



injury

PREVENTION

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Editorials

Descriptive surveys — are they useful?

In this issue, as in previous issues, there are a number of papers that present the results of essentially descriptive surveys. Other papers deal with surveillance which is not quite the same as one or more surveys. In both cases we may ask: What do these contribute to injury prevention? A general answer is — far more than most may realize. Readers need to be reminded that few surveys are exclusively descriptive. Most include an analytic component, by which I mean they provide breakdowns or analyses of the injury under scrutiny by other features — age and sex most commonly, but often by many others as well. Occasionally, these analyses are interpreted as identifying 'risk factors', and to some extent this may be correct. It is, however, this 'second level' of analysis — one that goes beyond simply estimating magnitude to identifying groups at greatest risk, for example, that makes many otherwise apparently simple descriptive studies so interesting and potentially valuable.

Depending on what is actually surveyed, or how it is analyzed, most such studies provide both an estimate of the size of a problem and its severity. For example, a survey of playground injuries that includes all medically attended visits as well as hospital admissions, gives a rough approximation of this problem from both perspectives.

Although some surveys focus only on a specific problem, such as head injuries, most are inclusive — that is, they record all injuries regardless of origin, seen in a particular setting over a specified period. If the results are to be used to influence program priorities, it is important to know not only how many of each type of injury are seen, but also the proportions in each category that are serious — whether measured by deaths, disability, hospital or emergency room admissions, or simply as doctor visits. When both numbers and severity are taken into consideration, alongside their preventability, a program priority or target should readily emerge.

For example, the paper by Walsh *et al* (p 16), pointing so

clearly to the dominance of head injuries, cannot but help not only those in the Newcastle community focus still more attention on this problem, but should also reinforce the work of others already concentrating on it. Learning further that injury admissions of all kinds, regardless of severity, are relatively little affected by age, is also a sobering and perhaps unexpected discovery. Equally unexpected is the finding reported by Sacks *et al* (p 52) that nearly three persons per 1000 are bitten by dogs and that children have three times the rate of medical visits than adults. Is this a problem we have tended to overlook?

In light of these considerations the journal will continue to welcome descriptive reports. They remain the foundation on which much subsequent research and program decisions are built. In stating our willingness to publish yet another survey, however, my personal view is that survey researchers are obliged to go further. First, they must try to do more than simply send reprints to groups they believe can or should use their results. I am convinced the best way to foster implementation is through face-to-face meetings. An added reason for doing so is that such meetings help both parties better understand the perspectives and problems of the other. A second obligation is to move forward towards increasingly more illuminating types of studies. Descriptions should be followed by analyses of the kind referred to above, in a search for possible risk factors. This step, in turn, leads to still more sophisticated designs, such as case-control studies, that shed more light on possible risk factors. Eventually descriptive research should lead to randomised trials or other methods for evaluating existing or planned interventions. Taken together, these steps are certain to increase our rapidly growing knowledge of 'what works'. The only problem that then remains is how to put this into action. That is where advocacy and political action comes in.



Surveillance

A frequent complaint of many program persons is that they lack the data needed not only to assess the size of a problem in their community but also whether it is increasing or

declining. Repeated surveys are one way of responding to this entirely legitimate concern. Another, more efficient approach, however, is through the establishment of