

6th WORLD CONFERENCE

Injury Prevention
and Control

6^e CONFÉRENCE MONDIALE

Prévention et contrôle
des traumatismes

ABSTRACTS • RÉSUMÉS

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INJURIES, SUICIDE AND VIOLENCE:

Building Knowledge, Policies

and Practices to Promote a Safer World

TRAUMATISMES, SUICIDE ET VIOLENCE :

Construire un savoir, des politiques

et des pratiques pour promouvoir

un monde en sécurité

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APPLYING THE PRECEDE-PROCEED FRAMEWORK TO CHILDHOOD INJURY PREVENTION IN HONG KONG

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PROBLEM UNDER STUDY: Despite various efforts in the past decade including media campaign, educational activities and informational leaflets, there were no attempts at an evidence-based injury prevention in Hong Kong.

OBJECTIVES: To illustrate the development of two injury prevention programs using the *PRECEDE-PROCEED* framework, which is a widely applied and systematic approach in health promotion planning.

METHOD OR APPROACH: The *PRECEDE-PROCEED* framework is a six-phase process guiding health promotion professionals to arrive at relevant and evidence-based promotion strategies and subsequent programs.

RESULTS: Conceived in the social diagnosis, injury is a major health concern in the local community, given it is the leading cause of death among children and adolescents aged 1-14. In particular, young children under the age of 4 were vulnerable to injury within a home setting, while older children were likely to encounter injury in other settings apart from home such as the school or on the street.

Substantiating from, the following behavioural and environmental risk factors for injury were delineated in the epidemiological diagnosis from original data as well as findings in the literature, including home environment arrangement, housework and child supervision pattern, and hazardous behaviours such as running around the house or using boiling water in preparing instant noodles without adult supervision. Caregivers' locus of control on implementing injury control, high perceived risk and severity about home injury, plus financial and physical constraints in implementing injury prevention are the main enabling factors and barriers identified in the educational and organizational diagnosis. From local empirical data established in the previous phases as well as evidence from the literature and practice, two prevention programs are contrived.

The first program is a 12-month home visitation program for mothers of 0-3 children by trained volunteers on home safety. The other program, an adoption of the Injury Minimisation Programme in Schools (I.M.P.S.) in UK, encompasses a school curriculum integration of injury prevention knowledge and skills, visit at a local Accident & Emergency department, and resuscitation training for 10-12 year olds children. These programs, during the implementation stage, will be evaluated on their process, impact, and outcome. In the home visitation program, quality assurance of volunteers-rendered home visits and participating families maintenance will be the major process variables under evaluation. Impact of the program will be assessed with several instruments measuring behavioural repertoire, health beliefs, and home modification related to injury prevention at a home setting. For the comprehensive school program, process evaluation includes implementation of injury prevention curriculum and quality of Accident & Emergency department visits delivery. Knowledge on injury prevention, tested with self-reported measurements, homework, as

well as proxy respondent report by teachers and parents, will be the primary focus in impact appraisal.

CONCLUSION: Specific behavioural and environmental risk factors, as well as enabling factors and barriers, were identified through the phases of *PRECEDE-PROCEED* framework. Two injury prevention programs for two different target groups were subsequently derived. One of the programs will be directed to assist caregivers in modifying behaviours or environment identified as potentially hazardous, such as wet or cluttering floor, infants handling between idle time, and approach in delivering food with hot soup. Another program will convey primary 5 & 6 students with comprehensive knowledge and skills with regards to all facets of childhood injury including traffic, home, and school safety as well as relevant emergency contingencies. Evaluation of these programs will be planned and implemented according to information gathered from earlier phases.

LIMITS: Given the low base rate of injury and complicated with the constraints set by limited research funding, outcome measurements (i.e. injury rate reduction) in long run might not be a viable and sustainable effort at this moment. However, including injury rate as the primary outcome for both programs remains a top priority.

CONTRIBUTION OF THE PROJECT TO THE FIELD: Application of the *PRECEDE-PROCEED* framework to injury prevention in Hong Kong echoes the current inclination in practicing evidence-based health promotion, and sets a local example of vertical integration between epidemiological research and evidence-based health promotion. It is through this framework that needs and epidemiological factors related to the issue of childhood injury in Hong Kong are outlined. The framework also cultivates injury prevention programs tailored to the genuine priorities and constraints in the local context.

SCHOOL BACKPACKS: A COMPARISON OF WEIGHTS AND CONTENTS CARRIED BY STUDENTS IN GHANA, GUATEMALA, AND THE USA

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PROBLEM UNDER STUDY: Although backpacks carried by students may be associated with several health consequences, no epidemiological studies have been done to assist educational programs regarding school backpack safety. In particular, it is not known how many parents know the weight and contents of their children's backpacks.

OBJECTIVES: To quantify and compare the weights, types, and percent body weight represented by school backpacks carried by students in Ghana, Guatemala, and the USA, as well as assess parental knowledge of the weight and contents of the backpacks.

METHOD OR APPROACH: A cross-sectional, observational study was conducted in selected schools in the three countries. All students enrolled at conveniently selected schools whose principals consented for participation by approval letters were invited to participate. Weights and heights of students in the participating schools were measured using standard methods,