**SAFETY 2010 WORLD CONFERENCE**

**CORRECTIONS FOR ABSTRACT BOOK**

**Abstract 934**

Some numbers were incorrect in this abstract; please find an updated version below:

**Economic development and road traffic fatalities in two neighbouring African nations**

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Accepted for oral presentation at the Safety2010 World Conference in London UK, Sept 21-24, 2010.

Revised on 7/11/2010 and uploaded to conference website.

BACKGROUND: Botswana’s rapidly growing economy has brought infrastructure advances including roadway development, more vehicles, and an escalating road traffic fatality rate. We tested the hypothesis that the association between annual gross domestic product (GDP) increases and road traffic fatality increases was causal. Zambia, which neighbours Botswana but has not experienced rapid growth, was used for comparison.

METHODS: Annual time series of social and economic indicators and road traffic fatalities in Botswana and Zambia for 1981-2008 from World Bank and World Health Organization data were analysed using vector autoregressive and Granger causality tests.

RESULTS: Botswana dramatically outpaced Zambia between 1981-2008 in economic indicators including GDP per capita (9% vs -1% mean annual change) and GINI per capita (18% vs 2% mean annual change). Vehicles per 1000 capita increased 36% in Zambia but 800% in Botswana (18 in 1990, 156 in 2007). Between 1981-2005, the road traffic fatalities increased 27% in Zambia and 380% in Botswana. Annual road traffic fatality rates in Botswana were associated with GDP (billions) four years earlier (b=9.9, p<0.01). Similarly, despite being lower, annual road traffic fatality rates in Zambia were associated with GDP three years earlier (b=0.2, p<0.05). Granger tests suggested that in both countries, directionality went from GDP to fatalities and not vice versa.

CONCLUSION: The economic development that occurred in Botswana and Zambia produced proportionate road traffic fatality increases. Road safety improvements should be concomitant with economic development.

**THE ABSTRACTS BELOW SHOULD HAVE BEEN INCLUDED IN THE ABSTRACT BOOK:**

**Making a Difference: CDC’s Investment in Injury and Violence Prevention and Lessons Learned for the Global Context**

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Unintentional Injuries and violence are a significant global public health problem, killing a total of five million people worldwide each year and accounting for nearly 1 of every 10 deaths. In the United States, injuries are the leading cause of death for individuals ages 1-44 and account for millions of visits to emergency departments each year. These injuries cost the United States more than $400 billion in medical costs and lost productivity. Injuries and violence are preventable, many through low-cost interventions, and are adaptable to the diverse cultural and regional differences across the United States.

Through its work, CDC has identified several key lessons learned and strategies for reducing death and injuries including: 1) increasing capacity to collect and use injury surveillance data to assess burden, set intervention priorities, and evaluate intervention impact; 2) disseminating and implementing effective policy and programmatic interventions; 3) collaborating with governmental and nongovernmental partners to increase the reach of prevention activities; and 4) providing leadership and technical assistance.  In this presentation, CDC will provide information on current initiatives to address injuries in key injury and violence prevention areas. CDC will also discuss its lessons learned in preventing injuries and violence in the United States, and how global partnerships can learn from one another to make a difference in injury and violence prevention.

**Preventing sexual violence to young women and children**

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Sexual violence against children represents a major public health and social welfare problem within UK society affecting 16% of under 16s – 2m children and young people. It is under identified and under reported. Better understanding of the impact on individuals and families by commissioners, health and social care providers only goes part way to resolving the current problems. It is only by recognising the range of presentations, symptoms, and the variety of settings in which the presence and impact of sexual violence might reveal itself that statutory and voluntary services can hope to respond appropriately to the needs of individuals. It is the responsibility of individual professionals and local services to ensure that the individual needs of people are met at the right time, by the right people, in the most sensitive way. This paper uses recent evidence relating to prevalence, incidence and the impact of sexual violence against children. In particular it identifies the ways in which the NHS can effectively respond to the physical and psychological needs of children young people and their families to ensure that health services are age appropriate, timely, provided in an environment which is supportive and by knowledgeable staff.

**Crash Incompatibility: Are Curtain Airbags Really International Best Practice Against 4WD Killers?**

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Effectiveness of individual types of side airbags has been analysed for the first time. 2,160 in-depth cases were examined (model years 1998-2008) where an occupant was directly struck on the nearside. A total of 160 cases met the study requirements and were analysed using multivariate linear regression. Results: Curtain airbags reduced mean AIS by 41.20% (p<0.0001), Inflatable Tubular Structures by 35.40% (p≤0.003); seat combination airbags by 27.17% (p≤0.037) and; thorax only airbags by 23.36% (p≤0.001). Side impacts above 25km/h the reductions in mean AIS were 22.43% (thorax only) (p≤0.012); 33.37% (Seat Combination) (p≤0.027); 38.43% (ITS) (p≤0.002) and; 46.31% (Curtain) (p<0.0001). ITS side airbags were more effective than curtain airbags when the striking vehicle was a four-wheel-drive 49.64% (p≤0.033) compared to 42.43% (p≤0.023) and at speeds greater than 40km/h 57.22% (p≤0.001) compared to 34.36% (non-significant). Moreover, mean AIS increased by 28.66% (p≤0.01) when the striking vehicle was a four-wheel-drive and by 22.88% (p≤0.04) for a non-breakaway tree or pole. The findings suggest that Curtain airbags outperform other types of head/thorax side airbags but their slower inflation rates maybe be limiting their effectiveness at higher speeds or when passenger cars are struck by larger vehicles such as four-wheel-drives.

**"Boot Camp" Teaches Kids about Safety**

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Safe Kids Springfield hosts a unique summer safety camp for elementary students to help them learn about injury prevention and safety for their families. This week-long "Safe Kids Boot Camp" features a different theme each day of camp--from outdoor safety, vehicle safety, home safety, pedestrian safety and bike safety. Campers learn about these topics through a variety of methods including hands-on activities, games, videos, speakers, and crafts. The purpose of this camp is to make "safety" more understandable to kids and to teach them how to make small changes to make them safer. This is the foundation for teaching them safety. Campers also learn the "why's" behind safety advice by hearing from survivor's about the risks involved and the long-term affects of not using safety devices. Parents and campers are required to complete daily pre- and post-tests, as well as final camp evaluations and follow-up evaluations one year after camp to help gauge the effectiveness of the programs and to determine if safety devices are still in use. This camp is getting ready for its' fifth year of camp in 2010 and the program is already being replicated in other areas of the United States.

**Methamphetamine Safety Programming Needs in the United States**

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Methamphetamine is a highly addictive drug that affects the human central nervous system. Clandestine laboratories produce the drug using common household chemicals. Methamphetamine has remained a threat despite the changing landscape in use, distribution, and production. The study described the need for prevention and safety education through a mixed-mode approach of an online and mail questionnaire. The study focused on a random sample of U.S. states (N = 44) and the Extension Directors (EDs) within each state

(N = 207). A 70% response rate was received.

Findings revealed that 11% of EDs reported they had received methamphetamine user prevention training and 23% had received safety training. EDs who had prior training perceived their knowledge higher than those without prior use training with a large effect size (d = .72). Also, EDs who had prior methamphetamine safety training perceived their knowledge higher than those without prior user training with a large effect (d = .93). Males perceived themselves as more knowledgeable about methamphetamine with a small effect (d = .35). Yet, females perceived methamphetamine education as more important with a medium effect (d = .44). EDs who had high or medium community involvement perceived their knowledge higher than those with low or no community involvement (f = .09). The Midwest, West, and South regions perceived their knowledge of methamphetamine higher than the Northeast region with a medium effect (f = .29). This research is the first national study that evaluated methamphetamine programming needs related to prevention and community safety.

**Safe Community Movement in Southeastern Europe**

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Safe Community is a dynamic movement that endeavour in making world safer by promoting effective projects and programs. Since 2003. the National Center for Injury Prevention and Safety Promotion Novi Sad has been a strong supporter of the community based injury prevention initiatives established in the Serbia and in ex Yugoslavia countries. In 2009, was designated South Eastern Europe Safe Community Network - SEESCONET.  Our mission  is to build partnerships with people and organizations in preventing injuries and violence and make our region safer, to reduce the frequency of injuries and accidents through collaboration of different community groups, organizations, associations, schools, health care providers and government agencies. The countries identified as possible members of the SEESCONET are: Albania, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Greece, Hungary, Macedonia, Montenegro, Moldavia,  Romania, Serbia, Slovenia, Slovakia, Turkey and Ukraine. The office of the SEESCONET is affiliated with the National Center for Injury Prevention and Safety Promotion, Affiliate Safe Community Support Centre of  WHO CC CSPS, Novi Sad. The field of SEESCONET activities is: community safety promotion, based on partnership and collaboration, governed by a cross sectional group that is responsible for safety promotion in their community, protection and improvement of environment; promoting human rights, humane relationships and tolerance; inclusion of marginal groups; increasing the safety level in local community; improving quality of life; preventing injuries and violence according to occurrence and population groups. The need to affiliate SEESCONET with the European Safe Community Network and EU Institutions and with other global Networks

**Data collection system of injuries in Republic of Bulgaria and mechanisms for data exchange**

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Background: Collection/processing of injuries data in Bulgaria is currently performed by institutions-National Institute of Statistics, National Centre for Health Information, 28 Regional Health Care Centres, Hospitals and Emergency Centres, MIA, Regional Offices Police. The regular data flow from the regional authorities to the relevant institutions at national level is regulated by the Law for Statistics and Health Law.  
  
Methods: The LS regulates interactions related to the data exchange, registers and ISM by the NIS and the others related in the Law. The HL defines the rights and obligations of the NCHI responsible for data collection. NIS collects and prepares annual report based on the indicator External causes of morbidity and mortality including traffic accidents and intentional injuries total-gender-age. The indicator Killed/injured in road accidents includes data by day time-cause-place-age-gender. The data includes registered cases, and the whole information’s published annually.  
  
Results/Suggestions: Its necessary to develop a national plan including activities ensuring better use of existing data; development of representative injury 12 system; reporting to monitor the evolution of injury risks and the effects of prevention measures; assessment needs for introducing additional initiatives; promotion of public awareness on safety; preventing accidents/injuries, focused on children-youth-elderly people; trainings on injury prevention.   
  
Conclusions: The existing data base doesn’t work enough efficiently. There’s a well developed 12 system in regard to traffic accidents. Timely, reliable data, detailed analyses are necessary to ensure the right information to decision makers.

**Alcohol related injuries in Argentinean university students**

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Objective: To explore the association between alcohol consumption patterns and alcohol-related injuries in Argentinean university students.

Methods: Data were collected from a systematic sample (n=715) of students in Mar del Plata National University, Argentina. All students taking certain mandatory courses were self-administered a questionnaire. A factorial analysis of multiple correspondences and hierarchic classification analysis were performed. Active variables were usual quantity and frequency of drinking, and preferred beverage; age, gender and referring an alcohol-related injury were taken as illustrative.

Results: From the factorial map and dendogram a six class typology of drinking patterns was obtained. Two of these drinking patterns were associated with self-referring an alcohol-related injury. The first of these was drinking weekly more than three drinks per occasion, mostly beer. Those in this class tended to be younger. The other pattern associated with alcohol-related injuries was drinking on a daily basis at least four drinks per occasion. Those in this group tended to be male.  Two other patterns were associated with not referring an alcohol-related injury. One of them was having one drink per occasion on a monthly or annual basis.  Students in this group tended to be female. The other, was drinking two drinks per occasion, mostly wine; students in this group tended to be somewhat older.

Conclusion: Given the lack of similar studies in the region, the description presented might contribute to the understanding of alcohol related injuries in this context, and guide the design of prevention strategies.

Key words: injuries-alcohol-university students - Argentina.