or bicycle helmets) compared to others so that these strategies could be used in the UK. More research is required to understand why safety behaviour is not as good among older children compared with younger children. More consideration should be given to the introduction of legislation on driver responsibility for pedestrian accidents.

There could be more national support for promoting safe and sustainable travel to school by linking these themes with explicit and clear curriculum topics and by making safe travel to school an aspect of the school inspection process. In terms of monitoring policy, exposure based targets could be derived for children for different age, gender, and road user groups. This seems especially important given the UK has policy targets for increasing the amount of walking and bicycling by children. In addition, targets could be set for secondary safety behaviour, such as seat belt or bicycle helmet wearing. There are many examples of innovative advocacy and action research approaches involving children that could be readily transferred to the UK. More information about these approaches would be useful.

The report (road safety research report no.50) is accessible through www.dfi.gov.uk (road safety/research/road safety research reports/theme 1).

DEVELOPING A CANADIAN INJURY PREVENTION STRATEGY

The development of a Canadian strategy for injury prevention has had multi-sectoral involvement in the three streams of research, surveillance, and programming and has involved working with a number of national organizations, stakeholders, and researchers relating to unintentional injury, intentional injury, acute care, and rehabilitation. The process has been financially supported by the Insurance Bureau of Canada.

The Listening for Direction research process has concluded. A final report has been drafted and is available at www.injurypreventionstrategy.ca. The Canadian Institutes of Health Research has declared injury a multi-institute strategic initiative. This means that work will continue this year to develop a granting structure to create and support up to five centres of excellence for injury research in Canada. The recommendations and proposals that emerged from the surveillance meetings in Toronto in August and in Ottawa in November have been fed into the overall report. In addition, a separate summary report for surveillance is being created and will be posted at www.injurypreventionstrategy.ca. A final report on the national strategy is being drafted and will be circulated to key individuals for input before the report’s final release. A communications plan is being developed, which will include considering the best time to release this report to garner maximum exposure and impact.

STATE OF HOME SAFETY 2004 PUBLISHED

Approximately 20% of the US annual toll of 91 000 deaths from unintentional injuries occur in the home. In addition, emergency departments treat more than 10 million home injuries annually, and an average of 11 million home injuries are seen by a private physician, so in total unintentional home injuries account for nearly 21 million medical visits on average each year. The second edition of *The State of Home Safety in America*, a report commissioned by the Home Safety Council, has recently been published. It was edited by Carol Runyan and Carri Casteel from the University of North Carolina Injury Prevention Research Center. The purpose of the report is to document the occurrence of fatal and non-fatal unintentional home injury in America, societal costs associated with home injury, and safety issues and protective practices associated with injury at home. The report is available via the Home Safety Council website, www.homesafetycouncil.org.

BUILDING ON WORLD HEALTH DAY TO IMPROVE GLOBAL ROAD SAFETY

On 1 October an important step was taken towards fulfilling the coordination mandate granted to WHO by the UN General Assembly in April 2004. On that day at WHO headquarters in Geneva, more than 50 experts representing 11 UN agencies (including all five UN Regional Commissions) and 14 other global road safety organizations discussed how they will collaborate on global road safety. The number of participants and the range of the sectors they represented attested to the broad support that exists for this new effort. A main objective of the meeting was to identify the mission and objectives of the collaboration and the concrete
products which would result. Participants agreed to pursue a number of initiatives.

A series of “good practice” guidelines that would assist countries with the implementation of the recommendations of the WHO/World Bank world report on road traffic injury prevention are to be developed. Although a number of guidelines might eventually be produced, it was agreed that initial efforts would focus on the main risk factors and protective factors identified in the report: speed, drinking and driving, seat belt use, and helmet use.

A dynamic, web based global road safety legislation database, based on previous UN Economic Commission for Europe (UNECE) work in this area, is to be developed. The completion and updating of a series of resolutions on road traffic signs and signals adopted in the European region, which UNECE proposes to disseminate worldwide and promote as “good practice” guides, is to be underwritten. A follow-up meeting to the April 2004 Stakeholder’s Meeting was proposed for 2006, possibly to be held in Oman. And there is to be an annual World Day of Remembrance for road crash victims. Identifying lead agencies and deciding on timeframes for the production of these products were also agreed upon. The proceedings of the meeting will be available on the WHO web site at www.who.int/ violence_injury_prevention/road_traffic/ un_road_safety_collab/en. The next meeting of the UN Road Safety Collaboration has been tentatively set for March 2005, when participants will discuss progress made on implementing activities and provide input into the next report to the UN Secretary General on improving global road safety.

NEW FRENCH DEFINITION OF TRAFFIC DEATH
France has changed its definition for “killed in traffic” from “death within six days” to “death within 30 days” of a road accident, aligning its definition with the standards used in all EU countries except Portugal. The new calculation is expected to have a major impact on future accident statistics. A recalculation of previous figures has shown that fatalities for the year 2000 would have been 5% higher (8079 instead of 7643) had the new definition been applied at the time.

IRELAND’S ROAD SAFETY STRATEGY 2004–06
The Irish government has announced that a three year road safety strategy will be developed and will target speeding, drink-driving, seat belt wearing, and pedestrian safety in order to reduce deaths and injuries. The High Level Group on Road Safety has prepared a new strategy for the period 2004–06. The strategy takes account of a review of the Road to Safety, which was carried out by an international road safety expert, the progress made over the period of the last strategy, further positive trends established in 2003 and the EU Road Safety Action Plan, which has set a target of a 50% reduction in road deaths across the EU by 2010.

The primary target of the new strategy is to realise a 25% reduction in road collision fatalities by the end of 2006 over the average annual number of fatalities in the 1998–2003 period. Achievement of the target will result in no more than 300 deaths per annum by the end of the period of the strategy and will assist in the achievement of the longer term EU target. The independent review of the previous strategy confirmed that basing the primary targets on the achievement of progress in the areas of speeding, drink-driving, and seat belt wearing was the correct approach so these remain the key areas of the new strategy. The main recommendations set out in the new strategy include the introduction of random preliminary breath testing, an increase in disqualification periods, a revised speed limit structure (to be expressed in metric values), a network of speed cameras to be operated by a private company, and the rolling out of the full system of penalty points. Commitments are given by the Gardaí (the Irish police force) to the carrying out of specific levels of enforcement across the three key areas of set belt wearing, speed limits and drink driving.


US NATIONAL TRAINING INITIATIVE PROGRESSES
An estimated 8000 professionals per year who work on injury and violence prevention in the US can benefit from training, including professionals in public health, emergency services, health care, law enforcement, transportation, education and other fields, as well as community members. Two injury prevention organizations, the National Association of Injury Control Research Centers (NAICRC) and the State and Territorial Injury Prevention Directors Association (STIPDA), have joined together to address the need for training, with the Maternal and Child Health Bureau and the National Center for Injury Prevention and Control providing initial funds. The National Training Initiative is currently housed at the University of North Carolina Injury Prevention Research Center. The initiative has completed core competencies for purpose of defining the basic skills needed by practitioners in our field. They are currently undergoing public comment then will be finalized (and hopefully published in peer reviewed literature); see www.injuryed. org.

TEACH-VIP PILOT TESTING ON-GOING
TEACH-VIP is a modular injury prevention and control curriculum that has been developed over several years by WHO and a global network of injury experts. Pilot testing of the curriculum began in September 2004 and will run until June 2005. The curriculum is slated for general release in September 2005. More than 20 sites from around the world have signalled their interest in participating in the TEACH-VIP pilot testing phase. The modular nature of the curriculum, the fact that it is designed to be adapted to local priorities and realities, and its comprehensive coverage of topics related to injury and violence all contribute to making the curriculum a unique prevention tool at the global level. WHO expects TEACH-VIP to have a central role in the Department of Injuries and Violence Prevention’s strategic long term plan for injury and violence capacity building at the country level. For more information, visit www.who.int/violence_injury_prevention/national_capacity/en/.

THE PREVENT INSTITUTE
The University of North Carolina hosts the PREVENT Institute: Developing Leaders in Violence Prevention, which aims to help multiorganizational teams prevent violence in their communities before it starts. The institute builds skills to enhance leadership for violence prevention and social change, plan, implement, evaluate, and sustain evidence based prevention efforts, communicate effectively with policymakers, media and others, and develop partnerships and extend networks. The PREVENT Institute has a three pronged approach to learning, combining education, networking, and technical assistance with six days of courses. The institute runs from January 2005 and includes four days of coursework, a six month project back home with assistance from a “coach”, and finally two days of courses and team presentations in August 2005. Distance learning resources reinforce skills and help extend the learning to others after the Institute. Visit www.prevent.unc.edu for more information.
A new collaborative program of the Fogarty International Center (FIC) addresses the growing burden of morbidity and mortality in the developing world due to trauma and injury. The program is supported by FIC, seven National Institutes of Health partners, the Center for Disease Control and Prevention’s National Center for Injury Prevention and Control, the Pan American Health Organization, and the WHO. It addresses training across the range of basic to applied science, the epidemiology of risk factors, acute care and survival, rehabilitation, and long term mental health consequences. The current combined financial commitment from FIC and its partners is approximately $7 million over five years. See http://grants.nih.gov/grants/guide/par-files/PAR-04-083.html for detailed information about research objectives, eligibility, and funds available. There are application receipt deadlines each year to 2006.

SAFETY OF KIWI KIDS FOCUS FOR CAMPAIGN
A campaign highlighting the horrific rate of unintentional injuries to New Zealand children, and how to prevent them, was launched in October. The Safekids Campaign, coordinated by Safekids New Zealand in partnership with government and non-government agencies, will focus on specific injury issues each year. From October this year until October 2005, burns to children and their prevention, as well as ways to keep motor vehicle passengers aged under 15 years safe, will be highlighted. The injury prevention messages will be aimed at a wide range of audiences—not just parents. On average, road crashes and burn injuries account for about 20 deaths to young New Zealanders each year, and the hospitalisation of more than 550 children. Radio advertisements aimed at drivers and families, an internet competition for children, and a burns prevention checklist for caregivers, will “hit-home” child safety messages this year. More than 80 community based coalitions will support the campaign’s focus on keeping kids safe in cars and the prevention of burns by organising safety related events and activities, such as free checking clinics to ensure child restraints are installed and used correctly, checkpoints with police, and burns prevention education for caregivers. Information about these activities is available at www.safekids.org.nz. The Safekids Campaign replaces the former KidSafe Week.

AUSTRIA’S ROAD DEATHS FALL
In Austria, the number of road deaths dropped by about 2% from 2002 to 2003, with pedestrian and cyclist deaths decreasing most significantly. The number of child deaths rose, however, sharply in the first six months of 2003. During that period, 37 children were killed, half of them as car occupants.

... WHILE IN THE UK
The UK Department for Transport published its annual report, Road Casualties Great Britain 2003 at the end of September. It revealed that 3 508 people were killed on Britain’s roads in 2003, 2% more than in 2002. The number of people seriously injured fell to 33 707, 6% lower than in 2002. Total casualties in 2003 were 290 607, 4% fewer than in 2002. Among children under 16 years, there were eight fewer deaths on the roads in 2003 than in 2002, a fall of 4%. The total number of children killed or seriously injured fell by 11%. While the overall decrease in child fatalities is encouraging, there has been a disturbing increase in pedestrian fatalities of young people aged between 16 and 19 years, increasing from 42 in 2002 to 58 in 2003. The report is available on the Transport Statistics section of the Department for Transport’s website www.dft.gov.uk.

AUSTRALIAN NATIONAL INJURY PREVENTION PLAN
At a meeting held in Adelaide in July 2004, Australia’s National Public Health Partnership Group endorsed the release of a new National Injury Prevention Plan as a draft for public consultation. Commissioned by the Commonwealth Department of Health and Ageing, the draft was prepared by Jane Elkington & Associates, a Sydney based consultancy group. In preparing the plan, Elkington & Associates drew heavily on the New Zealand Injury Prevention Strategy and used the data, priorities, and cross cutting issues contained in the NISU publication, National Injury Prevention Plan Priorities for 2004 and beyond: Discussion Paper. Development of the plan was supported by advice and comments from a specially formed subcommittee of the Strategic Injury Prevention Partnership (SIPP). The purpose of the new plan is to provide a framework for the full range of injury prevention activities that occur in Australia. The plan will help the various agencies, both government and non-government, and individuals, to focus their efforts and resources by providing clear priority areas as a focus for investment. The plan embodies a vision which sees government and community working together to ensure that Australians have the greatest chance of a life free from the impact of preventable injuries. Realisation of this vision is based on working strategically and collaboratively towards achieving a positive safety culture where there is a belief that injuries are preventable and that investing in injury prevention is worthwhile. The draft plan has identified several general deficiencies with some of the current injury prevention activities. These include fragmentation of effort, gaps in some injury prevention activities, notably falls and drowning prevention, workforce capacity issues, quality of, access to and dissemination of injury information, limited understanding of effective injury prevention activities, and insufficient resourcing of prevention. The draft plan can be accessed via www.nphp.gov.au.

NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDERS SAFETY PROMOTION STRATEGY
Another Australian initiative is in progress to develop the National Aboriginal and Torres Strait Islanders Safety Promotion Strategy. The reasons for producing a separate strategy for these people include:

- Aboriginal and Torres Strait Islander injury rates in Australia (deaths, hospitalisation, and emergency treatment) are at least three times and possibly six times those of non-Aboriginal and Torres Strait Islander people.
- Violence and self harm associated with social and cultural disruption are widespread among Aboriginal and Torres Strait Islander people.
- Mainstream organisations often leave the provision of services to Aboriginal and Torres Strait Islander people to Aboriginal service providers instead of recognising Aboriginal and Torres Strait Islander services as supplementary and complementary, aimed at increasing capacity and options for services to disadvantaged groups.
- Mainstream injury prevention and safety promotion strategies do not necessarily deal with, or have clear relevance to, the priority issues for Aboriginal and Torres Strait Islander people.
- Aboriginal and Torres Strait Islander communities and leaders are themselves increasingly concerned at the effects on health, social and societal wellbeing. The draft strategy can be accessed via www.nphp.gov.au.

VIOLENCE PREVENTION ALLIANCE OPEN TO ALL
The Violence Prevention Alliance (VPA) is a new global network for...
organizations working to prevent violence. VPA presents an opportunity for groups from all sectors (governmental, non-governmental, and private) and levels (community, provincial, national, regional, and international) to unite around a shared vision, the basis of which is a public health approach to violence prevention that addresses the root causes of violence and improves services for its victims. In November 2004, VPA will be open to any WHO member state, as well as to other institutions, including non-governmental and community based groups. During its first 10 months, the alliance was supported by 10 founding participant organizations which helped establish its framework. Participation in VPA is free and on a voluntary basis for any agency with a clear and demonstrated interest or expertise in preventing interpersonal violence and improving victim services through a public health approach. For more information, please visit www.who.int/violenceprevention or email violenceprevention@who.int.

NEW ZEALAND INJURY INDICATORS REPORT

Colin Cryer, John Langley, and Shaun Stephenson of the University of Otago’s Injury Prevention Research Unit recently completed a report for the New Zealand Injury Prevention Strategy (NZIPS) secretariat Developing Valid Injury Indicators. They were asked to propose injury outcome indicators that focus on all injury, as well as for the six priority areas identified in NZIPS: assault, work related injury, intentional self harm, falls, motor vehicle traffic crashes, and drowning. The report reviewed and investigated the validity of existing New Zealand indicators relating to these areas, using six validation criteria. For many of the indicators, they were judged to have significant threats to validity. A common shortcoming was the lack of consistency in the ascertainment of cases of injury over time. Fatal injury indicators for all injury were proposed that satisfied the six validation criteria. Additionally, new methods were developed for measuring serious non-fatal injuries—in order to develop valid indicators for all injury for the NZIPS. These fatal and serious non-fatal injury indicators also formed the basis of the proposed indicators for many of the priority areas. The report illustrates trends in the proposed indicators using historical data. A copy of the report can be downloaded from www.nzips.govt.nz.

DAYTIME RUNNING LIGHTS IN EUROPE

The European Transport Safety Council’s highly informative Safety Monitor (accessible at www.etsc.be) reports that France has introduced the use of headlights in daytime on a voluntary basis. Drivers are recommended to keep their lights on outside urban areas from 30 October 2004 to 27 March 2005. This measure is expected to reduce the number of road deaths by about 5%–8%. In Switzerland, drivers have been recommended to use of headlights in daytime for the past three years. About 40% of drivers are now following that recommendation, and this has a significant impact on road safety, according to latest figures presented by the Swiss Council for Accident Prevention (bfu). Daytime running lights are compulsory for passenger cars in the Scandinavian countries and in some of the new member states, such as Estonia, Slovenia, and Slovakia. In Poland, Lithuania, and the Czech Republic they are obligatory only during the winter, and in Italy and Hungary only outside urban areas.

CORRECTION TO WHO REPORT


FENCING OF HOME SWIMMING POOLS

Home pool owners in Waitakere and indeed New Zealand generally will welcome the recent ruling from Justice Randerson regarding the immediate pool area: a rational ruling that allows for the inclusion of a barbecue area and entertainment furniture within the fenced area. Although there is clarity over what may or may not be included within the fenced area, the determination of what sized area is permissible will rest with local authorities. The ruling highlights the necessity for adult supervision of children around water, and this must be constant and means a responsible adult keeping young children in their care within sight and reach.

NEW SAFE KIDS BRAZIL WEBSITE

Safe Kids Brazil (Criança Segura) has launched its new website www.crianca segura.org.br. The website, which is in Portuguese, has specific sections directed to doctors, educators, children, volunteers, and media.

GUN DEATH RISKS STUDY

Americans in small towns are statistically as likely to die from gunfire as people in major cities, according to a new study from the University of Pennsylvania School of Medicine—with one key distinction. “The difference is who does the shooting,” says lead author Charles Branas, Assistant Professor of Epidemiology. Branas and colleagues found that when looking at all deaths by firearms, the risk of being murdered with a gun in large cities and the risk of committing suicide with a gun in rural areas were almost identical. In fact, the risk of gun suicide in rural areas was slightly higher than the risk of gun homicide in major cities. After adjusting for income, education, employment rates, and other factors, most rural counties had over 1.5 times the rate of gun suicides compared with most urban counties. At the same time, urban areas experienced almost twice the gun homicide rate of most rural counties. Similar trends were not found for other, non-gun forms of suicide or homicide. The investigators analyzed urban-rural differences in intentional firearm deaths—homicides and suicides—using over 580,000 death certificates from 1989 to 1999 in all counties in the United States. Their findings are reported in the October issue of the American Journal of Public Health.

NEW QUEENSLAND WHO SAFE COMMUNITIES

The garden city of Toowoomba, situated atop the Great Dividing Range, in South East Queensland, and the Queensland tropical coastal region of Mackay Whitsundays have been designated as WHO Safe Communities.

Contributors to these news and notes include Colin Cryer, Susan Gallagher, Jennifer Hall, Etienne Krug, Murray Mackay, Barry Pless, Carol Runyan, Ian Scott, and Flaura Winston. Michael Hayes has edited the contributions. Items for future issues, including calendar entries, should be sent to Michael Hayes at the Child Accident Prevention Trust, Cloister Court, 22–26 Farrington Lane, London EC1R 3AJ, UK, fax +44 (0)20 7608 3674, email mhayes@capt.org.uk as soon as possible.