



Effective Public Health Practice Project Summary Statement

December 2005

This is a summary statement written to condense the work of the authors of a systematic review. The reference for the full review is below. The intent of this summary is to provide an overview of the findings and implications of the full review. For more information on individual studies included in the review, please see the review itself.

Reference for Review in APA: Dowswell, T., Towner, E. (2002). **Social deprivation and the prevention of unintentional injury in childhood: a systematic review.** *Health Education Research: Theory & Practice*, 17 (2) 221-237.

Author Contact Info: Therese Dowswell and Elizabeth Towner, Community Child Health, University of Newcastle upon Tyne, 13 Walker Terrace, Gateshead NE8 1EB, UK.

Issue: Each year injuries kill more Canadian children and youth over the age of one than all other causes combined. For every injury related death there are 45 hospital admissions and an estimated 1300 emergency room visits. It is also estimated that 90% of these injuries are predictable and preventable (Public Health Agency of Canada, 1997). A link has been observed between social deprivation and an increased risk of death from unintentional injury in childhood. Interventions to address injury prevention among disadvantaged and marginalized children have been proposed. Interventions directed toward socially deprived children may focus on injuries in the road, home, or leisure environments, and may approach prevention by strengthening individuals, strengthening neighbourhoods, improving access to services or through broad economic and cultural changes.

Review Content Summary: A systematic review was done to identify effective interventions directed toward injury prevention in children under 15 years of age, with a particular focus on interventions among socially deprived groups.

Comments on this review's methodology: The search period was 1975-2000. A full systematic review of literature on interventions with respect to childhood injury prevention was published in 2001 (Towner et al., 2001). In the full review, 155 studies were identified. The present review selected those 32 studies that focused on socially deprived groups. MEDLINE and other databases were searched; it is not clear whether social science databases were among these. Studies were graded on a five-point scale from weak to good and the intervention was rated as to its effectiveness. One study was rated 'good'; 8 were rated 'good/reasonable'; 16 were rated 'reasonable'; 7 were rated 'reasonable/weak'. 'Weak' studies were excluded from the full review and, therefore, were also excluded from this review focusing on social deprivation.

City of Hamilton
Public Health Services

Kingston, Frontenac and Lennox
& Addington Public Health

Middlesex-London Health Unit

Sudbury District Health Unit

Ottawa People Services

Public Health Branch
Ministry of Health and Long-Term Care

Evidence points ARE NOT weighted or ranked according to strength.

What's the evidence?	Implications for practice and policy:
<ul style="list-style-type: none"> > Free cycle helmet, car seat and home safety device campaigns appear to increase device ownership and use, but there is insufficient evidence as to whether this equipment increases the safety of socially deprived children. 	<ul style="list-style-type: none"> > Research on the effectiveness of free safety equipment should focus on whether these devices reduce injuries among children, and socially deprived children in particular, given that socially deprived children may live in environments that pose higher injury risks.
<ul style="list-style-type: none"> > Most interventions have focused on strengthening individuals rather than changing environments or increasing access to services. 	<ul style="list-style-type: none"> > Research should evaluate the effectiveness of environmental and community-based interventions directed toward socially deprived children.
<ul style="list-style-type: none"> > Most mass-media campaigns do not assess reach, and, therefore, there is insufficient evidence as to whether campaigns reach socially deprived groups. 	<ul style="list-style-type: none"> > Mass-media campaigns should assess reach, and thereby, the exposure of socially deprived groups to injury-prevention messages.
<ul style="list-style-type: none"> > Very few studies are available that assess the effectiveness of interventions among socially disadvantaged children/youth. 	<ul style="list-style-type: none"> > All injury prevention interventions should analyze data by social subgroups. This has implications for study sample sizes.
<p>General Implications:</p> <ul style="list-style-type: none"> > There is insufficient evidence about children's risk of injury and the effectiveness of interventions among socially deprived groups. > Environmental, rather than individual, interventions remain particularly under-researched. 	

Cost Benefit or Cost-Effectiveness Information: Not included in review.

References Used to Outline Issue:

Public Health Agency of Canada. *Canadian Hospitals Injury Reporting and Prevention Program* 1997. [On-line]. Available:

http://www.phac-aspc.gc.ca/injury-bles/chirpp/chrpa_e.html

Towner, E., Dowswell, T., Mackereth, C., Jarvis, S. (2001). What works in preventing unintentional injuries in children and young adolescents? An updated systematic review. London: Health Development Agency.

Other References on this Topic:

Summary Statement Author: Susan Snelling, PhD, Manager, Research & Evaluation, Public Health Research, Education and Development (PHRED) Program, Sudbury & District Health Unit, Sudbury, Ontario.

City of Hamilton
Public Health Services

Kingston, Frontenac and Lennox
& Addington Public Health

Middlesex-London Health Unit

Sudbury District Health Unit

Ottawa People Services

Public Health Branch
Ministry of Health and Long-Term Care

Contact Information for the Effective Public Health Practice Project (EPHPP):

Public Health Services
Effective Public Health Practice Project
2 King Street West, 3rd Floor
Dundas, Ontario L9H 6Z1

Phone: 905-546-2424, Ext. 1578
Fax: 905-628-6465
Email: ephpp@hamilton.ca
Website: <http://www.hamilton.ca/ephpp>



The format of this summary statement has been adapted from health-evidence.ca (www.health-evidence.ca).

City of Hamilton
Public Health Services

Kingston, Frontenac and Lennox
& Addington Public Health

Middlesex-London Health Unit

Sudbury District Health Unit

Ottawa People Services

Public Health Branch
Ministry of Health and Long-Term Care