PostScript

CORRESPONDENCE

The 8th World Conference on injury prevention and safety promotion

Your editorial (*Injury Prevention* 2006;12:209-10) on the 8th World Conference rightly deplored the lack of attention paid to Darfur, but overlooked another serious flaw in the program that dismayed many delegates, particularly those who are acquainted with the Middle East. What was in the minds of the organizers when they offered a plenary slot to a speaker with a track record^{1,2} of deeply partisan statements on the complex, century-old Arab-Israeli conflict? How does providing a public platform to an advocate of a solution that is predicated on a denial of the existential legitimacy of one of the protagonists (Israel) advance the prospects of achieving peace in that troubled region or the cause of injury prevention in general by one iota?

In the circumstances, it was perhaps unsurprising if equally reprehensible that, in a further bizarre twist to the proceedings, we delegates were subjected to the extraordinary announcement, without a trace of irony, that a country (Iran) with a declared current foreign policy objective of wiping another sovereign state (Israel again!) entirely off the map had been selected as the venue for the next International Safe Communities conference.

The problem with the Durban event arose not from its political content but because it appeared to have been politicized—meaning that its ideals were perverted and misused as a vehicle to promote a highly partisan and (arguably) extreme political agenda. Some degree of political debate at such gatherings is inevitable, appropriate and desirable as much injury prevention depends on government policies. Politicization, by contrast, is none of these and merely brings academic meetings—and by extension their sponsors—into disrepute.

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References

- 1 **Tilley V.** *The one-state solution: a breakthrough plan for peace in the Israeli-Palestinian deadlock.* Manchester: Manchester University Press, 2005.
- 2 **Tilley V.** Safety, state and peace promotion in the Middle East: where do we begin? *Afr Saf Promot* 2006;4:6-19.

Evaluation of booster seat campaign

After the recent introduction of booster seat legislation in the UK, we read with interest the paper by Howard *et al.*^{1,2} The authors evaluated a national media campaign to promote the use of booster seats, comparing usage by parents in pretest and two post-test groups. The authors present the effectiveness of the campaign among post-test parents who had seen, heard or read about the campaign (the "exposed" group) and those who had not (the "unexposed" group). They found that exposed parents were significantly more likely to report using booster seats with lap and shoulder belts for their child (47%) than either the pretest (24%) or unexposed (23%) groups ($p = 0.0005$).

Separating post-test parents into exposed and unexposed groups overestimates the effectiveness of the campaign. Parents who did not recall the campaign were not unexposed; they were among the 63% of the target population that the campaign failed to reach. The authors' results, although informative, should be set in the context of the campaign's effectiveness among the total target population. To estimate the overall effectiveness of the campaign, all participants interviewed post-test should be analyzed as a single group. Reanalysis of the published data using this method indicates that the increase in the proportion of parents using booster seats is more likely to be due to chance (table 1).

Using genuine unexposed populations improves studies by allowing comparison with a control group. However, identifying true unexposed populations in national campaigns is challenging. It can be achieved if the campaign is rolled out progressively at a regional level or if international comparisons are used. We congratulate the authors for evaluating this national initiative. All too frequently such campaigns are not subject to scrutiny. Such evaluations help identify the most effective interventions to reduce the preventable burden of child occupant injuries and deaths.

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Table 1 Reanalysis of booster seat use before and after the campaign

	Pre-test, n (%)	Post-test, n (%)	Total
Booster seat use			
Yes	45 (24)	60 (32)	105
No	141 (76)	125 (68)	266
Total	186 (100)	185 (100)	371

χ^2 test = 3.1; $p = 0.078$.

Competing interests: None.

References

- 1 **Department for Transport.** Think! Road Safety Website. Think! New child car seat regulations. <http://www.thinkroadsafety.gov.uk/campaigns/childcarseats/childcarseats.htm> (accessed 31 Oct 06).
- 2 **Howard A, Beben NJ, Rothman L, et al.** Evaluation of Safe Kids Week 2004: age 4 to 9? It's booster seat time! *Inj Prev*, 2006;12:316-19.

FROM THE BMJ

Health research funding: injuries were ignored

Mayor's commentary in the *BMJ* on the UK Clinical Research Collaboration's analysis of health research funding points to a few discrepancies between the level of research funding in disease areas and the health burden of those diseases.^{1,2} However, by far the biggest discrepancy was overlooked, probably because it was ignored and not reported by the collaboration.

Despite the research funding profile being broken down into 20 disease categories including injuries and accidents, the collaboration compared levels of funding with disease burden in only 12 categories excluding injuries and accidents. However, the data source used for calculating disease burden using disability adjusted life years (DALYs) clearly gives the DALYs for injuries.³

The results show that, although accidental injuries contribute 4.1% of UK DALYs and non-accidental injuries a further 2.5%, only 0.3% of the health research funding analysed is spent in this area. This 22-fold discrepancy (6.6% to 0.3%) is much higher than the next biggest discrepancy, the highlighted sixfold difference for respiratory disease. Given that there is almost no other charity or industry research funding in the area of injuries, unlike in other areas such as asthma and arthritis, the position is even bleaker.

This issue has been highlighted before, particularly by the British Medical Association,⁴ and the anomaly should be rectified.

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References

- 1 **Mayor S.** Report gives snapshot health research funding in the UK. *BMJ* 2006;332:1230.
- 2 **UK Clinical Research Collaboration.** *UK health research analysis.* London: UKCRC, 2006.
- 3 **World Health Organization.** Burden of disease project. Death and DALY estimates for 2002 by cause for WHO member states (2002). Available at <http://who.int/entity/healthinfo/statistics/bodgbd-deathdalyestimates.xls> (accessed June 2006).
- 4 **BMA.** *Injury prevention.* London: BMA, 2001.