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

LEIF SVANSTROM
Karolinska Institute,
Department of Public Health Sciences,
Division of Social Medicine,
Stockholm, Sweden
(https://www.svanstrom.com)


Random thoughts on bicycle helmets

EDITOR: If we get bicycle helmet laws, don’t we then need pedestrian helmet laws? Lots of children 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.

DON HARVEY
Orange County Bicycle Coalition,
630 S Glassell, Suite 100,
Orange, CA 92666, USA


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 dis- cussion about how this could be achieved involved elements of epidemiology, education, law enforcement, and environmental modific- ation. 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, alternatives to pedestrian safety prevention programs that rely on deterrence (for example avoid walking at night).

Sally Flocks (of Walk Atlanta, pedast@ aol.com) initiated a PEDNET thread by asking about the use of signs to mark cross- walks. 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 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 valu- able. 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. 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 inter- national perspective of PEDNET and the readers of Injury Prevention can be beneficial. Crosswalk design varies between countries. The US relies mostly on painted lines on the road surface, whereas British crosswalks are more elaborate and often include flashing (Belisha) beacons. Unfortunately, by interna- tional 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 infor- mation is needed about 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 damaging the environment. Some US road construction projects, notably at Tywford 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 historic 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 issue. The national trans- portation advocates, Surface Transportation Policy Project (STPP), received press cover- age 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 counties, try 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 states make money from the number of 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 Laws is available on the world wide web at www.ewg.org.

PETER JACOBSEN
PO BOX 7172
Los Angeles,
CA 90071-7433, USA


BOOK REVIEWS


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 a well laid out book that 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 Health Action Model (HARM) and the chapters on ‘Translating Concern into Action’ and ‘Injury Control Interventions’ make it especially useful to program man- agers. 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 coun- tries is contrasted with that from high income countries. The rationale for doing so is that the profiles in each of these settings is different, so that the 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

Injury Prevention 1997; 3: 231

231
