
Data and information supporting injury prevention: what's out there?

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iobi
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Data and evidence

Injury data:

- o Mortality
- o Hospital data (Emergency Depts, Admissions)
- o Survey data
- o EU data
- o Other

Injury evidence and guidance:

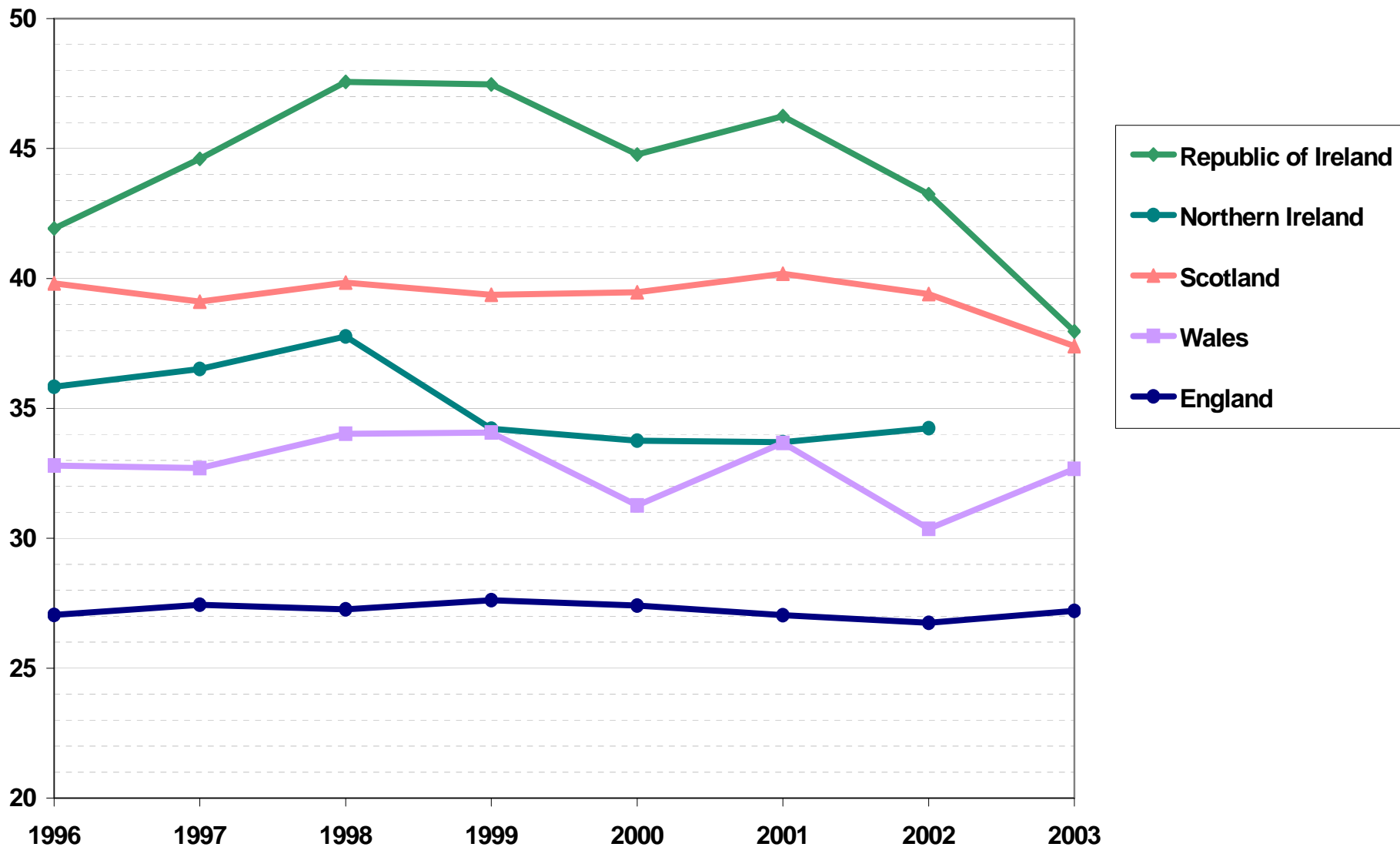
- o Systematic reviews
- o Prevention guidelines

Injury mortality data

- o Official death counts produced by the national statistics agency; age, gender, area of residence, occupational class, cause, external cause
- o Mortality data specific to types of injuries; road deaths, homicide, workplace deaths

IOBI Analysis: Injury mortality in the UK and Ireland 1996-2003

European Age Standardised Mortality Rates for All Injuries:
Britain & Ireland 1996-2003



Hospital data – activity in acute hospitals

- o Hospital Episode Statistics, Hospital Patient Episode Database, Hospital Inpatient Enquiry System
- o Personal, clinical, and administrative data; no detailed data on the mechanism of injury
- o Differences across countries in timeliness, availability, comprehensiveness, and potential to link to other data sources

Accidents>>
Persons>>
2005

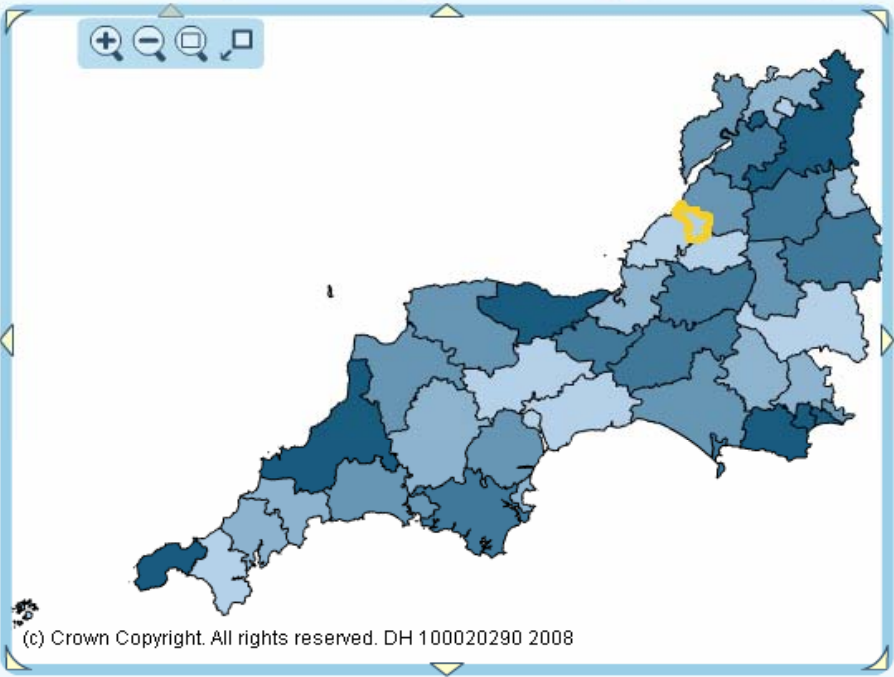
HES Data Tool



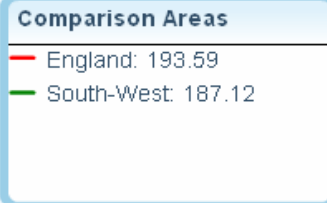
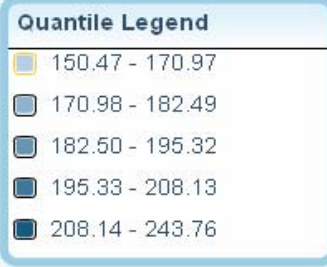
Data Clear

Metadata Print Print Preview

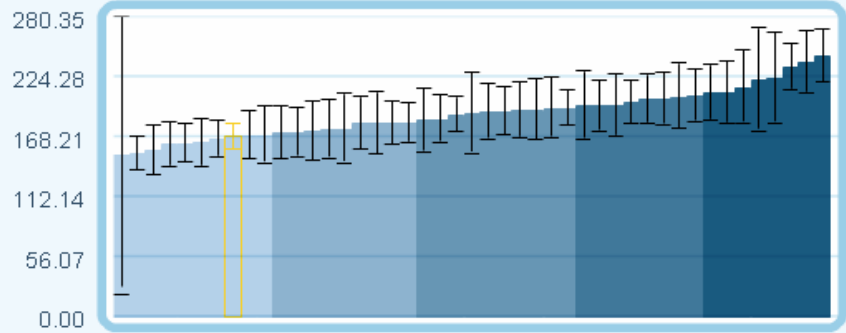
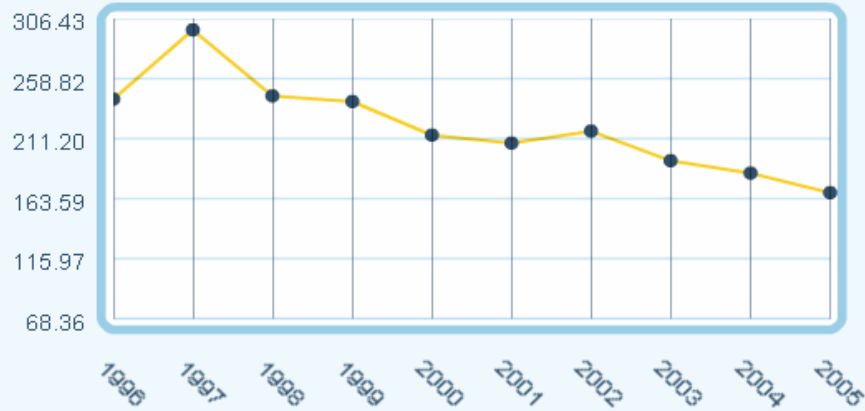
Name ▲	ASR	Count
Bath and North E	166.61	432
Bournemouth	233.55	576
Bristol	168.41	811
Caradon	193.48	220
Carrick	172.11	234
Cheltenham	169.66	243
Christchurch	190.19	168
Cotswold	237.84	329
East Devon	162.37	466
East Dorset	173.46	246
Exeter	161.3	267
Forest of Dean	195.32	217
Gloucester	209.39	277
Isles of Scilly	150.47	6
Kennet	197.28	201
Kerrier	155.21	216
Mendip	203.65	324
Mid Devon	169.83	202
North Cornwall	209.55	256
North Devon	191.63	275



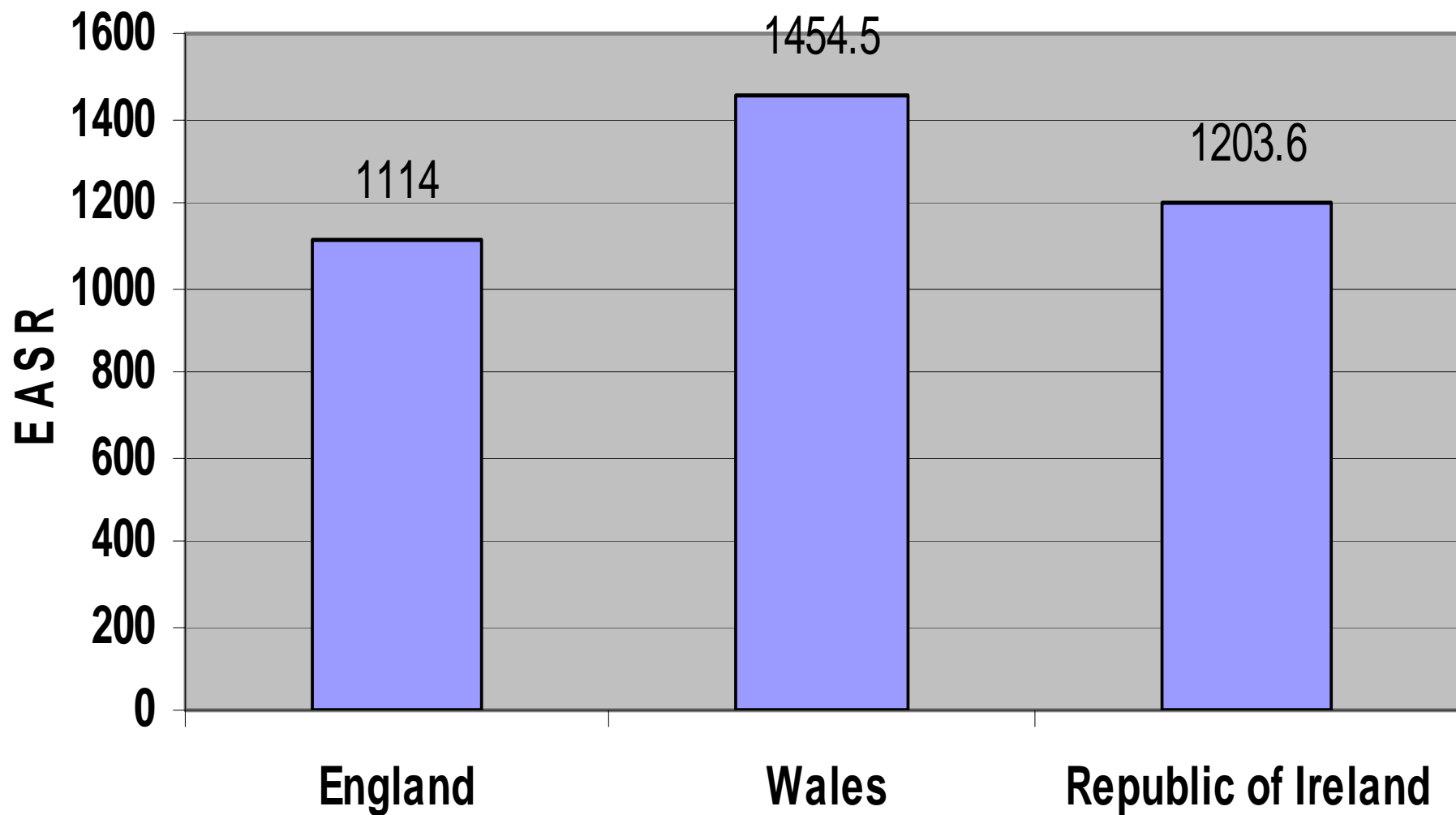
Legend Help



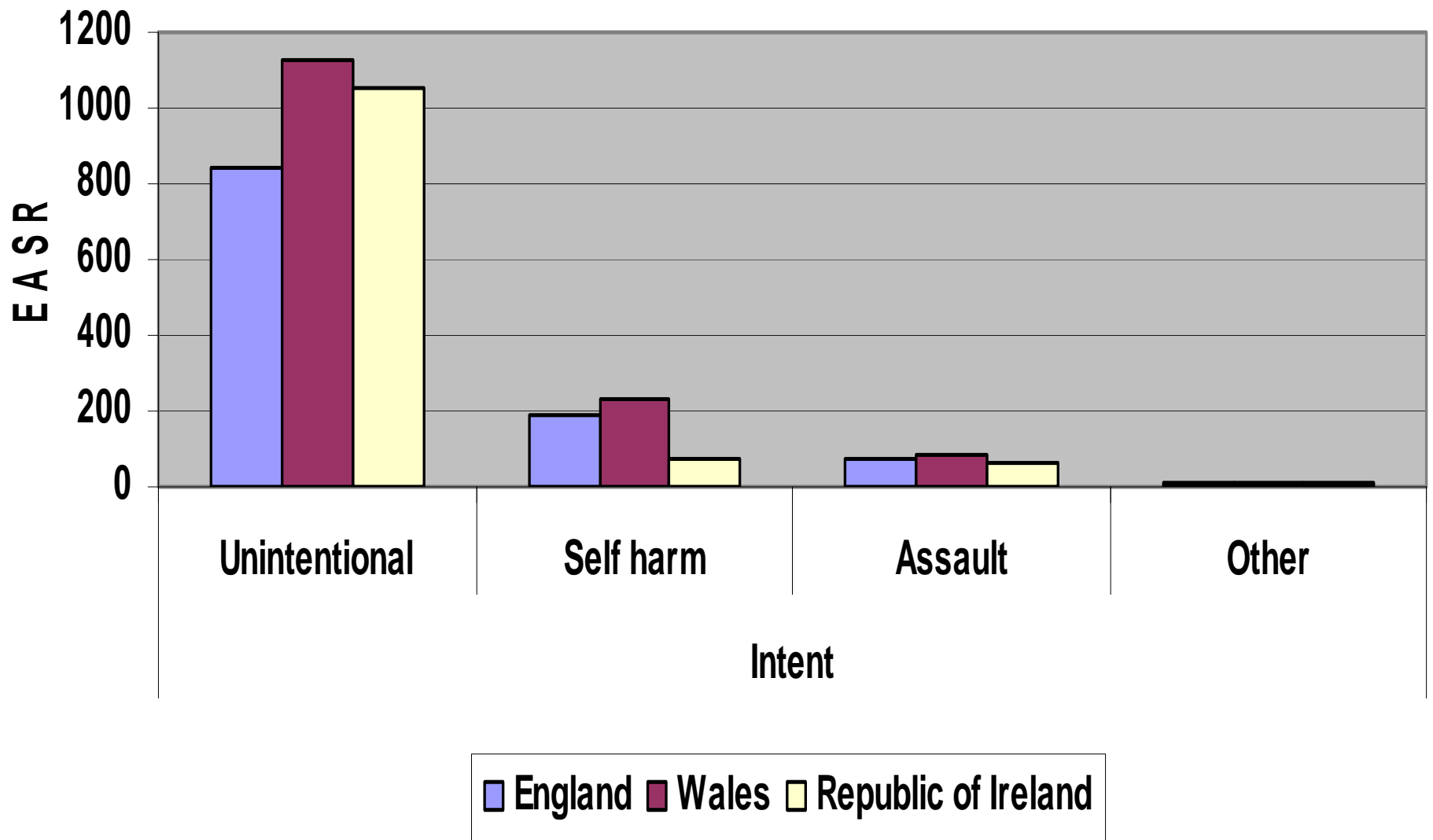
Time Series Chart



European age standardised rate (EASR) of emergency admissions to hospital for injury with an external cause recorded, 2007



European age standardised rate (EASR) of emergency admissions to hospital for injury with an external cause recorded, by intent, 2007



Hospital data – emergency units

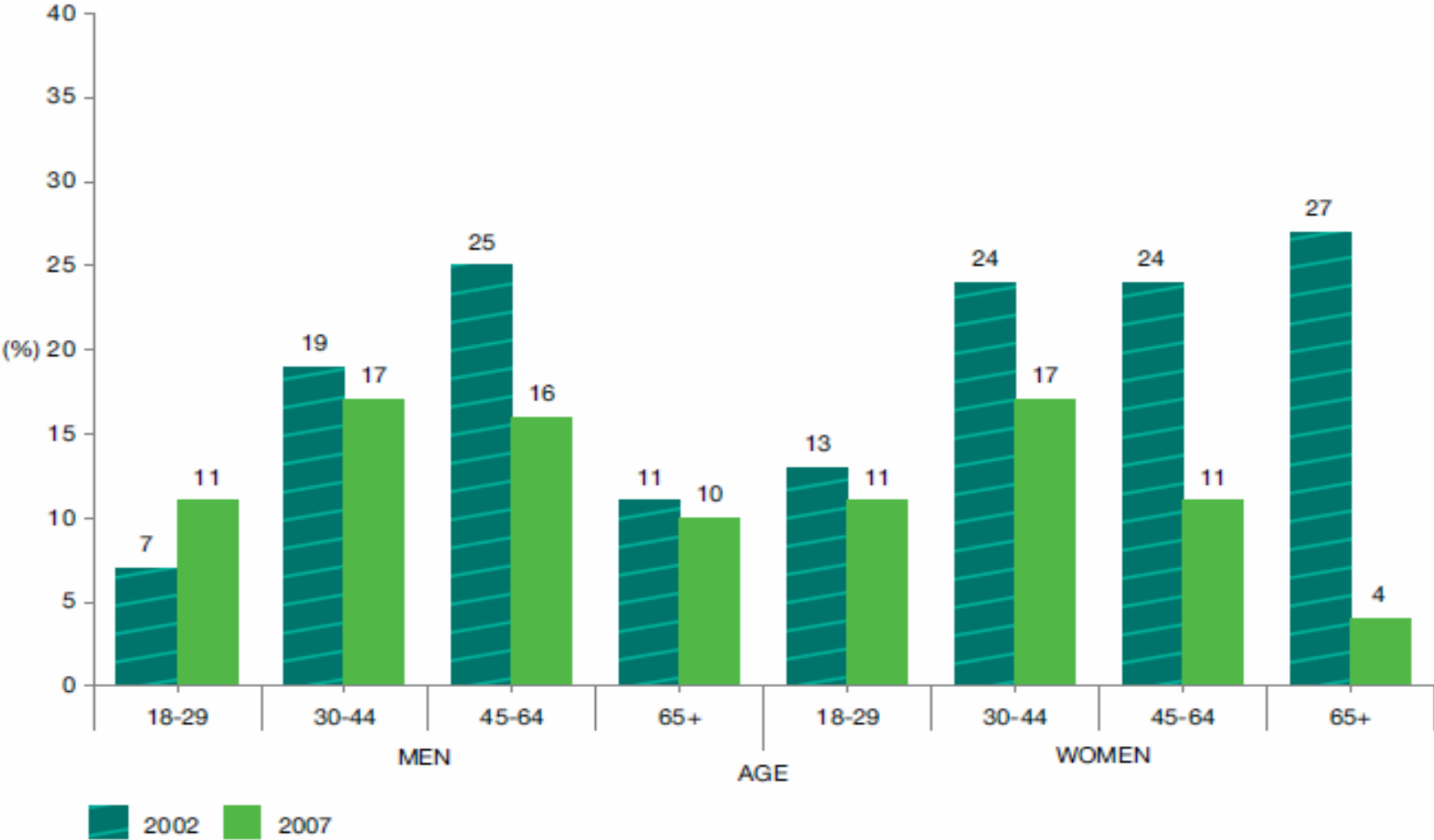
- o England: national data have been published for the first time, described as “experimental” and there may be issues with comprehensiveness and quality
- o Wales: comprehensive data from all 12 major units from 2009 on
- o Scotland and Republic of Ireland: non-national pilots in a small number of units
- o Northern Ireland: units make central returns but limited detail. Only number of injuries classified in six categories

Injury data from surveys

- o Injury components within national health-related surveys eg HSfE, SLÁN, Welsh Health Survey, Scottish Health Survey, Health and Social Wellbeing Survey
- o Injury data can be analysed by the other data in the survey; age, sex, social class, ethnicity, physical activity, mental health, alcohol use etc
- o Important source of:
 - Non-hospitalised injury occurrence
 - Injury-related behaviours
 - Environmental and other factors

SLÁN survey, Ireland

Figure 42: Percentage of respondents who reported that they always wore a helmet when riding a bicycle, by age, gender and year (2002 and 2007)



Other sources of injury data

- o Police data; road accidents, assaults
- o Self-harm registers; National Registry of Deliberate Self Harm Ireland
- o Health and safety agencies; occupational injuries
- o Fire and rescues services
- o Road safety organisations
- o Non-profit organisations; ROSPA

Potential of linking datasets

- o Wales: Secure Anonymised Information Linkage (SAIL). Individual-level data can be linked across emergency units, inpatient, day patient and mortality datasets
- o Scotland: injury hospital data is linked to mortality data, cancer registrations, mental health admissions.
- o England: no linkage of injury hospital data but it is possible
- o Northern Ireland: Linkage is possible but dependent on the completeness of relatively new unique health identifier
- o Republic of Ireland: lack of a unique health identifier means linkage isn't possible

European data – European Injury Database

- o Established in 1999 to provide central access to data collected under EHLASS
- o Data from small samples of hospitals in participating countries (currently 12)
- o Detailed data to support prevention: place of occurrence; mechanism of injury; activity; product
- o <https://webgate.ec.europa.eu/idb>

European data – INTEGRIS

- o Integration of the prevention-focused European Injury Database data with existing hospital discharge data
- o Will allow hospitals to generate a standard injury dataset with minimal additional effort
- o <http://www.rp7integraris.eu/en/pages/home-1.aspx>

Issues in comparing data across countries

- o Availability?
- o Definitions / Inclusion and exclusion criteria
- o Coding systems
- o Coding practices
- o Standardisation for age and sex differences
- o Reporting timeframes
- o Difficult to interpret differences

Evidence and guidance for injury prevention

- o Systematic reviews of what works in injury prevention – collate high quality studies and summarise evidence
- o Available from CAPIC website
<http://www.capic.org.uk/systematicreviews/search.asp>
- o Search by cause, intent, age, where injury occurred, year of publication
- o Abstracts of injury prevention research available from SafetyLit



SafetyLit: Injury Prevention Literature

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Welcome to SafetyLit, the online source for current and past scholarly research about all aspects of injury prevention.

Injuries have causes -- they don't simply befall us from fate or bad luck.

- To prevent injuries it is necessary to have information about the factors that contribute to their occurrence. With this information we may understand the options for prevention. Effective injury prevention requires a multifaceted, multidisciplinary approach.
- Information about injury occurrence and prevention is available from many sources. The weekly **SafetyLit Update Bulletin** provides abstracts of English language reports from researchers who work in the more than 30 professional disciplines relevant to preventing unintentional injuries, violence, and self-harm.
- SafetyLit staff and volunteers regularly hand-examine (issue by issue) more than 3400 current scholarly **journals** from many nations to find relevant material. More than 750 additional journals are scanned at least once per volume. We also review conference proceedings and reports from government agencies and organizations. SafetyLit summaries are drawn from anthropology, economics, education, engineering specialties, ergonomics, law and law enforcement, medicine, physiology, psychology, public health, public safety, nursing, social work, traffic safety, and other fields. This information is maintained in a **searchable archive** that contains more than 100 thousand items.

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Evidence and guidance for injury prevention

- o Effective Measures in Injury Prevention (EuroSafe); short evidence statements on effective injury prevention interventions
- o Focus on child safety, sports safety, road users, older people
- o <http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/I2effectivemeasures.htm>



European Association for
Injury Prevention and Safety Promotion



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Introduction

Effective measures

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Effective measures

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The idea for the Effective Measures in Injury Prevention (EMIP) database originated from the work of injury practitioners and experts in the field. They identified the need to build capacity among those working in injury prevention by providing relevant and accessible information on current knowledge about the effectiveness of preventive measures to enhance decision making in injury prevention.

- ▶ The intent of the database is to:
- ▶ EMIP definitions of good practice
- ▶ Target audience
- ▶ Scope
- ▶ Launch

EuroSafe, in partnership with the Dutch Consumer Safety Institute has developed the database on Effective Measures in Injury Prevention (EMIP) as part of the European Commission funded and EuroSafe led initiative SafeStrat.

Evidence and guidance for injury prevention

- o National Institute for Health and Clinical Excellence (NICE) guidelines on injuries, accidents and wounds
- o Head injuries; Unintentional injuries in under 15 year olds; Wound care; Falls
- o <http://www.nice.org.uk/>

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