

Research to action: *Translating evidence in Injury control*

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- *"Inexperience with the driving task, risk taking, alcohol and powerful cars make a potentially lethal cocktail"*

Langley & Kypri, 2006

1. Characteristics of underlying issue

- 3rd highest rate for RTI fatalities among 15-24 year olds in Road Traffic & Accident Database (30 countries in 2003)
- Alcohol-related fatal crashes:

	1980	2005
All ages	36%	29%
Adolescents	31%	33%
- National youth health survey (2001)
 - Secondary school students aged 13-18 years
 - Self-reported drink driving in previous month: 17.3% of drivers

Tin Tin, Ameratunga, et al, 2008

2. Political context in which situation is sited

- Varying interests – and misinformation
- Vested and conflicts of interests
- Exploiting “policy windows”
 - Conferences
 - Bills before parliament
 - Regional strategies: transport
 - Related issues: Climate change, obesity

3. Individuals and organisational actors

- Strength of leadership, coalitions and advocacy groups
 - NZ Injury Prevention Strategy
 - RACS Trauma Committee
 - IP Network of Aotearoa NZ (IPNANZ)
 - Community IP programs
 - And others.....
- Ability for relevant communities to coalesce around key messages & ideas

4. Power of ideas

- Framing ideas in ways that appeal to internal and external audiences
- A strong internal frame unifies “policy community”
- External frames package ideas in a way that is accessible and credible to decision makers

Implications for Injury Control

- Undertake policy-relevant research that takes into account all relevant 'basic sciences'
 - biomedical and clinical research, epidemiology, economics...
 - AND Communication, social marketing, political science....
 - Disseminate results widely to all relevant audiences
- Build strong coalitions & empowered advocates
- Develop shared understanding; establish common ground
- Exploit all opportunities to recruit, retain & build capacity
- Reframe issues within contemporary policy opportunities
- Be ready to critique, question and debate policy
- *No primum nocere*; apply the precautionary principle

What is the point of Translational knowledge?

- *Bench-to-bedside* enterprise
 - Basic sciences knowledge harnessed to produce new drugs, devices, treatment and intervention options
- *Translational* enterprise
 - Ensuring new interventions (treatments) and new knowledge actually reach the patients or populations for whom they are intended (issues of policy and implementation)
- Roadblocks can occur at one or both phases

Meaning...

- Health services context:

- Improving quality by improving access, re-organising and coordinating systems of care, assisting with behaviour change and making informed choices, point-of-care decision support

- Population health context:

- Population health strategies, community based IP strategies, healthy public policy & legislation

- *"Bringing a drug to market without knowing how to bring it to patients undermines its larger purpose and can only diminish its profitability for investors"*

Woolf, 2008

Are we missing the big picture in Injury Control?



- Why do some initiatives succeed while others languish despite equally compelling claims for attention?

Shiffman & Smith 2007 (maternal deaths)

B Johnson 2008 (injury control)

Generating political priority: a framework

- Characteristics of the underlying issue
- Nature of the political context
- Individuals and organisational actors involved
- Power of ideas used to portray the issue

Case study: Alcohol, road crashes & youth

- Young people learn to drive and initiate drinking at a developmental stage characterised by:
 - Increasing levels of personal autonomy
 - Independence from parental supervision
 - Potentially hazardous risk taking behaviours

New Zealand context

■ Research

- Delaying age of driving without supervision reduced RTI risk
- Lowering the purchase age of alcohol increases harm
- “High performance” cars – evidence gap

■ Current policy

- Can drive without supervision by 15½ years
- 1999: purchase age reduced to 18
- Relaxation of excise duties