

time process hypothesized here. Techniques developed for spatial *and* temporal cluster detection¹⁵ may provide more definitive conclusions about the relationship between times of peak pedestrian traffic, times of peak vehicular traffic and the variation of traffic density and injury over space.

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Received: September 13, 2001
Accepted: June 19, 2002

RÉSUMÉ

Objectifs : Notre étude décrit la répartition spatiale et temporelle des blessures survenues chez les enfants circulant à pied à Edmonton (Alberta) pendant quatre années financières (1995-1996 à 1998-1999) et compare ce schéma aux données spatio-temporelles sur le débit routier.

Méthode : Nos données sur les blessures provenaient du système de surveillance continue des services d'urgence des hôpitaux de la région sanitaire de la capitale albertaine. Nous avons cerné les périodes de pointe pour les blessures et les endroits où elles se produisaient le plus par secteur de recensement. En établissant des estimations empiriques par la méthode de Bayes, nous avons calculé les rapports d'incidence stables des blessures. Des analyses cartographiques et de corrélation ont mis au jour un lien entre le débit routier et l'incidence des blessures.

Résultats : Les blessures aux enfants circulant à pied étaient les plus fréquentes le matin (entre 7 h et 9 h) et en fin d'après-midi (entre 15 h et 18 h), ce qui correspond aux heures de pointe de la circulation routière. Les taux d'incidence les plus élevés ont été constatés à l'intérieur ou à proximité des zones de fort débit, tout particulièrement dans le centre-ville et le centre-ouest d'Edmonton.

Question à débattre : Ces résultats soulignent l'importance de tenir compte des schémas spatio-temporels dans la recherche sur les blessures aux piétons et de les intégrer dans les stratégies de prévention. En modifiant les heures d'école, on pourrait aussi réduire la convergence de la circulation des piétons et des véhicules.

BOOK REVIEW

World Report on Violence and Health

*Edited by Etienne G. Krug, Linda L. Dahlberg,
James A. Mercy, Anthony Zwi and Rafael Lozano.
Geneva: World Health Organization, 2002*

This World Report will likely cause readers to think seriously about taking action against global violence. The hook is not only in the horrifying statistical profile of violence, but in the evidence-based approach that convinces readers that reducing global violence is possible. The Report brings together academics and practitioners working in public health and asks them to create as seamless a link as possible between research findings, interventions/policy responses, and recommendations/action plans to eradicate world violence. Although the World Report states that eradication is possible, the magnitude and impact of violence, key risk factors, and the effectiveness of various interventions and policy responses do not fill readers with confidence that we can wipe out global violence. Potential readers should not allow such clichés as eradication of violence to turn them away from reading this document – the report presents a scientific and practical approach that, if implemented and appropriately supported structurally and financially, will likely significantly reduce global violence.

This World Report is peer-reviewed with each chapter undergoing an assessment of its scientific merit and its relevance to the specific culture(s). An advisory committee with membership from all WHO regions and representatives from WHO staff provided guidance to the Editorial Committee. In all, over 160 world experts participated in this document.

The scope of the Report is wide. There are nine chapters that address violence as a global public health issue, youth violence, child abuse/neglect, intimate partner violence, elder abuse, sexual violence, self-directed violence, collective violence and recommendations for action that cut across all these types of violence. The public health surveillance methods employed and the data interpretation are excellent and authors clearly identify data and study limitations.

The World Report is comprehensive and although it is technically complex, the information is translated into clear messages and recommendations, widening its appeal and usefulness. Public health and health professionals, policy-makers, ethicists, rights advocates, and political scientists will benefit from reading it. However, the general public is an important audience – it is, after all, a statement about all of our lives and times, and the need for action.

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