SPLINTERS & FRAGMENTS

Bicycle helmets are known to be effective in preventing injuries but still are not in widespread use. Three recent articles explore various aspects of barriers to effectiveness: "A comparison of the effect of different bicycle helmet laws in 3 New York City suburbs" by Puder *et al* (*Am J Public Health* 1999;89:1736–8) describes nearly 1000 cyclists of various ages who were observed in three contiguous counties, each with a different bicycle helmet law. One had a universal law, one conformed to the state law requiring only children younger than 14 to wear helmets, and the third, in a neighboring state, required cyclists younger than 12 to wear helmets when riding on highways. Not too surprisingly, the universal county had the highest rate of helmet use (35%), followed by the others (24% and 14%). In all counties, teenagers wore helmets least often, but were twice as likely to wear them in county with a universal law.

"Exploration of the barriers to bicycle helmet use among 12 and 13 year old children" by Loubeau (Accid Anal Prev 2000;32:111–15). The author conducted focus groups with public and parochial schoolchildren in the New York City area. The majority of children felt that helmets were uncomfortable, did not fit properly, made them look "dumb", and did not think they were needed for short trips. Many students reported their parents had helmet rules but they were rarely enforced. (Just like bicycle laws?) None of the children recalled receiving any guidance from physicians, teachers, or school nurses about bicycle helmets.

"Why do child cyclists in the United States remain unhelmeted?" by Bergman and Rivara (*Pediatrics* 1999;104:107–9). This commentary examines how intervention campaigns get launched and the impediments to efforts to organize a national bicycle helmet promotion campaign. These include the lack of willingness by a federal agency to develop a coordinated national campaign, the lack of global perspective, provincialism within organizations, a lack of constituency, and a lack of economic stakes. The authors note that bicycle manufacturers and retailers have not been engaged in helmet promotion, for fear that their product will be perceived as unsafe.

Suicide is receiving increased attention in the United States in late 1999. The Surgeon General released a "Call to Action" (<http://www.surgeongeneral.gov>) to prevent suicide. An article in Morbidity and Mortality Weekly Report focused on "Suicide prevention among active duty air force personnel—United States, 1990–1999" (1999;48(46):1053–7). Suicide was the second leading cause of death among these military personnel (23% of all deaths). The US Air Force implemented a comprehensive community wide prevention strategy throughout the force. It consisted of requirements for annual suicide prevention

and awareness training; structuring of social networks to support stressed personnel; administering a comprehensive health questionnaire including items about mental health status; integration of six agencies involved in prevention services; and collection of suicide data for each death. The suicide rate decreased significantly from 16.4 deaths per 100 000 in 1994 to 9.4 in 1998. Although civilians do not have the same kinds of leadership structures and mandated participation in services that the military do, the comprehensive approach employed here can serve as a model for other, non-military communities.

School based injury prevention is one way to reach large numbers of children and adolescents ("The prevalence of injury prevention activities in American schools" by Budman *et al*; *Journal of Health Education* September/October (suppl) 1999;30:34–41). The Centers for Disease Control and Prevention used the School Health Policies and Programs Study to assess intentional and unintentional injury prevention policies and practices. Ninety four per cent of schools recorded major injuries when they occurred, but only 58.5% examined the data to identify trends or ways to prevent future injuries. Most schools reported teaching a wide range of injury and violence prevention topics, but the amount of time devoted to them was often very brief. Most schools had policies addressing weapon carrying, physical fighting, weapon use, but infractions were common. The special issue in which this article appears also contains similar analyses of school policies and programs related to tobacco prevention, physical education, and so forth, so interested readers can compare the injury results with other school health components.

*National surveillance of injury morbidity is a dream of many injury prevention specialists. ("Expanding the National Electronic Injury Surveillance System to monitor all nonfatal injuries treated in US hospital emergency departments" by Quinlan *et al*; *Ann Emerg Med* 1999;34:637–45). This article assesses the feasibility of expanding the existing NEISS system based upon a three month pilot, the All Injury Study. Ninety five per cent of all injury cases were treated and released, underscoring how reliance upon hospital discharge data gives a skewed picture of the causes and types of non-fatal injuries. The results described here led to a recommendation in the Institute of Medicine book Reducing the Burden of Injury to expand NEISS. Although NEISS is timely, the authors note that a very small number of violence related cases were found during the evaluation, so questions are raised about whether these cases were detected and recorded by the providers, or incorrectly assigned by coders.*

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