

# Research 'with' not 'on', yes, but with whom and how?

Roderick J McClure<sup>10</sup>

My starting point for this discussion is where we left the topic in an editorial 12 months ago; that is, the need for more 'Public involvement in the production, dissemination and implementation of injury prevention research.'<sup>1</sup> In this issue, Jennifer Woody Collins presents an informed critique of the challenges involved, and provides an elegant response.<sup>2</sup> I commend her practical advice for researchers and practitioners to you for your consideration.

The case for coproduced research is no longer contentious.<sup>3</sup> Both for reasons of equity and justice, and for improved translation of research to public benefit, the compelling argument for coproduced research has been made. It is now our responsibility as editors and authors to apply the principle of coproduction in a way that fits our context and achieves the principle's ethical and practical goals. From January 2020 all authors submitting manuscripts to *Injury Prevention* will be asked to consider how they applied the principles of public involvement to the work they have undertaken.

No one is saying this will be an easy task. Critically important yes, but not easy. Let's take a look at the nine manuscripts published in this issue on the topic of road safety, and explore the depth and breadth of the challenge.

Nesoff and colleagues<sup>4</sup> examined the relationship between presence of alcohol outlets and risk of pedestrian injury in Baltimore City. The study used an innovative design, strong conceptual logic, a combination of administrative data sets, and sophisticated data management and secondary data analyses to address a novel and important question. The authors provided evidence of the role of alcohol outlets in pedestrian injury risk and highlighted the value of alcohol control policies (licensing, zoning and enforcement) as potential preventive interventions. Cobiac and colleagues<sup>5</sup> asked whether raising alcohol taxes would be a cost-effective strategy for reducing the burden of alcohol-related road transport injuries in New

Zealand. They answered this question using a simulation model that combined administrative data from multiple sources including New Zealand, UK and Australia, and disability weight estimates published elsewhere in the literature.

Poswayo and colleagues<sup>6</sup> quantified the impact of a school-based road traffic injury prevention programme in urban sub-Saharan Africa. Household survey data before and after intervention were obtained for intervention and non-intervention schools using a quasiexperimental design, and analysis suggested a positive programme effect. Quistberg and colleagues<sup>7</sup> undertook an evaluation of the impact of a third party's photo enforcement on compliance with school zone speed limits. Harper and Palayew<sup>8</sup> and Staples and Redelmeier<sup>9</sup> used publicly available data from national agency in correlational analyses to infer relationships between cannabis use and fatal traffic crashes.

Thompson and colleagues<sup>10</sup> demonstrated the validity of synthetic evidence from previous computational models by comparing these synthetic results with observed cyclist behaviour at an inner city cross-intersection in Melbourne, Australia. Kim and colleagues<sup>11</sup> showed that bicycle helmets provided greater protective effect for older (compared with younger) adults based on surveillance data from eight emergency departments. Beck and colleagues,<sup>12</sup> also addressing the problem of cycling injuries, undertook descriptive in-depth interviews in a prospective case series of 129 patients recruited from two hospitals in Melbourne, Australia.

This simple list of manuscripts covers the territory from theoretical considerations of synthetic data, through secondary analyses of combinations of multinational data sets and aggregated national data sets, down to in-depth interviews with injured individuals. Some of the research was purely descriptive, some related to risk factor analysis and some were interventions of localised intervention programmes. The focus of some of the work was on industry, some focused on individuals, much of the research related to

policy-level interventions that have an impact both on industries and individuals. Yet in all of these cases, there were true citizens and a true public that were the subject (not object) of the work.

Our job as editors and authors is to take responsibility, right at the beginning, before the research questions are formulated. We must make sure we have those citizens and this public involved in the generation of the research questions, and the production, dissemination and implementation of research that is undertaken. It can be done. Jennifer Woody Collins' special feature provides some direction.<sup>2</sup> It is up to us to find a way to do it.

**Funding** The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

**Competing interests** None declared.

**Patient consent for publication** Not required.

**Provenance and peer review** Not commissioned; internally peer reviewed.

© Author(s) (or their employer(s)) 2019. No commercial re-use. See rights and permissions. Published by BMJ.



**To cite** McClure RJ. *Inj Prev* 2019;**25**:348–349.

*Inj Prev* 2019;**25**:348–349.  
doi:10.1136/injuryprev-2019-043459

## REFERENCES

- McClure RJ, Price A. Public involvement in the production, dissemination and implementation of injury prevention research. *Inj Prev* 2018;**24**:321–2.
- Woody Collins J. Achieving engagement in injury and violence prevention research. *Inj Prev* 2019;**25**:472–5.
- Boivin A, Richards T, Forsythe L, et al. Evaluating patient and public involvement in research. *BMJ* 2018;**363**:k5147.
- Nesoff ED, Milam AJ, Pollack KM, et al. Neighbourhood alcohol environment and injury risk: a spatial analysis of pedestrian injury in Baltimore City. *Inj Prev* 2019;**25**:350–6.
- Cobiac LJ, Mizdrak A, Wilson N. Cost-Effectiveness of raising alcohol excise taxes to reduce the injury burden of road traffic crashes. *Inj Prev* 2019;**25**:421–7.
- Poswayo A, Kalolo S, Rabonovitz K, et al. School area road safety assessment and improvements (SARSAI) programme reduces road traffic injuries among children in Tanzania. *Inj Prev* 2019;**25**:414–20.
- Quistberg DA, Thompson LL, Curtin J, et al. Impact of automated photo enforcement of vehicle speed in school zones: interrupted time series analysis. *Inj Prev* 2019;**25**:400–6.
- Harper S, Palayew A. The annual cannabis holiday and fatal traffic crashes. *Inj Prev* 2019;  
**25**:433–7.
- Staples JA, Redelmeier DA. Crashes on cannabis celebration day. *Inj Prev* 2019;  
**25**:476–7.

**Correspondence to** Dr Roderick J McClure, School of Rural Medicine, University of New England, Armidale, NSW 2351, Australia; rmcclure@une.edu.au

- 10 Thompson JH, Wijnands JS, Mavoa S, *et al.* Evidence for the 'safety in density' effect for cyclists: validation of agent-based modelling results. *Inj Prev* 2019;25:379–85.
- 11 Kim T, Jung KY, Kim K, *et al.* Protective effects of helmets on bicycle-related injuries in elderly individuals. *Inj Prev* 2019;25:407–13.
- 12 Beck B, Stevenson MR, Cameron P, *et al.* Crash characteristics of on-road single-bicycle crashes: an under-recognised problem. *Inj Prev* 2019;25:448–52.