Splinters & Fragments

Two contributors to the 1999 Institute of Medicine report on injury control have written a thoughtful article on the origins of the injury field within public health, its current role, and some challenges facing us. They argue that to define injury prevention as a public health problem does not mean that "the public health approach is the only useful perspective for thinking about injuries". The article addresses certain controversies in the field: the costs of regulation, paternalism, balancing safety and freedom, and other ethical dilemmas. Finally, the authors contend that public health advocacy must be embraced but with caution and constraint. (Bonnie RJ, Guyer B. Injury as a field of public health: achievements and controversies. *Journal of Law Medicine & Ethics* 2002;**30**:267-80.)

How many times do we need to prove that bicycle helmet legislation is effective? This study, the accompanying editorial, and the letters to the editor in the following issue demonstrate a lack of consensus. Does helmet promotion reduce cycling? Are we reducing head injuries at the cost of increased heart disease? Read these pieces and find a colleague to debate it with you ... (LeBlanc JC, Beattie TL, Culligan C. Effect of legislation on the use of bicycle helmets. *Can Med Assoc J* 2002;**166**:592-5. Chipman ML. Hats off (or not?) to helmet legislation [editorial]. *Can Med Assoc J* 2002;**166**:602. Letters, all entitled "Butting heads over bicycle helmets", by Kreyes W, DeMarco TJ, Wardlaw M, LeBlanc JC, and Chipman ML. *Can Med Assoc J* 2002;**167**:337-39.)

Most US states (41/50) and many developed nations require work permits for minors (<18 years). A new study examines job hazards, job training, and knowledge of child labor laws among 145 high school students in a state that requires permits. Students without permits were more likely to work in stores, garages, factories and warehouses, to perform hazardous tasks, and to use some kinds of dangerous equipment, such as box crushers. Students who held permits were more likely to have received on the job training on safety or worker rights. Permit holders were also more likely to regard child labor laws favorably. (Delp L, Runyan CW, Brown M, et al. Role of work permits in teen workers' experiences. *Am J Ind Med* 2002;**41**:477-82.)

An observational study collected sports injury data from coaches of children engaged in organized baseball, softball,

soccer, and US football to calculate rates per 100 athlete exposures. Game injuries were more common than practice injuries, and the highest rate (14%) of serious injuries occurred in football. Based on their findings, the authors recommend immediate steps of requiring first aid training for coaches, establishing clear return to play guidelines and consideration of face guards on batting helmets. (Radelet MA, Lephart SM, Rubinstein EN, et al. Survey of the injury rate for children in community sports. *Pediatrics* 2002;**110**:e28.)

Before 1991, household ownership of firearms and explosive devices in Croatia was low, but during the war years, many children were exposed to and had access to small arms. Most injuries, however, were not a result of armed conflict but occurred during play. The Croatian government ran a national intervention media campaign to warn children of land mines and other explosive devices. Two counties also conducted more intensive campaigns that included collecting devices from students and other special activities. Children and parent surveys found that in the intervention counties, small arms and explosive devices were less available to children, although the differences were much greater for girls than for boys. Parents were less likely to handle weapons in front of their children. As in other studies about parents' beliefs regarding children and firearms, Croatian parents' concerns (about landmines) did not match the devices that children actually had most access to (explosives, hand grenades, and small arms). (Mujkić A, Vuletić G, Kozarić-Kovačić D. Evaluation of community based intervention for the protection of children from small arms and explosive devices during the war: observational study. *Croat Med J* 2002;**43**:390-5.)

A World Health Organization collaborative study surveyed health behavior among almost 50 000 students and collected injury reports in 12 nations. The study used a multiple risk behavior score to predict injury. The risk for reported injuries increased in direct association with increases in reported risk behaviors. The authors suggest that targeting multiple forms of risk behavior simultaneously may be the most effective strategy and propose that "multiple risk behavior, as assessed via an additive score, merits attention as an etiological construct". (Pickett W, Schmid H, Boyce WF, et al. Multiple risk behavior and injury: an international analysis of young people. *Arch Pediatr Adolesc Med* 2002;**156**:786-93.)

Physicians are urged to screen their patients for health risks ranging from high blood pressure to alcohol abuse to sexual behaviors to smoking. A survey of primary care physicians in the US measured how often they screened and intervened for domestic violence, compared with other health risks. The nationwide random sample found that doctors in community health centers were more likely to screen, while those in health maintenance organizations were less likely. There were also differences in geographic locations, medical specialty, and location of the medical school from which the physician graduated. Overall, only 19% of the physicians screened their new patients about domestic violence, while 98% screened for tobacco use and 90% for alcohol abuse. Physicians were far less likely to believe that their interventions for domestic violence would be "successful" and often felt they did not have adequate referral resources for patients with this problem. Nonetheless, the great majority of respondents believed that intervening with domestic violence is an essential part of their role. (Gerbert B, Gansky SA, Tang JW, et al. Domestic violence compared to other health risks: a survey of physicians' beliefs and behaviors. *Am J Prev Med* 2002;**23**:82-90.)

High rates of association between firearm prevalence and homicide have been noted before, but this cross national study focuses on female homicides and examines the rates in 25 developed nations classified by the World Bank as being high income. The homicide rate for women varied from 0.20 to 3.21 per 100 000. The United States was "an extreme case in terms of both gun prevalence and female homicide". Urbanization and income were not associated with the overall homicide rates for women; firearm availability had a high correlation with female homicide and a higher correlation with female *firearm* homicide. (Hemenway D, Shinoda-Tagawa T, Miller M. Firearm availability and female homicide victimization rates among 25 populous high-income countries. *JAMWA* 2002;**57**:100-4.)

Have you read—or published—an interesting article recently? Please send the citation, and copy if possible, to the editor of Splinters & Fragments: Anara Guard, 44 King Street, Auburndale MA 02466, USA (fax: +1 617 437 9394; email: guardwilliams@rcn.com or aguard@bu.edu).

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