Injury Prevention highlights

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Perspectives on publishing highlights of the last decade

It is now just over 12 years since the journal began and we are preparing to hand over some of the editorial reins. To celebrate this milestone, I asked the senior editors to choose topics, themes, or issues that they judged to be the most important of our successes or failures.

My own choices are confounded by all the decisions an editor-in-chief must make—screening new papers, choosing reviewers, weighing their comments, adding final touches. Although I nevertheless have some personal favorites, it seemed more appropriate for me to call attention to the papers our “readers” (web browsers) saw most often. Table 1 lists the top 10 most visited papers or letters over the last decade. I was not surprised to find the paper by Thompson *et al* at the top because it addressed a controversial topic. Runyan’s addition to the Haddon classic is pivotal and thought-provoking. The popularity of the Jacobsen report has to do with the topic and the elegance of the research. I will not comment on each of the others save to say that they are the sort of melange of topics and methods for which this journal is beloved. As well as the web visits, there is a list of the most frequently cited papers arising from a search that Ted Miller conducted using Scopus (table 2) as below. There is considerable overlap, but the lead item is a paper by Rivara on fatal and non-fatal farm injuries involving children.¹

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Reference

- 1 Rivara FP. Fatal and non-fatal farm injuries to children and adolescents in the United States, 1990–3. *Inj Prev* 1997;3:190–4.

There’s more to *Injury Prevention* than original papers

In 1995, younger and more idealistic, I wrote an editorial in *Injury Prevention* asking where papers could be found describing intervention programs in such a way that they could be replicated.¹

Now, many years later, I have an answer to this question—but it’s a negative answer: not in *Injury Prevention*. Perhaps space considerations make it impractical for an academic journal to describe programs in detail. But for people working to prevent injuries—as opposed to researchers—there has to be somewhere for them to turn to for this information. Perhaps the best we can expect is that *Injury Prevention* points people towards more complete reports elsewhere. The downside of this remains, however, that it shifts the burden to overworked, non-academic practitioners who do not enthuse about reading journals, let alone having to look elsewhere for what they need to know.

For me, it is not always original articles that have been most influential. Thoughtful editorials and features can highlight issues in ways that research papers cannot. For example, the report by Towner and Towner and the associated editorial by Chalmers and Pless on UNICEF’s child injury league tables address international comparisons.^{2,3} Although such comparisons can be criticized on the grounds that they are not always comparing like with like, they may serve as a powerful advocacy tool. No politician likes his or her country to be at the bottom of an international league table. Editorials can also reveal subtleties that we can easily miss, such as the fact (which politicians seem incapable of grasping) that over time injuries have actually increased in importance because other causes of death have fallen so rapidly. We must keep banging this drum.

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References

- 1 Hayes M. Where have all the programmes gone? *Inj Prev* 1995;1:213–14.
- 2 Towner E, Towner J. UNICEF’s child injury league table. An analysis of legislation: more mixed messages. *Inj Prev* 2002;8:97–100.
- 3 Chalmers D, Pless B. UNICEF’s child injury league tables: a bag of mixed messages. *Inj Prev* 2001;7:81–2.

Interdisciplinary research and randomized trials

In the conference launching *Injury Prevention*, Pless made an important distinction between multidisciplinary and interdisciplinary research. Individuals from multiple disciplines conducting research on a particular problem characterize the former. Epidemiologists study crash data to determine risk factors for fatal motor vehicle crashes, engineers design car interiors to lessen energy transfer to occupants

in the event of a crash, surgeons and emergency medicine physicians study crash injury patterns, and public policy researchers evaluate the effect of different legislative interventions on injury rates. This type of research is fruitful and has characterized most of the field of injury control over the last 40 years.

However, the paradigm of interdisciplinary research that Pless introduced is conceptually different,¹ and is now the core of the National Institutes of Health Roadmap program. In interdisciplinary research, individuals bring the expertise of their different disciplines to the same table at the same time. They work together to see old problems in a new light and devise creative, innovative methods to reduce morbidity and mortality. For example, epidemiologists, mechanical engineers, surgeons, and radiologists sit together and examine crashes to determine why the crash occurred and how the particular pattern of injuries observed relates to the forces in the crash and the performance of the vehicle. These efforts often yield hypotheses that need to be tested. But how?

All too often in the injury prevention field, investigators claim that it is impossible to conduct a randomized controlled trial (RCT), citing various obstacles: “it is too costly”; “it is not feasible”; “it will not be accepted by the school, community, or participants”; or “it is too hard.” *Injury Prevention* has proved these skeptics wrong by publishing many important RCTs. These demonstrate that RCTs are not only necessary, they are also feasible in most areas of injury control research.

Trials published have included prevention of motor vehicle crashes,^{2,3} falls in the elderly,^{4,5} injuries from assaults,⁶ injuries to children,^{7–13} sports injuries,¹⁶ and occupational injuries.¹⁷ These studies may have long-term and far reaching effects on public prevention policy. Most importantly, they effectively demonstrate that RCTs are critical to understanding the true effect of an intervention. Some of the trials produced expected results,^{7,16} whereas others showed the opposite effect from that expected.⁶ And many punched holes in long-standing myths by showing that programs failed to achieve the intended effects.¹³

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References

- 1 Pless IB. “Interdisciplinary” and “multidisciplinary” are not synonymous. *Inj Prev* 1995;1:65–6.
- 2 Simons-Morton BG, Hartos JL, Beck KH. Persistence of effects of a brief intervention on parental restrictions of teen driving privileges. *Inj Prev* 2003;9:142–6.

Table 1 Top 10 web-visited *Injury Prevention* items

Authors	Topic	Times read	Issue
Thompson D, <i>et al</i>	Risk compensation theory should be subject to systematic reviews of the scientific evidence. The risk compensation theory and bicycle helmets	31835	2002;8:1–1.
Runyan CW	Using the Haddon matrix: introducing the third dimension	12482	1998;4:302–7.
Jacobsen PL	Safety in numbers: more walkers and bicyclists, safer walking and bicycling	12464	2003;9:205–9.
Nguyen MH, <i>et al</i>	Trends in BB/pellet gun injuries in children and teenagers in the US, 1985–99	11446	2002;8:185–91.
McCarthy AT, Geary LL	Longer term effects of New York State’s law on drivers’ handheld cell phone use	10241	2004;10:11–15.
Le D, Macnab AJ	Self strangulation by hanging from cloth towel dispensers in Canadian schools	9657	2001;7:231–3.
Conn JM, Annett JL, Gilchrist J	Sports and recreation related injury episodes in the US population, 1997–99	9568	2003;9:117–23.
Tremblay RE	Prevention of injury by early socialization of aggressive behavior	9380	2002;8:17–21.
Sorenson SB, Vettes KA	Buying a handgun for someone else: firearm dealer willingness to sell	8550	2003;9:147–50.
Simons-Morton BG, <i>et al</i>	Promoting parental management of teen driving	7823	2002;8:24–31.