Is child safety rebellion reaching its tipping point?

In his highly acclaimed new book entitled, \textit{The Tipping Point: How Little Things Can Make A Big Difference}, Malcolm Gladwell describes how major societal changes often happen suddenly and unexpectedly.\footnote{Gladwell M. \textit{The tipping point: how little things can make a big difference}. Boston: Little Brown, 2000.} Three rules of epidemics—the law of the few, the stickiness factor, and the power of context—interact to create social change. Social epidemics, when they create critical mass, result in the “tipping point”\footnote{Fisher M. Safe and sorry. \textit{Washington Post Magazine} 13 February 2000: 6.}. There appears to be early signs of an antichild safety mentality emerging in the United States media illustrate my thesis. In the \textit{Washington Post Magazine}, Marc Fisher makes fun of airbag warnings, safety precautions at a gymnastics birthday party, and the babyproofing industry.\footnote{Wright R. Safe, not sound: is the war on risk scaring our kids to death? \textit{Time Magazine} 25 January 1999: 90.} He claims that “…life is risky. Only rabid obsession. It’s all about control. By focusing on collective experience. Secondly, one should attempt to foresee the utility of the reported information and question its value for the international readership of the journal. Given the limited time a reader can spend scanning through diverse sources and the continuous “showering” with information of questionable validity, I would rather save time to spend scanning through diverse sources and writing skills. Students were then expected to make a presentation to the symposium, to release a report to attract mass media attention, and to prepare a manuscript for submission to a scientific journal.

The experience

Students confronted research methodology on injury prevention with comfort and perseverance. Lack of knowledge and inexperience did not impede enthusiasm nor did the struggle with unfamiliar datasets discourage them. EDISS served as their initial contact with raw data and their recording and coding systems for some of the projects, whereas when needed other sources of information were advised.

\textbf{Regional reports}

\textbf{An initiative for informal injury prevention education of undergraduate medical students in Athens}

Keeping the above in mind, it is worth noting the backdrop and context of injury prevention at a medical student symposium, which took place in Athens, Greece in May 2000. In the context of the preventive medicine course given by the Department of Hygiene and Epidemiology, Athens University Medical School, the medical students organized and actively participated in the second annual symposium entitled “Preventive medicine faces the challenges of the new millennium.” Students were invited to present topics from their course curriculum that were perceived by them as most important in the contemporary public health agenda. Injury prevention issues were highly prioritized and covered one third of the sessions of the one day symposium. It should be noted, however, that during the last two academic years, injury prevention and control has been taught as a separate module. Moreover, students who chose themes from the injury prevention module were also allowed restricted access to the Emergency Department Injury Surveillance System (EDISS) run by the Center for Research and Prevention of Injuries among the Young (CEREPIC). At the beginning of the semester and during the introductory session students were informed about the symposium. They were invited to participate—on a voluntary basis—in small groups and in short duration projects that aimed to assure adequate and supervised preparation for the presentations; the teaching staff volunteered to provide support on the selection of the topic and the mode of presentation. The assigned task was to identify an injury prevention issue that had not been adequately addressed, to describe the magnitude of the problem and the underlying causes, and to search for realistic solutions. The hidden agenda of the tutors and the postgraduate students of the department, who coached the undergraduates, was to familiarize the students with injury research methods and to assist them to develop methodological, data collection, and writing skills. Students were then expected to make a presentation to the symposium, to release a report to attract mass media attention, and to prepare a manuscript for submission to a scientific journal.

Educating medical students on injury prevention: sense and sensibility

Writing a regional report for injury prevention activities in Europe is not an easy task. One should first search through informal channels for noticeable, ongoing research and action oriented activities as well as for the development of new strategies or regulations in the injury prevention and control field. Within a conflicting cultures and too many official languages, and which has recently undergone major political changes, this may be the first obstacle for a written scientific communication that aims to be based on collective experience. Secondly, one should attempt to foresee the utility of the reported information and question its value for the international readership of the journal. Given the limited time a reader can spend scanning through diverse sources and the continuous “showering” with information of questionable validity, I would rather save time to spend scanning through diverse sources and writing skills. Students were then expected to make a presentation to the symposium, to release a report to attract mass media attention, and to prepare a manuscript for submission to a scientific journal.

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3 Wright R. Safe, not sound: is the war on risk scaring our kids to death? \textit{Time Magazine} 25 January 1999: 90.
7 Wilson S. Read this story, or we’ll drop this toddler. \textit{Parents Magazine} 2 August 1999: 36 (140)).
One group of students expressed an interest in working on the epidemiology and prevention of fall injuries in childhood. With simple statistical analyses, they showed that in Greece fall injuries are the most frequent cause of morbidity in childhood injury, even higher in proportional terms than fall injuries in other countries. Yes, the issue has not drawn much attention on the part of prevention strategy policymakers, most probably because these are usually injuries of minor severity. This may also contribute to the low priority and the short time devoted in fall injury prevention counseling by pediatricians—the main childhood primary health care providers in Greece. An additional reason may be the pediatricians’ lack of experience, as fall injuries are almost exclusively treated by surgical specialists. Furthermore, international comparisons of mortality data were made: students noticed that the proportion of injuries due to falls from windows or terraces in Greece is relatively low compared with other European Union member states. Given the wide windows and door openings and other construction deficiencies of Greek housing, this may be due to more cautious parental supervision in this part of the world.

A second group looked into fall injuries from sporting activities during childhood. Falls were the main mechanism of sporting injuries. The epicenter of the discussion that followed was the cost/benefit ratio for public health gain, given that encouragement of physical activity is an essential component of contemporary health promotion strategies. The students referred to the need to avoid conflicting health messages while stressing the fact that sports can nowadays be practiced safely. Physicians and other public health workers and physical activity experts were encouraged to jointly confront the problem.

Conclusion

The symposium drew considerable attention from the national medical community and the mass media. The presentations were of high quality and the objectives of the hidden agenda were successfully met. The deputy director of a major medical journal who was invited by the department gave a presentation on how scientific journals select papers for publication. He addressed all the issues posed by the students and this led to discussion on how to prepare papers for submission to selected journals. Perhaps the most important result, however, was a proposition from the students to plan a “third” symposium in which students and tutors from all seven Greek medical schools would be invited to participate and contribute. Matching students’ enthusiasm with the dedication of the personnel in our center, despite the limited resources, may be difficult but experience has shown that working with young people is worth the effort and the investment. Maybe colleagues working in similar settings can take the initiative and provide future injury prevention and world conferences with the freshness, the kindliness, and the altruism that young minds can offer.

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LETTER TO THE EDITOR

Parental attitudes regarding interviews about injuries to their children

Editor,—We read with interest the article by Scheidt et al., which reported that most parents of young, injured children are neither upset nor threatened by questions about the circumstances of injury, and that they readily cooperate and perceive such work to be worthwhile.1 We would concur with this view and have further evidence in its support.

In the United Kingdom, all children under 5 years old are assigned a health visitor who carries out duties such as developmental screening and provides carers with a source of support, advice, and health promotion input. They develop a relationship with the child and the family from an early age and may visit at an injury to provide injury prevention advice. We carried out a case-control study of children under 5 years attending an accident and emergency department with an unintentional injury. The child's own health visitor completed a lengthy and arguably sometimes intrusive questionnaire covering social, physical, and psychological aspects of the family with the main carer in their own home. Altogether 78.4% responded to the questionnaire with few declining to answer any specific questions. Although we did not directly ask carers about their attitudes to the questions, we did formally explore this through their health visitors, who had concerns that the questionnaire might undermine their relationship with parents. While most parents did feel guilty about their child's injury, they were generally willing to participate in the study, including answering intrusive questions, and reported finding it a worthwhile exercise. The great majority (87.5%) of health visitors reported no adverse impact on their existing relationship with parents, 12.5% considered that participation had actually improved the relationship, and only one reported an adverse impact. This supports the findings of the study by Scheidt et al that interviews about injuries are of no or minimal risk.

The research was funded by a mini-project grant from the Chief Scientist Office, Scottish Office Department of Health.

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REFERENCES

BOOK REVIEWS

Usually a book review provides an in-depth examination of the material presented. This addition to the book review section is different. What I am offering lies somewhere between notices of books and reports I have received and a brief commentary on their contents. Thus, apologies are owed to the authors for judgments that are necessarily superficial. On balance it seemed better, however, to bring these to the attention of our readers and allow them to judge for themselves than to have them linger, perhaps indefinitely, on my shelves while awaiting a formal review.

The first is a collection of four paperback books all by Heward Graffey. Two have a coauthor, Richard McNenley. Graffey is a lawyer, a former Member of Parliament in Canada, and was Minister of Science and Technology during a previous government. Since leaving office, he has become chairman of an organization called Safety Sense Enterprises, Inc. Graffey is a vocal advocate for safety, operating, for better or worse, outside of the scientific mainstream. All four books are written primarily for laypersons. The titles are self-explanatory: How to Live Safely & Prevent Death & Injury (1996); Safety Sense in the Home (with McNenley) (1990); Safety Sense on the Road (also with McNenley) (1988), and Safety Sense at Play (1991). A quasigovernmental organization, Central Housing and Mortgage, provided assistance in the production of the books.

Each is organized under appropriate subheadings, for example, Safety Sense in the Home, covers the kitchen, living and dining areas, sleeping areas and bathrooms, and in each section, separate sections cover the topic, usually in one page, by reviewing the risk factors and contributing factors, then offering a commentary and a list of safety sense bullets. As a result, the books are miniencyclopedias. On the positive side, I found few serious errors in any of the sections I checked. On the negative side, the sources used are mostly Canadian, some are outdated, and no scientific publications are cited. In fact, although the sources are all listed in the back of each book, none of the individual sections are connected to the citations. Hence, much has to be accepted on faith and it is difficult to determine where information came from. In spite of these shortcomings, this remarkable collection has much to recommend it, though I find it difficult to imagine who the most appropriate audience might be.

Child Safe: A Practical Guide for Preventing Childhood Injuries, by Mark A Brandenburg, MD, is a similar collection of good advice in paperback format. The author is a practising emergency physician at the Trauma Emergency Center in Tulsa Oklahoma. Unlike the Graffey collection, this book has an excellent index. It too is comprehensive and clearly aimed at parents. It is organized along quite different lines, however. The first part addresses non-age related injuries (automobiles, child abuse, day care centers, dog bites, etc.—the topics then appearing in alphabetical order). The second part, also alphabetical within sections, covers age related injuries

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and will get specific action”. The goals set are for reducing deaths and serious injuries by 40%—and by 50% for children. The report actually begins with a section entitled “Safer for Everyone” and provides a detailed action plan. Also included are sections addressing safer drivers—training and testing, and drink, drugs, and driving. There is also a section addressing safer infrastructure, safer speeds, safer vehicles, safer motorcycling, and safety for pedestrians, cyclists, and horse riders. All are commendable, but would in my view be disappointing if the final section, “Better enforcement”, were omitted. Two personal comments: I disagree with the conclusion (6.15) that “The 70 mph and 30 mph limits are well established and well understood and there is no call for any change on safety or environmental grounds”. I agree however that “the definitions of dangerous and careless driving are not quite right” (10.17) and I am fully supportive of the move to increase the maximum penalty to £5000. There is much more in this plan that is laudatory, but I was left with a nagging concern that too many of the truly tough measures needed that are under consideration may never see the light of day.

Injuries in the US Armed Forces—Surveillance, Research and Prevention, by B H Jones and P J Amoroso, a supplement to the American Journal of Preventive Medicine (April 2000) is a remarkable document in several respects. This compilation of papers draws on the astoundingly comprehensive set of injury data collected by the US military. The papers are preceded by an introduction by David Sleet describing the circumstances of the data collection and the implications of the findings; another by James Peake describing the “hidden epidemic”; and a third by Mark Rosenberg entitled “There’s safety in numbers”, the point of which escaped me. The concluding commentary by Lincoln, Smith, and Baker describes the use of existing military administrative and health databases for injury surveillance and research—the heart of the matter. There follows in part I a series of papers on deaths, disabilities, hospitalizations, etc., and in part II, another set on risk taking behaviors, and such topics as cigarette smoking and exercise related injuries, traumatic brain injuries, and much more. I said at the beginning that the document was “remarkable” in several respects: the most remarkable is that it is entirely devoid of any reference to injuries occurring in combat. In this sense it has a fairy tale, Alice in Wonderland aspect to it. It is almost appears as if the devastating injuries that occur in wartime are out-of-bounds; that they are not part and parcel of what armed forces bring to the battlefields and others, including, on tragic occasion, civilians.

Another favourite arrival is the Annual Report of the Injury Prevention Research Centre (IPRC) of the Department of Community Health, University of Auckland, New Zealand. Although I receive many such reports, these are always rewarding because of the “structured abstracts” that describe each of the many undertakings undertaken during 1999. Enough details are given about the methods and results to others to follow these examples. Especially important are those involving evaluation, for example, the Waitakere Community Intervention Project and Kidsafe Week.

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Tomorrow’s Roads—Safer for Everyone, is from the Department of the Environment, Transport and the Regions in the UK. It is subtitled “The Government’s road safety strategy and casualty reduction targets for 2010”. Although I suspect most such departments worldwide will have similar reports, this is the most recent to cross my desk and I must say I was impressed and encouraged. In the foreword, three ministers express their satisfaction with “the long, successful period in which the number of serious casualties has generally gone down”, concluding, “Great Britain has be the best road safety record in Europe apart from Sweden”. Importantly, they go on to say, “Nevertheless, no one can be satisfied when just under 10 people are killed and 110 people are seriously injured every day on the roads. That is unacceptable and it is not inevitable”. They also acknowledge the dismal picture for child pedestrians and conclude, “This demands and will get specific action”. The goals set are

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**RoSPA Road Safety Congress. Child casualties: meeting the target**

12–14 March 2001, Glasgow, UK. The theme of the congress is planning to meet the target for halving the numbers of children killed and seriously injured on the roads over the next 10 years in Britain. Further information: Royal Society for the Prevention of Accidents, Road Safety Department, 353 Bristol Road, Birmingham B5 7ST, UK (tel: +44 (0)121 248 2000, fax: +44 (0)121 248 2001, email: kclinton@rospa.com, web site: www.rospa.com).

**Injury prevention course**

May and October 2001, Birmingham, UK. A course designed for those working in public health and allied professions. Further information: Michael Hayes, Child Accident Prevention Trust, 18–20 Farringdon Lane, London EC1R 3HA, UK (tel: +44 (0)20 7608 3828, fax: +44 (0)20 760 3674, email: mh@capt.demon.co.uk).

**17th International Technical Conference on the Enhanced Safety of Vehicles**


**MPH Course on Safety Promotion**

3–16 May 2001, Stockholm. The course gives a basic knowledge of concepts and definitions, as well as epidemiology and surveillance. It also focuses on strategies and action plans for safety promotion and injury prevention in various settings. Further information: Lily Mogett, Karolinska Institutet, Department of Public Health Sciences, Division of Social Medicine, Norrbacka, SE-171 76 Stockholm, Sweden (tel: +46 8 517 77941, fax: +46 8 334693, email: lily.mogess@socmed.sll.se, web site: www.ki.se/phs/education).

**10th International Conference on Safe Communities**

21–23 May 2001, Anchorage, Alaska. This conference will focus on the opportunities for community based injury prevention programming. Further information: Diana Hudson, PO Box 210736, Anchorage, Alaska 99521, USA (tel: +1 907 929 3939, fax: +1 907 929 3940).

**Nordic Safe Communities Conference**

21–24 August 2001, Denmark. Further information: Moa Sundeström, Karolinska Institutet, Department of Public Health Sciences, Division of Social Medicine, Norrbacka, SE-171 76 Stockholm, Sweden (tel: +46 8 517 77948, fax: +46 8 334693, email: moa.sundstrom@socmed.sll.se, web site: www.ki.se/phs/education).

**1st International Course on the Global Burden of Injury**

30 October–3 November 2001, Stockholm. The aim of the course is to provide a general scientific platform for the understanding of global trends and international differences in injury mortality and morbidity; for PhD and postgraduate students and senior researchers. Further information: Moa Sundeström, Karolinska Institutet, Department of Public Health Sciences, Division of Social Medicine, Norrbacka, SE-171 76 Stockholm, Sweden (tel: +46 8 517 77948, fax: +46 8 334693, email: moa.sundstrom@socmed.sll.se, web site: www.ki.se/research/courses/postgrad_catalogue/fall2000_en.html).

Please submit items for the Calendar to Michael Hayes (mh@capt.demon.co.uk, fax +44 (0) 20 7608 3674) at least four months before the event.

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**Snake attacks boy and strangles dog**

A boy, 3, narrowly escaped death after a large snake attacked him in his bed in North Queensland. The 3.5 m python had strangled the family’s silky terrier before biting Benson Wiseman 18 times (The Age (Melbourne), March 2000).

**Shooters reject child ban at hunts**

Hunters yesterday rejected a State Opposition call for children to be banned from duck hunts after a 6 year old drowned with two duck hunters in a Victorian lake on Saturday. A spokesman for the Sporting Shooters Association of Australia said that duck hunting had been “incidental” to the tragedy. “Basically, this was a boating tragedy”, he said (The Age (Melbourne), March 2000).

**Man swallows sulphuric acid**

A man, 46, was last night in a stable condition in hospital after drinking sulphuric acid from a container in a fridge at the Maroochy Airport on Queensland’s Sunshine Coast (The Age (Melbourne), March 2000).

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