Before taking the plunge into unfamiliar waters, I would be interested to hear of the experiences of colleagues in experimenting with such an approach to injury prevention education. If you have tried teaching medical students about injury prevention in a clinical setting, what did you do and how well do you think you succeeded?

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News from India

Course on road safety
An international short course on the prevention and control of traffic accidents and injuries was organised by the Transportation Research and Injury Prevention Programme of the Indian Institute of Technology, Delhi. The course was organised in collaboration with INRETS of France and sponsored by the World Health Organisation and the Association of Indian Automobile Manufacturers. The course was attended by 22 participants from 11 countries and was accompanied by three parallel workshops. The workshop on mobility and safety for bicyclists and pedestrians was one of the preconference workshops held in Asia in preparation for Velo Mondiale 2000 to be held in Amsterdam in June 2000. The objective of the workshop was to focus on issues concerning mobility and safety for bicyclists and pedestrians in the Asian region. One of the major issues identified was that road and infrastructure designs for safety and convenience are not always available for the traffic mix present in Asian countries. Most of the designs developed in highly industrialised countries do not account for the presence of a high proportion of motorised two wheelers and the other non-motorised vehicles like hand carts and cycle rickshaws on streets of many Asian and African cities. International cooperation for developing such designs would help in developing appropriate guidelines.

The second workshop on pre-hospital care of trauma victims focused on the latest international research findings in design of effective emergency care systems for trauma. The major concern expressed by the participants was that there is a tendency to promote high cost emergency care systems, which are not very effective even in high income countries. There is an urgent need to develop the minimum specifications for trauma care systems that are supported by the latest scientific data so that professionals in low income countries are not led to believe that only high technologies and expensive drug systems are necessary for effective emergency care systems.

The third workshop was on motor vehicles and road safety. Participants from low income countries were concerned that bus and truck designs that would be safer for vulnerable road users are not available today. It appears that international vehicle manufacturers are also not planning to do work on such issues. This in spite of the fact that buses and trucks are involved in a significant proportion in crashes with vulnerable road users in low income countries.

The overall impression of participants and the faculty involved with the workshops and the course seems to be that much more work needs to be done to evolve road safety policies and designs that suit low income countries where crash patterns are very different from those in high income countries.

Children’s safety and the journey to school
In many countries of the region a large number of children travel to school by bus. Every time a child is killed or seriously injured in a bus crash it becomes a major cause of concern and also the media plays up these events. Hardly any studies exist in the region that document the epidemiology of injuries sustained by children in the journey to school. It is possible that most of the deaths and injuries are among children who walk to school, but in the absence of such data those getting hurt in bus accidents get much more attention than the others. In such a situation the parents, the press, and the civic authorities focus on issues like overloading of buses and other vehicles as the main problem, though there are no studies showing that buses and other vehicles carrying a larger number of children have more accidents than those which carry fewer children. The issue becomes more complicated because if they carry fewer children in each bus and other vehicles then the cost of the journey becomes higher and some parents may opt to have their children walk to school or transport them on two wheelers. In such a situation the total number of injuries and deaths may be increase rather than decrease. It would be very useful if professionals around the world could send us their experience in similar situations.

5th World Conference on Injury Prevention and Control, 5–8 March 2000
We are glad to inform all of you that the organisation of the 5th World Conference on Injury Prevention and Control is progressing as scheduled. Eighteen well known professionals from around the world have already agreed to give plenary and state of the art lectures. Over 200 professionals have already indicated their commitment to attend this conference. Eleven satellite meetings/workshops have been confirmed of which nine will be held before the conference and two after the conference. The organisers would like the participation of the widest representation of professionals in planning this conference. We already have about 100
LETTER TO THE EDITOR

From theory to practice

ERROR.—The methodologic article by Runyan, adding a third element to the Haddon matrix, which was published recently, deserves some comments. This article, in essence, adds primarily to what most beginners of injury control consider the theory behind injury intervention. More of such practical applications of established concepts and theories about injury intervention are needed to guide young researchers in injury control. Applying the third dimension elicited by Runyan means, for example, that in an injury control class exercise on the application of the Haddon matrix, emphasis should be placed on interventions that are known to be effective, affordable (less costly), and feasible for a particular injury problem. Likewise, adaptation of an injury intervention in a setting other than that for which the intervention was originally designed should not be based solely on the Haddon matrix, but has to take cognizance of the cultural sensitivities of the particular intervention in the new setting, along with its relative rating or importance in terms of efficacy, affordability, feasibility, and sustainability—all elements of this third dimension.

Runyan deserves to be congratulated for his deep thoughts on hands-on practical issues for injury control.

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BOOK REVIEWS


Injury Prevention: An International Perspective sets out to provide, “a resource for injury prevention that will be helpful around the world”. Although citing many examples from industrialised and high income countries, the book places much greater emphasis on the special needs of low income countries and remote and indigenous populations. The authors have the credentials and experience to allow them to accomplish such a task. Peter Barss, the first author, has worked in remote communities in eastern Canada and the other three authors have worked in a variety of low and high income countries.

The adoption of an international perspective to injury prevention and control is to be warmly welcomed. Injury is a highly significant global problem and in recent years, as infectious diseases have become better controlled, the importance of injuries as a cause of death has grown in lower income countries and indigenous communities within “developed” countries. The problem of rapid modernisation can only exacerbate the problem of injuries in the future. The problem of injuries is even more striking in indigenous communities in high income countries than in lower income countries: the stress of loss of traditional life styles, physical hazards such as the introduction of new equipment, and aggressive marketing of alcohol have had a cumulative effect. Indeed for the indigenous population of Canada, injuries are the leading cause of death in all age groups from 1 to 64 years.

The book divides into three groups of chapters. The first group considers the scale of the problem of injury, the epidemiological basis for prevention, mortality, morbidity, costs, and the determinants of injury. The second documents different injury types. More emphasis has been given to traffic injuries, but it also looks at drownings, falls, burns, poisoning, occupational injuries, and intentional injuries. The final section looks at injury treatment and rehabilitation, the development of prevention programmes and a conclusion, pulling together the different strands. The book spans all age groups and seven specific categories of childhood injuries are included.

The major strengths of Injury Prevention: An International Perspective are in the wealth of examples covered from a range of contrasting environments that are often neglected in high income countries. We learn, for example, that the most common non-crash bicycling injury in parts of India is the dislocation of the third toe by an unguarded bicycle chain. In China, public policy has prioritised the use of bicycles and motorcycle use has been restricted by high registration fees. However there is little discussion about the process of changing public policies in different contexts.

There are a number of useful illustrations of how simple epidemiological data can be used for planning local injury prevention particularly where data collection is rudimentary. Barss’ work in Papua New Guinea demonstrated how useful information for prevention could be gleaned about severe fall injuries from trees. To learn more about injury deaths in remote rural areas, staff in health centres were asked to question long term residents about the deaths from injuries that had occurred in recent years. Using such enhanced data collection methods, the types of trees and activities implicated in serious falls and the populations at most risk could be identified. This information was then disseminated widely by radio broadcasts and talks by village health educators. Perhaps such use of local data and networks could be explored within local contexts in higher income countries.

My main criticism is that Injury Prevention: An International Perspective underplays the role of underlying factors that shape the pat-
tions of injury factors such as poverty and culture are implicit rather than explicit. Poverty gets only three entries in the index, socioeconomic status gets five. Comments such as “poverty is often the underlying factor for many injury hazards” (p93) or “reducing poverty and socioeconomic gradi- ents and improving education requires greater commitment from government and society” or “it must not be forgotten that for injuries, as for many diseases, poverty is an underlying determinant” (p327) seem somewhat half hearted in view of the scale of the problem.

In the chapter on the choice and develop- ment of injury prevention programmes, social and political considerations are discussed. We are informed that the discussion of the importance of sociopolitical factors has been scarce in the literature on injury in the United States. This is understandable, since the fundamental changes implicit in such inter- ventions would be politically unacceptable and even unthinkably to many national policy and decision makers” (p287). This seems to run counter to the spirit of William Foege’s foreword, which opens with, “designing the ‘unacceptable’ is the challenge and burden of public health”. Perhaps a book such as this should not be so understanding of the views of national policy decision makers, but instead challenge them to do more about problems such as poverty both between and within countries.

The reference to the World Health Organisa- tion’s 1990–91 budget for injury prevention and control for the 34 centres of the Western Pacific of a paltry $5000, is not accompanied by outrage or indignation. It is merely reported. Such indi- cations are not easy reading, it provides superb reference material and important compara- tive data. For researchers and policymakers in the United States this chart book provides a comprehensive data set, which should be compared with the Injury Chart book from the National Center for Health Statistics.

Get a copy, in either English or French, for your reference shelf.

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1 Fingerhut LA, Warner M. Injury chartbook.
Health, United States, 1996–97. Hyattsville,
MD: National Center for Health Statistics,
1997.


This publication from Health Canada is both a reference volume and a guide for research, policy and practice, written by an expert panel under the direction of Ginette Beaulne from the Direction de la sante publique de Montreal-Centre, Quebec. The intended audience for this volume is “professionals working in injury prevention, especially those working in public health”.

The data on injury among children and youth derive from two important sources: death data come from the vital statistics files and hospitalization data come from a registry of all hospitalizations in Canadian hospitals (90% of injury hospitalizations are E coded) collected by the national statistical agency, Statistics Canada. Data on childhood consul- tations in emergency rooms derive from the Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP), with injury reports on all emergency room visits coming from 16 hospitals in Canada. Some limita- tions of the collection and classification of the data are carefully documented and discussed.

The chapters of this volume are organized by category of injury, chosen on the basis of external causes. In addition to the standard classifications, there are chapters on farm related injury, work related injury, and overview of motor vehicle, sports and recreation, and residential environmental injuries. Each thematic chapter is organized into three sections: (1) a profile of deaths and hospitalizations, based on the data from the national sources, including charts, figures, and background data; (2) an overview of the circumstances surrounding the injuries in the Canadian context, based on emergency room consultation data drawn from CHIRPP; and (3) opportunities for action including re- search priorities and preventive measures, again in the Canadian context.

The presentations of the data in this chart book are comprehensive and careful, with figures supported by background numbers and definitions. In relation to many injuries, historical trends are shown. The limitations of the data, particularly problems of defini- tions and coding inconsistencies are carefully documented.

The volume is encyclopedic and colorfully presented. Nearly every page is busy with data, figures, text, and footnotes. The recom- mendations are detailed and comprehensive, but not ranked by priority. While this volume is not easy reading, it provides superb reference material and important compara- tive data. For researchers and policymakers in the United States this chart book provides a comprehensive data set, which should be compared with the Injury Chart book from the National Center for Health Statistics.

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