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SCHOOL *of* PUBLIC HEALTH

Section C: Injury Prevention around the World

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Injury Prevention Programs

- Young (late 1950s)
- Small
- Scattered (and inconsistently applied)
- Neither comprehensive nor exclusive (uncoordinated)
- Different target objectives
- Research vs. program implementation (vs. participatory action research)

Myths to Injury Prevention

- Individual behavior and uncontrollable random events cause most injuries
- Injury interventions don't exist (feasibility)
- Injury interventions don't work (ineffective)
 - Risk homeostasis
- Injury interventions are too expensive (inefficient)

Barriers to Injury Prevention

- Fragmented interest (classification matters)
- Lack of common language
- Limited scientific and policy information
- Economic and political constraints
 - Limited funding
 - Fragmented responsibilities
 - Organizational difficulties
 - Turf battles
- Lack of leadership

Types of Programs

- Target area
 - Local, regional, national, multinational, international
- Focus
 - Implementation and standardization of surveillance, coding, and reporting
 - Identification of dangerous items/standardization of product safety
 - Legislation and regulation
 - Training
 - Implementation programs/practice
 - Research

Some Highlights

- WHO
 - Violence and injury prevention department
 - Safe communities
- European consumer safety association
- Institute for International Health
- Research “health and violence” (Colombia)

Brief History of the U.S. Programs

- Before the mid-1950s
 - Almost nothing

Brief History of the U.S. Programs

- Mid-1950s to mid-1960s
 - U.S. Public Service Division of Special Health Services Program of Accident Prevention (1956)
 - American Association for Automotive Medicine (now Association for the Advancement of Automotive Medicine) (1957)

Brief History of the U.S. Programs

- Mid-1960s to early 1970s
 - Flurry of activity
 - ▶ Individuals among others: Haddon, Nader, Baker, Waller
 - ▶ Establishment of
 - National Highway Safety Bureau (now National Highway Traffic Safety Administration) (1967)
 - Consumer Product Safety Commission (1972)

Brief History of the U.S. Programs

- Mid-1970s to mid-1985
 - Not much

Brief History of the U.S. Programs

- 1985–1990
 - *Injury in America: A Continuing Public Health Problem*, National Research Council (1985)
 - Congress developed CDC-based injury prevention program (NCIP and CIRPs)
 - *Injury Prevention: Meeting the Challenge*, National Committee for Injury Prevention and Control (1989)

Brief History of the U.S. Programs

- Since 1990
 - Inclusion of goals in *Healthy People 2000*, DHHS (1990)
 - *Reducing the Burden of Injury: Advancing Prevention and Treatment*, Institute of Medicine Committee on Injury Prevention and Control (1999)
 - Inclusion of goals in *Healthy People 2010*, DHHS (2000)

Brief History of the U.S. Programs

- Concern appears only after the physical, economic, social, and physiological costs have exceeded the threshold level of maximum tolerable disturbance

How to Promote the Field

- Awareness
 - Of the problem
 - Of its solutions
- Collaboration/coordination

. . . And

- Strengthen individual knowledge and skills
- Changing organizational practices
- Influencing policy and legislation
- Fostering coalitions and networks
- Educating providers
- Promote community education