Subject: Revisions to Accident and Injury Module
Posted by wally91 on Thu, 14 Mar 2019 14:46:28 GMT
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This module is important because injuries are an under-recognised global problem and data is scarce. According to the World Health Organization, about 5.8 million people die each year as a result of injuries - 10% of the world's deaths. Policy makers need access to nationally representative data to prioritise injury prevention interventions and response.

We propose the following new indicators in the DHS Accident and Injury module, which will result in better quality data with greater utility for decision making. This can be achieved by splitting two existing questions into two, and adding three new questions.

a) Annual incidence of injuries by mechanism (type of incident) - fatal and non-fatal. Data quality will be improved by separating the 'intent' and 'mechanism' of injury and adding other important mechanisms.
b) Annual incidence of injuries according to 'intent' (intentional or unintentional) - fatal and non-fatal.
c) Annual incidence of injuries by location (place of injury) - fatal and non-fatal. Describing the physical context of an injury event helps to identify risky environments.
d) Annual incidence of occupational injuries - fatal and non-fatal. Data on the distribution of persons injured at work and their injuries are essential for planning preventive measures.
e) Annual incidence of kinds of physical injuries - fatal and non-fatal. Data quality will be improved by separating the 'kind' of physical injury from the 'health impacts' of the injury.
f) Rates of health impacts of non-fatal injuries. Separating 'health impacts' into a new question will provide important information to estimate the burden of disease due to injuries.

Attached to this post is a completed submission form with full justification for the recommendations.

The recommendations were authored by The Surveys for Urban Equity project team (funded by Medical Research Council, UK, Global Challenges Research Fund) which includes: The University of Leeds, The Hanoi University of Public Health, Centre for Injury Prevention and Research Bangladesh (CIPRB), The ARK Foundation, Health Research and Social Development Forum International (HERDi), Worldpop/ Flowminder at University of Southampton, Hilary Wallace (injury consultant, University of Notre Dame Australia).
https:// medicinehealth.leeds.ac.uk/directories0/dir-record/research-projects/960/surveys-for-urban-equity

File Attachments

1) Requests_DHS-8_Accident&InjuryModule_SUE Project Team(14.03.2019).docx, downloaded 1259 times

Subject: Re: Revisions to Accident and Injury Module
Posted by JohnMeara on Fri, 15 Mar 2019 19:03:55 GMT

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All fatal injury cases should note if the person had a surgical procedure prior to death.

Subject: Re: Revisions to Accident and Injury Module
Posted by AlexPetersMD on Fri, 15 Mar 2019 20:19:59 GMT
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I fully agree with this. We need to know if violence, accident, and injury patients were treated appropriately with surgery when needed, or with something else.

Subject: Re: Revisions to Accident and Injury Module
Posted by gmenon on Fri, 15 Mar 2019 20:41:13 GMT
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Growing up in an LMIC every person I know, (including myself), was affected in some way by trauma. With rapid development and poor safety regulations in most LMIC's, data on trauma are critical towards advocation for preventive strategies.

Subject: Re: Revisions to Accident and Injury Module
Posted by Robert Riviello on Sat, 16 Mar 2019 01:03:35 GMT
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As a trauma and burn surgeon who works both in Rwanda and in Boston I know from personal, clinical experience, that our populations, rich and poor, HIC and LIC, are decimated by injury - road traffic, burns, falls, intentional violence, industrial and agricultural accidents. But funding for improvement - investigation, innovation, implementation - is lacking, in part because the data is lacking on epidemiology. This would be a start

Subject: Re: Revisions to Accident and Injury Module
Posted by Girma on Sat, 16 Mar 2019 01:24:43 GMT
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As a surgeon building infrastructure in LIC, I agree whole Heartedly with Dr Riviello' s comment.