



The



Illawarra Injury Audit

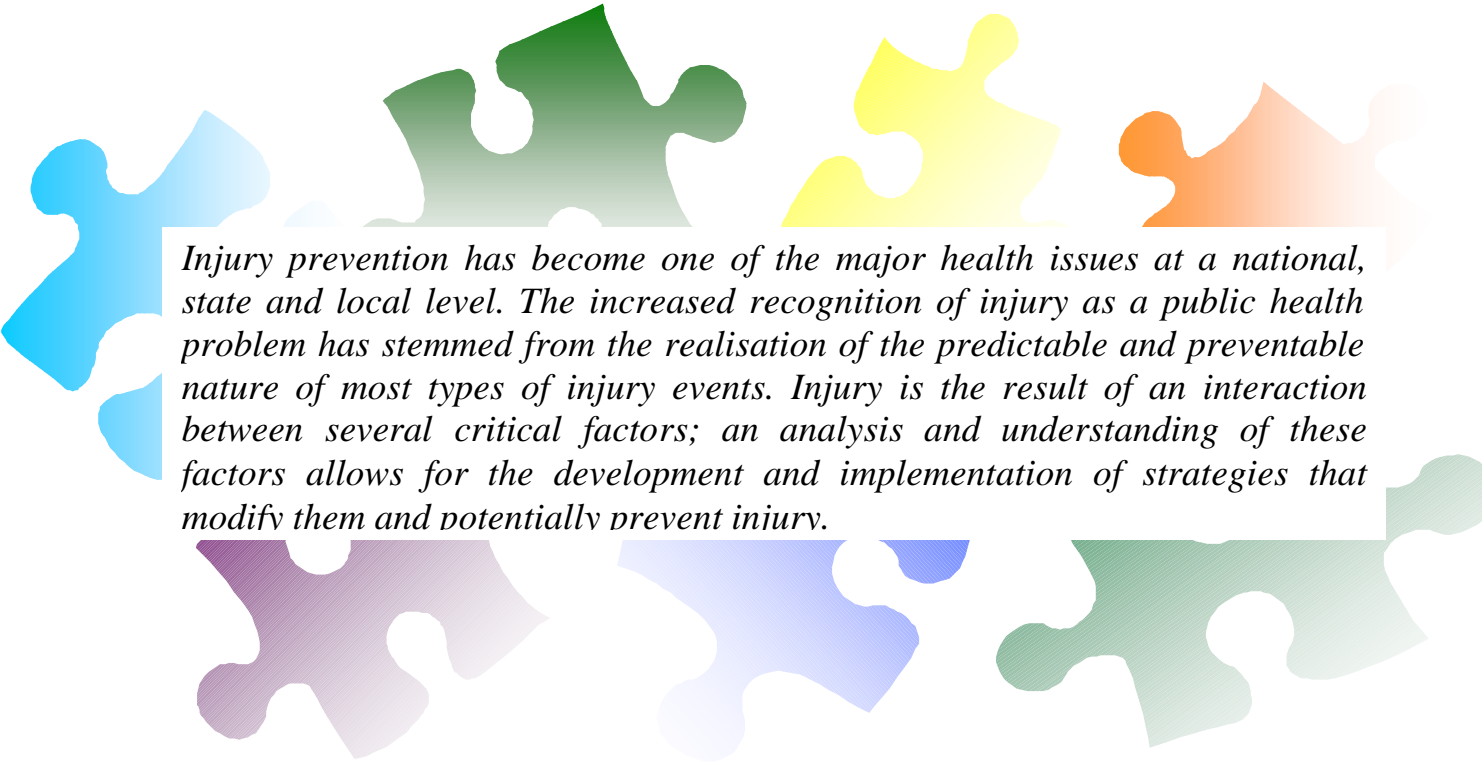
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Coordinated by the
Illawarra Injury Advisory Group





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Illawarra Health
Healthy Cities Illawarra Inc.



Injury prevention has become one of the major health issues at a national, state and local level. The increased recognition of injury as a public health problem has stemmed from the realisation of the predictable and preventable nature of most types of injury events. Injury is the result of an interaction between several critical factors; an analysis and understanding of these factors allows for the development and implementation of strategies that modify them and potentially prevent injury.

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No of consumer groups and community members

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Abbreviations used in this report

CHC	Community Health Centre
HCI	Healthy Cities Illawarra
IAG	Injury Advisory Group
IH	Illawarra Health
ISCP	Illawarra Safe Communities Program
KSCP	Kiama Safe Communities Program
NSC	No specified community
RLSSA	Royal Lifesaving Society of Australia
RSO	Road Safety Officer
RTA	Roads and Traffic Authority
WCC	Wollongong City Council
yrs	years

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Executive Summary

"Injury has been identified as a major public health problem in Australia and internationally (Nutbeam et al, 1993). Although injury accounted for only 5.7 percent of all deaths in Australia in 1994 (NISU, 1996), it is the leading cause of death of persons aged between 1-44 years, accounting for 38% of deaths in children (1-14 years) and 72% of deaths in the 15-24 years age group (ABS, 1995). It is also the single leading cause of inpatient hospital episodes in the country" (Gillet, LIU & Solon, 1993) ⁴

Illawarra injury data supports the above statistical statement, with injury being the leading cause of death among Illawarra males in all age groups up until the age of 45 years and the leading cause of death in females aged 15-24 years, and children aged 1-4 years. During the period 1997-1999 the main causes of injury hospitalisation among Illawarra residents were (in order) falls, road injury, self harm, inter-personal violence and sports injury.

When considering local and national injury trends, the Illawarra Advisory Group's audit of injury prevention activity was timely. The aim was to map the range of programs being conducted, rather than quantify all injury initiatives. The resultant report will be of great benefit to future regional strategic planning.

The audit covered programs conducted during the period January 2000 to December 2001 and is essentially a 'snap-shot' of this time frame. A phone survey provided the means for gathering information from organisations. 62 people were contacted, representing 14 organisations as well consumers. 46 surveys were returned, representing a response rate of 74%. Respondents were classified as either active or inactive in current injury prevention programs or projects, with approximately 72% of respondents classed as active, and completing all sections of the survey.

Current Illawarra injury prevention initiatives included programs in falls injury (older persons), child injury prevention, work safety, Aboriginal injury prevention, farm safety, road, home, marine, sport and water safety. At present it appears that injury prevention measures are most focussed on falls injury prevention in the elderly and the reduction of road trauma. Injury prevention initiatives were most common in the 'all age group' and the 55 years+ age groups, with the 0 to 5 years age group recording the least injury prevention programs.

In general terms injury prevention initiatives aimed to either:

1. Raise general community or specific population awareness of particular injuries
2. Provide educational resources and information specific to particular injuries
3. Provide physical opportunity to prevent injury (exercise based)
4. Develop policies and practices to enhance the process of injury reduction
5. Provide specialised equipment and orientation to that equipment by the user
6. Provide specific injury prevention courses to staff
7. Lobby legislative bodies on injury related issues

The report was unable to ascertain how many individual programs were run within separate injury initiatives. Respondents were asked to complete a survey for each program they regarded as a separate initiative. Many survey respondents were unable to predict program continuance or sustainability based on resource limitation and management commitment. Survey forms did not specify whether programs were 'one off' in nature, or, ongoing and conducted as a series of individual programs under a general program title. In most cases, programs were specific to the geographic area of project coordination with only some targeting specific populations (NESB and Aboriginal). It is important to note that programs in one area or health service sector did not, as a matter of course, run in other health service sectors.

Half of the respondents had heard of the Safe Communities concept, and a quarter having not heard of it at all. Of those who did respond they heard of it, a number but did not elaborate on their level of understanding of the concept. It appears that the concept of Safe Communities may not be well known or understood.

Just under two thirds of survey respondents indicated that the community played an important role in their injury prevention initiatives. Roles varied from project to project, but generally included involvement in steering committee action, focus groups and planning sessions. Just over one third of survey respondents indicated that community involvement was 'activity' related participation only. Large organisations, such as Councils and Illawarra Health also provide ongoing OH&S injury prevention programs for their employees.

It is difficult to accurately assess what groups lead the Illawarra in terms of injury prevention funding. This is because many initiatives are coordinated or resourced by multiple partners and the cost of resource sharing (both human and project related), are virtually impossible to record with the information currently available. Injury prevention appears to be done whenever and where ever time and resources permit within some organisations and is, in a minority of cases, the single agenda item of others. Anecdotal account indicates that organisations (such as local councils) sometimes provide injury prevention funding allowances on a 'project by project' basis.

The most commonly recorded difficulty associated with conducting injury prevention programs was a lack of funding, in relation to program resources (human and material), training opportunities and program continuity. Other programming difficulties included a lack of regional injury data (particularly activity specific) and the inability to access existing data. There appeared to be high levels of frustration amongst injury prevention officers in regard to the lack of program support at a management level, and the perceived low local priority of injury prevention given its national health ranking.

A number of issues were identified as crucial to the efficient delivery of injury prevention in the Illawarra. Combined training, improved networking, inter-sectoral communication, regional strategic planning, research, specific data collection, resource sharing, management commitment and adequate long term resourcing were key issues that would allow organisations to work together more effectively.

Specific recommendations identified through the audit can be grouped under three strategic headings;

Effectiveness in injury prevention initiatives

- Establish an injury prevention network
- A regionally focussed common set of injury prevention guidelines and targets
- Organisational commitment and resourcing of an injury prevention plan.
- The establishment of a broad range unintentional injury database

Strengthening Capacity for injury prevention

- The development of a regional injury prevention 'team' mentality
- Sharing grants information
- An annual injury prevention forum
- Annual or bi annual injury prevention email newsletter
- A regional injury prevention web page

Enhanced coordinated approach

- Take a population approach addressing areas demonstrating high incidence of injury locally.
- A specialist injury prevention coordinator and staff to address a *range* of injury issues

Addendum.

Since the completion of the audit a number of changes have occurred in injury prevention in Illawarra. IH has appointed an injury coordinator, and an epidemiology injury profile completed.

Within the Illawarra there are a range of injury initiatives that demonstrate cooperation and commitment from workers in the field. The future potential lies in drawing local organisations together for shared commitment, shared resources and ultimately shared injury prevention benefits.

1. Introduction

1.1 Background

“Injury prevention and control has been recognised by Health Ministers as a National Health Priority Area since 1986”. The cost of injury to the nation is estimated to be over 13 billion dollars every year, yet many injuries and their consequences are preventable⁵. (J.Moller 1998).

The Illawarra needs to more clearly identify its own injury profile in order to instigate preventative measures to reduce the regions social and economic portion of the national injury cost. The responsibility for this lies with health, government and non-government organisations involved in health promotion, injury prevention and safety. It is imperative that groups work in collaboration and not in isolation in order to effectively research, plan, implement and evaluate injury prevention strategies.

Comprehensive economic burden figures for injury are required for the Illawarra. This information is vital to the planning of appropriate interventions to reduce the personal and economic cost of unintentional injury in the Illawarra. While economic costs are important in determining research and prevention priorities, decisions on the allocation of resources should also take into account social equity, frequency and rate of injury, injury severity and the availability and effectiveness of interventions. A more detailed picture of a broad range of unintentional injuries in the Illawarra is required to effectively plan for and address specific injury issues.

In April 2000 the IH Health Promotion Service and HCI convened an Illawarra Injury Advisory Group (IAG). The aim of the IAG was to provide the IH Board with recommendations on a regional approach to injury, culminating in an area wide injury prevention plan (a strategy recommendation from the IH Health Improvement Plan 1999).

The IAG proposed that the plan use the World Health Organisation’s (WHO) Safe Communities* approach as it’s framework and involve the community, government and non-government sectors in a regional endeavour to reduce injury. It was determined that the resultant plan should direct future injury activities and assist in linking groups conducting similar programs. In this capacity the plan would focus on unintentional injury rather than intentional injury as intentional injury was already comprehensively covered in the strategic directions of other services and organisations.

The IAG met bimonthly for one year (2000/2001) and comprised of representatives from the IH, HCI, RTA, consumers local councils, Illawarra Ambulance Service and the University of Wollongong. There was also a wider mailing list of interested organisations.

The first step towards the formulation of an injury plan was an audit of regional injury prevention initiatives. To progress this audit, HCI applied for a small grant from the NSW Health Department’s, Safe Communities Program. On securing \$4,000 from this source, IH agreed to augment the amount with an additional \$6,000. This allowed the audit process to commence. It is important to note that the human resources at both organisations (IH and HCI) did not allow for audit coordination within existing roles and that the funding was a critical precursor to the audit process.

The resultant audit identified a number of current injury initiatives. ‘Current’ was defined as any initiative conducted by any organisation between January 2000 and December 2001. Both large-scale programs and smaller projects were included. The audit also sought to identify any unmet needs and gaps in injury prevention, with consideration given to existing resources and the best way to link injury prevention activities across the region. The audit process was jointly overseen by IH and HCI.

* The Illawarra region currently has two Safe Communities Programs in operation – the Illawarra Safe Communities (the first Safe Community in Australia to be accredited by WHO) and a three-year pilot Safe Communities Program in the Kiama LGA.

1.2 Survey Methodology

An injury audit survey form was developed by the Illawarra Injury Advisory Group and tested on a number of personnel active in the field of injury prevention. As a result of feedback from an initial pilot, the survey form was refined and a formal survey period commenced in October 2001. The final version of the survey tool has been included as Appendix A.

Audit surveys were initially posted to stakeholders with assumed involvement in injury prevention. Stakeholders were considered to be current partners or known partners of IH and HCI. It was not the survey's intention to include the entire range of injury prevention organisations, and groups such as sporting clubs were deliberately excluded.

Injury prevention personnel were asked to complete section one of a written survey form and be available at a later date to be interviewed for the remaining sections. As a result of early survey respondent feedback, the original survey form structure was abandoned and a more 'user friendly' form adopted. At this point in time, a change in research coordination led to a program time frame delay and changes in audit procedures.

The method of stakeholder contact was modified after the change in research coordination and the remaining injury prevention organisations were surveyed by phone only. In some cases, positions known to have been previously active in some type of injury prevention activity were vacant. As a result of this, potential injury prevention activity data may be missing.

Phone survey questioning determined whether organisations had been active in injury prevention over a designated period. Organisations were then classified as either 'active' or 'inactive'. 'Inactive' included any group that had not been involved in an injury prevention project or program (either partner or instigator) within the survey period January 2000 to December 2001. Those groups deemed to be 'inactive' during the survey period might however, have been active in injury prevention prior to January 2000 (although this was not recorded).

The information from both original surveys and the revised phone interview surveys was then compiled into a report.

2. Survey Results

2.1 Survey Response Rate

62 people were contacted, representing 14 organisations, a number of community consumer groups, and community members. Of those, 46 agreed to participate in the survey. This represents a response rate of 74%. Respondents were classified as either active or inactive in current injury prevention programs or projects, with 72% of respondents active in injury prevention.

2.2 Range of current injury prevention initiatives

In the survey a 'current initiative' has been defined as 'one currently in operation, or having operated during the period January 2000 to December 2001'. While there appears to be a variety of programs conducted, most had specific and limited geographical reach. IH programs often reflect the boundaries of the community health sectors. Most of the activities recorded could be grouped under a number of the key injury prevention areas. Table 1 (see over page) lists the variety of injury prevention activities grouped into the key areas. Listed within the activities are a number of larger scale specific initiatives, which have been highlighted. These initiatives often have multiple injury prevention activities happening within a number of the key areas in injury prevention. Therefore, they play both an activity role, and also a coordination role. For this reason they appear to be recorded in the activities and the organisation columns.

2.3 Type, and centre of coordination of injury prevention initiatives.

Within the scope of the survey it appears that IH and RTA provide the most varied injury prevention programs in the Illawarra. However, local councils and the Illawarra Bike Safety Park should not be overlooked in their reported high numbers of school based water and surf safety lectures and road safety programs.

The larger organisations often had a number of centres of coordination, dependant on the focus of the program being conducted. In some instances, the centre of coordination for some projects is located in one of the larger organisations, but the project itself is jointly funded by a number of partners. Examples of this include the KSCP, which is jointly funded RTA, NSW Health and the Kiama Council. The road safety officer (RSO) positions also have a similar arrangement, with the position based within the relevant council, but jointly funded by RTA and the council they are attached to. It must be noted that the RSO based at Shellharbour Council, also works in a limited capacity within Kiama.

Table 2 provides information about funding sources, injury prevention directions and the geographical location of programs (refer to Appendix C).

Table 1: Injury prevention initiatives conducted in Illawarra from Jan 2000 to Dec 2001.

Key area	Initiative	Organisation
Falls Injury Prevention	<ul style="list-style-type: none"> ✓KSC Falls Injury Prevention Task Force Older and Bolder Aboriginal Elders Hydrotherapy Group Windang Seniors Gentle Exercise Group Balance Group Falls In the Elderly Recycled Teenagers Exercise Group Hip Protector Working Group Senior Neighbour Aid Project (SNAP) 	KSCP IH IH IH IH IH IH IH
Child Injury Prevention	<ul style="list-style-type: none"> ✓ Child Injury Prevention Task Force (CIP) Safety in and around the home The Grandparents Group Drowning Prevention Working Party (CIP) Baby Capsule Rental Service Surf Sense/Surf Awareness/Water safety (2 programs) Breaking Down the Barriers Bicycle Education Programs 	HCI IH WCC HCI IH KSCP & WCC DS&R RTA
Work Related	<ul style="list-style-type: none"> ReSafe (Work) Electrical Code of safety Hire and Rental project Wollongong CBD Blitz Manual handling education Site Management Safety Plans Risk Management Training One on One Manual Handling Information Hot Training Debrief 	WorkCover WorkCover WorkCover WorkCover IH WCC WCC WCC WCC
Aboriginal Injury Prevention Programs	<ul style="list-style-type: none"> Family Safety Awareness Day – Teddy Bears Picnic Aboriginal Elders Hydrotherapy Group Aboriginal Sports Injury and Education sessions Road Safety Emergency Checklist First Aid Courses 	IH IH IH RTA IH IH
Other Programs	<ul style="list-style-type: none"> ✓ Home Safety Task Force ✓ Illawarra Sports Injury Survey ✓ Illawarra Zero Harm Initiative ✓ Illawarra Safe Communities Program ✓ Kiama Safe Communities Program Farm Safety Task Force Road Safety Programs (includes, pedestrian, cycling, Motor cycling, alcohol, fatigue, speed related) Keep Watch Campaign Marine Care (Multicultural Health) Swim for Health (Multicultural Health) Self Defence for Italian speaking women Arabic Women’s Health Group RTA Road Safety Presentations Emergency check list First aid courses Don’t Buy Half a Present – helmet blitz SNAP – Smoke Detector Campaign for Seniors 	KSCP/IH HCI HCI HCI/RTA/IH RTA/NSWH/KC KSCP RTA RLAA HCI/IH/CoastCare IH/WCC IH IH RTA KSCP KSCP KSCP IH

(✓) larger scale injury prevention initiatives

2.4 Aims of injury prevention initiatives.

There was a range of injury prevention initiatives that focused on one or more of the following types of aims;

- Raise general community or specific population awareness of particular injuries;
- Provide educational resources and information specific to particular injuries;
- Provide physical opportunity to prevent injury (exercise based);
- Develop policies and practices to enhance the process of injury reduction;
- Provide specialised modifications and equipment and orientation to that equipment by the user;
- Provide specific injury prevention courses to staff;
- Lobby legislative bodies on injury related issues.

2.5 Age groups, injury prevention initiatives and the regions serviced

The injury prevention activities in the Illawarra covered a range of age groups. Refer to Table 3 (see Appendix D). Most injury prevention activities were reported in the 'all age groups' (presumed to target multiple age groups). Of the age group specific programs, the 55years plus had the most representation. The 5-14years age group were next best represented. The 5 years and under age group had the least program representation.

The region serviced by all activities extended from Helensburgh in the north, to Shoalhaven in the south and to Goulburn in the west. 39% of the programs listed serviced the entire Illawarra region, with the remainder usually concentrated on areas surrounding their centre of coordination. Injury prevention initiatives specifically targeting Aboriginal communities were mainly conducted in the Shoalhaven region. Many IH programs reflected designated community health sectors.

2.6 Types of activities conducted within injury prevention initiatives.

Respondents were asked what activities were carried out to meet the aims of the injury prevention projects they were involved in. These activities, also known as the strategies of a project and represent the 'how' part of the project. Table 4 (see over page) lists the activities carried out within the projects and programs captured in the audit.

A whole range of activities were undertaken, with common approaches evident in projects whose aims were similar. The activities looking at developing personal skills were most common and methods included use of videos, pamphlets and presentations, and media, as well as skill development through gentle exercise classes, practical cycling session, training on new equipment, etc. Providing supportive environments was also popular strategy and examples included home modifications for falls, safety audits on main streets and random pool inspections. Promoting healthy public policy was used in some projects, and included road safety enforcement and lobbying government department for legislative change. Programs within IH aimed to reorient health workers with the adoption of a hip protector trial on the wards and balance groups for outpatients conducted by physiotherapists.

Table 4: Range of activities undertaken in injury prevention initiatives in the Illawarra

Key Area	Activities undertaken	Key Area	Activities undertaken
Falls	<p>Provide a range of gentle exercise activities</p> <p>Coordinate physical activity groups</p> <p>Educational presentations at gatherings.</p> <p>Safety audits of main streets.</p> <p>Media campaigns.</p> <p>Senior Neighbour Aid Project (SNAP)</p> <p>Hazards reports</p> <p>Balance groups coordinated by hospital physiotherapists (in and out patients)</p> <p>Patient and carer education programs</p> <p>Volunteers provide home safety checks to determine risk areas. Home modifications resulting.</p> <p>Provision of home exercise programs.</p> <p>Risk assessment to determine clients at risk of falls at home</p> <p>Hip protector information brochures</p> <p>Ward trial of hip protector practice</p> <p>Train staff in the use of hip protectors</p>	Child Safety	<p>Presentations at mothers groups – identify risks specific to children at different developmental stages in relation to safety in the rooms in the home</p> <p>Road safety cycling sessions and theoretical presentations.</p> <p>Educational forums</p> <p>Media campaigns on topical issues.</p> <p>Baby capsule hire service</p> <p>Water safety and surf awareness programs presented at local schools</p> <p>Submission of a research proposal to NSW</p> <p>Water Safety Task Force</p> <p>Distributed water/pool safety material via child-care networks.</p> <p>Lobbied the Minister of Fair Trading</p> <p>Information scripts (on drowning prevention) were sent to local radio stations.</p> <p>Lobby the government on pool legislation</p>
Home Safety	<p>Guest speakers at grandparent groups</p> <p>Presentations at child activity groups.</p> <p>Brochure promotions.</p> <p>Random pool inspections.</p> <p>Promotion of swimming lessons</p> <p>Safety promotion events.</p> <p>School newsletter safety information.</p> <p>School safety competitions.</p> <p>Educational forums</p> <p>Media campaigns on topical issues.</p> <p>Specific campaigns on standard safety issues.</p>	Work Safety	<p>Building and work inspections</p> <p>Legislation control</p> <p>Work information sessions</p> <p>Practical assessment on work sites</p> <p>Group work sessions in specific environments</p> <p>Post injury rehabilitation sessions for injury care and prevention.</p> <p>Weekly training sessions</p>
Special Areas	<p>Health screening for farmers and their families.</p> <p>Chainsaw education night</p> <p>First aid training nights</p> <p>Emergency action sheet information to farmers</p> <p>Sun spot cancer checks on farmers.</p>	Road Safety	<p>Community promotions</p> <p>Media campaigns</p> <p>Educational presentations,</p> <p>Enforcement</p>

2.7 Community Involvement in the Initiative

Of the active* programs, 19 indicated that the community were involved, in more than just participation in the project to some degree. Respondents were asked to tick what level of involvement community had in the project, and were able to tick more than one. Involvement as a volunteer to the activity was the most common way community members were involved other than as participants. Next main area was involvement on the steering committee or equivalent type of committee, and in some activities, community members were involved in focus groups and the planning of activities.

9 of the active programs stated that they had no community involvement in the program other than participation. 5 of the active programs stated there was no community involvement, but this was due to the activities being targeted at staff only.

*'Active' is defined as an organisation coordinating an injury prevention initiative during the period January 2000 to December 2001

2.8 Challenges faced by injury prevention coordinators

Respondents were asked the question what were some of the difficulties they faced with their project. There were a number of issues nominated as 'difficulties', and respondents were able to give more than one response. Table 5 (see Appendix E) lists the responses on challenges faced in running initiatives. The challenges have been clumped into key themes. Individual answers have been listed within the table next to the theme. It should be noted that a number of answers could have fit under more than one theme, and have been put under the theme of best fit, but this does not necessarily exclude it from other themes. An example includes 'staff enthusiastic, but clinical pressures impose on getting people to a group on a regular basis' could fit under the theme of resources, but also may be due to commitment or attitudes also.

The difficulties referred to, often related to the planning and implementation phases of programs or activities. There is also a range of levels on which people expressed challenges with some very specific to individual programs, while others were more to do with carrying out injury prevention work in general.

The main challenge faced by respondents was funding, followed by resourcing. There were 21 direct and indirect references made about funding being a major program difficulty. Indirectly a difficulty may have been expressed about resources but actually was due to lack of funding for the resources. Examples included 'lack of updated videos' and 'lack of resources to expand projects to other groups'. Comments on funding difficulties were often made in relation to the further development of successful programs, the resourcing of existing programs and to a poorly defined budget for injury prevention generally. Other difficulties listed separately to funding but related included availability of local data and evaluation expertise to assist in measuring program success.

Poor communication pathways were also highlighted as a difficulty, on a number of levels. Comments related to communication with project partners and committees, through to communication issues in trying to access 'hard to reach' high-risk target groups for injury. Commitment and support was also a challenge and comments often related to problems with commitment from partner organisations, and also the project participants. Support from management was an issue for some organisations, with the pressure of competing demands.

2.9 Aspects that assisted injury prevention initiatives.

Often responses related to specific individual projects, but were mentioned again and again by a number of respondents for different projects. Collaboration with partners, good planning, and adequate resourcing were the most common issues that helped to implement an initiative successfully. An example is road trauma prevention, which has been well resourced and coordinated by the RTA. Other common answers included community involvement and input, promotion and marketing, and enthusiastic staff and people involved in the process.

Table 6 (see Appendix F) shows respondents views about what assisted projects to run well. Answers have not been grouped into themes, but left as individual answers grouped by organisation.

2.10 How can injury prevention organisations work better together?

Respondents were asked to suggest ways they thought Illawarra organisations involved in injury prevention could work together better. The responses to this question have been summarised according to whether they proposed a general area of need or a specific solution. Table 7 (see Appendix G) details all survey response to the questions, and lists them according to the organisation that the respondent belonged to.

Phone surveyed respondents expressed commitment and adequate resourcing of an area wide injury prevention plan as key areas that would assist organisations to be able to work better together. Comments indicated a need for policy makers to consider that falls prevention and road safety were not the only issues with an injury cost to the Illawarra.

General solutions included the following:

- Combined training
- Improved networking
- Improved data collection
- Improved communication links
- Inter-sectoral work opportunities
- Share resources
- Broader scope of injury prevention initiatives to reflect injury patterns

Specific solutions included the following:

- An annual forum to present injury prevention updates
- An injury prevention web page complete with contact details of active injury prevention coordinators and list of current initiatives. An evaluation site that presents honest assessments of why programs were successful or unsuccessful.
- An annual or quarterly newsletter (email or post)
- A regionally focussed common set of injury prevention guidelines and targets.
- A specialist injury prevention coordinator and staff to address regional injury issues (as determined by specific regional data).
- Development of a regional injury prevention 'team' mentality.
- Share grants information.
- Establish a broad range unintentional injury database. Use this to determine regional program targets and organisations to action the targets.
- Organisational commitment and resourcing of an injury prevention plan.

2.11 Awareness of the WHO Safe Communities Program

Of 46 respondents, 25 had heard of the WHO Safe Communities Program, 16 had not heard of the program and 5 did not answer the question. Of those that had heard of safe communities, 64% were able to give some type of explanation of their understanding.

Interestingly, a question in the survey asking if respondents would like more information about safe communities was aimed at those respondents who indicated that had not heard of the concept before. Of those that had heard of it, 36% indicated they would like to know more. Of the 16 respondents who did not know of the concept, all but one indicated they would like more information about it.

Responses recorded in Table 7 shows some of the responses in relation to awareness of the Safe Communities Program concept. A definition of the Safe Communities Program, and a number of the Safe Communities accredited objectives has been included for comparison.

Table 8: Understanding of WHO Safe Communities Program

What is your understanding of the WHO Safe Communities Program?
“Looks at a community approach to safety”
“Very diverse. It looks at the whole of community safety”.
“I have heard of the concept, but don’t have an understanding of its objectives”.
“Promoting safety in a community. Networking with other community groups to achieve this outcome”.
“Dissemination of safety information. Facilitating resource sharing”.
“Limited knowledge of the program. It has something to do with safety”.
“ A community based partnership initiative which has the whole of the community working towards safety”.
“Prevention of injury in all areas”.
“Promoting a culture of safety. Community ownership of safety”.
“Work in partnership with other groups to enhance safety”.

* Actual survey responses

Definition:

Safe Communities is a World Health Organisation initiative that ‘recognises safety as a universal concern and responsibility for all’. This approach to injury prevention makes the community safer by encouraging greater cooperation and collaboration between the business sector, government agencies and the community.

WHO accredited Safe Communities objectives usually include the following:-

- Raising community awareness of injury as a major public concern
- Developing community ownership and participation in injury prevention
- Working with existing groups who are responsible for injury prevention
- Using local injury data as a basis for planning appropriate interventions
- Being involved in a global network of Safe Communities

2.12 Awareness of other Injury prevention initiatives

This question identified respondent's awareness of injury prevention activities across the area. Many did not answer the question. Just over half of the respondents conducting current injury prevention activities who answered the question were not aware of other injury prevention initiatives happening in the area. Of the 13 respondents that were not currently conducting injury prevention activities, just over 75% did not answer the question, and only two were able to provide contact names for other injury prevention activities, and two did not know of other injury prevention initiatives.

2.13 Were initiatives conducted with other organisations or partners?

Surveys indicate that partners play a vital role in many aspects and although those aspects were not clearly defined (apart from funding), they may have included program initiation, implementation, coordination and evaluation. It appeared that the number of project partners did not necessarily indicate a well funded or well resourced program of the activities reported. Over two thirds of listed projects involved partners. Some projects had no external partners, but had internal partners that were important to the project. This is the case with some of the larger organisations like IH, and WCC.

Just under one third of initiatives did not have partners. Programs without partners usually had a staff training focus or were educational sessions for hospital out patients. Table 9 (see Appendix H) provides details of the injury prevention initiatives and the partners involved in them. It must be noted that some organisations may not have included all partners that were involved in the project. Partner organisations were recorded only if they appeared on survey responses. Programs operating with multiple partners were recorded only once. Some double reporting may, however, have occurred.

3. Survey scope and limitations

Read the report in light of the following:

- The survey presents a 'snapshot' of injury prevention initiatives during the period January 2000 to December 2001.

- The number of activities may be underestimated due to a number of factors:
 - The survey was not exhaustive as it targeted known stakeholders and partners. The 'inactive' status of some groups during the survey period may not be indicative of their injury prevention activity prior to January 2000.
 - Survey did not ask about program frequency and participation rates within programs.
 - Activity overview may have been affected by staffing vacancies, which may have resulted in a non-return of some surveys.
 - Although a response rate of 74% is good, it cannot be assumed that non respondents were not conducting injury prevention activities.

- The survey tool was modified during the audit (refer to section 1.2 Methodology)

- Majority of data collected was qualitative. Data quality was an issue due to the telephone method of data collection, deciphering handwriting and abbreviations, and the interpretation of some comments into categories by the researcher.

- The nature of the survey failed to highlight the value of organisations who resource task force activity. As a result, there is little recognition of the potentially powerful role that intersectoral groups and working parties play in the coordination of injury prevention programs.

4. Discussion

The IAG audit has identified a wide variety of activities across the Illawarra. The programs were conducted by a range of organisations targeting a broad number of activities and age groups. Regardless of the survey's limitations, the resultant report has been able to identify a number of gaps and opportunities requiring regional intersectoral strategic planning and action.

The survey has highlighted a need to take a population approach and target age categories and specialist groups that are demonstrating high incidence of injury. Considering our culturally and linguistically diverse population, the programs offered to these groups are limited. The large geographical area covered also emphasises the need to for a more integrated approach.

More local data is required on the cause and nature of injuries. Local data on key national injury targets (such as child injury) would be beneficial. Interventions could then be planned and implemented based on research evidence and recommendations.

Potential ways to address these gaps and opportunities have been identified through the suggested recommendations. The following section provides comment on these recommendations. The development of a plan incorporating the recommendations would assist in helping to move injury prevention forward in the Illawarra.

5. Recommendations

The following recommendations are based on the findings from the Illawarra injury audit report and referenced support materials. Specific recommendations identified through the audit can be grouped under three strategic headings.

Effectiveness in injury prevention initiatives

- **Establish an injury prevention network.**
- **Develop a regionally focussed common set of injury prevention guidelines and targets based on evidence**
- **Organisational commitment and resourcing of an injury prevention plan, using a safe communities approach**
- **The establishment of a broad range unintentional injury database**

It is recommended that a regional 'Injury Prevention Network/Group' be convened specifically to develop and assist in the implementation of a regional injury prevention plan. (It is essential that decision makers be present during the initial stages of the formation of this 'network' to ensure human resource and financial commitment). Network composition should be comprised of selected personnel representative of a number of key stakeholders. Illawarra Health should act as the lead agency in this process and work closely with other key organisations. It is envisaged that the network will develop a regional plan adopting a Safe Communities framework, and outlining local guidelines and targets.

Sufficient data is recognised as being important in measuring effectiveness. IH have developed the Illawarra Population Health Profiler, which does outline incidence of injury locally and assists with general overview of injury locally. However, there is a need to allocate resources to investigate how emergency department data collection can be modified to provide more specific 'injury cause' detail without negatively impacting current work practices*.

Additional questions need to be answered in relation to the frequency of injury prevention programs, program participation rates and individual program evaluations. Program success can often be difficult to evaluate because specific injury cause and frequency data is not currently available. However, ensuring process evaluations are conducted on all programs and the development of a regional injury prevention project template, to accurately record and track program details, outcomes and evaluations, would enhance the ability of the network to measure effectiveness.

There is a potential for joint initiatives with the University of Wollongong to share skills and resources in this area.

Strengthening Capacity for injury prevention

- **Sharing grants information**
- **An annual injury prevention forum**
- **Annual or bi annual injury prevention email newsletter**
- **A regional injury prevention web page**
- **The development of a regional injury prevention 'team' mentality**

Strengthening local capacity is necessary to increase effectiveness in injury prevention initiatives. A number of recommendations put forward fit well with the key action areas of partnerships, workforce development and resource allocation within the NSW Health capacity building framework.

Conducting a bi annual regional injury forum to facilitate information sharing, resource update, and professional development, as well as developing a one page, quarterly or six-monthly newsletter be produced containing brief 'one liner' descriptions of new initiatives and the appropriate contact organisations could assist in training and communication. Publication of the newsletter could possibly be the responsibility of the above-mentioned Injury Prevention Network with compilation and distribution responsibilities rotated amongst network members.

The development of a regional injury prevention website maintained by the members of an Injury Prevention Network/Group (funding for web site design and maintenance could be sought from NSW Health-Safe Communities Grants and from key stakeholders). The website to be a public site and include information of past and present injury prevention initiatives, brief program evaluations, specific regional injury data, injury prevention links, the contact details of injury prevention activity coordinators and an exhaustive list of potential funding avenues.

Many of these strategies would enhance networking opportunities greatly, and contribute to developing a 'team' mentality locally.

Enhanced coordinated approach

- **Take a population health approach to injury prevention addressing the areas demonstrating high incidence of locally.**
- **A specialist injury prevention coordinator and staff to address a *range* of injury issues**

There is a view for IH reviewing the priority groups for preventative programs and shifting resources to those sharing the highest incidence of injury or injury related deaths.

Survey responses highlighted a need to establish clear roles and responsibilities in injury prevention and a greater need to build partnerships between Health, key stakeholders and community organisations. IH have recently established an injury prevention coordinator position, who would have the role in assisting to develop this enhanced coordinated approach. The Who Safe Communities framework offers a good working model for the existence of a cross sectoral group responsible for injury prevention. This approach demonstrates shared commitment, shared resources, and ultimately shared injury prevention benefits.

A long term goal would be to establish a regionally based, broad range non intentional injury prevention unit addressing such things as falls prevention (child, youth, elderly); sports injury (all ages); home and handyman injury prevention; the prevention of poisoning and burns; advocacy and community participation.

* A general 'injury' overview is not specific enough to plan regional prevention plans (see Appendix C: External Injury Causes of Hospitalisation among residents of the Illawarra Health Area 1997/8-1998/99 – 'other injuries'¹. (The Illawarra Population Health Profiler').

6. References

1. IAHS 2001. *The Illawarra Population Health Profiler*. Division Population, Health and Planning,.
2. National Injury Prevention Advisory Council, April 1999. *Directions in Injury Prevention. Report 1: Research needs*. Commonwealth Department of Health and Aged Care
3. IAHS *Six Year Health Plan – 200/01 to 2005/06*
4. W. Watson, J.Ozane-Smith 1997. *The Cost of Injury to Victoria Report No 124*.
5. Commonwealth Department of Health and Aged Care 2001. *National Injury Prevention Plan – Priorities for 2001 and the Implementation Plan*.
6. NSW Health 2001. *A Framework for Building Capacity to Improve Health*. NSW Health Dept.

Appendix A

The survey tool Interview Questions

Date:

Organisation:

Phone:

Fax:

E-mail:

Name of Person Interviewed:

1. What injury prevention initiatives are you currently undertaking?
e.g. Road safety, child injury, falls injury prevention?
2. What is the name of the project/activity?
e.g. Illawarra Road Safety Park Senior Neighbour Aid Project?
3. Were any of these activities with other organisations or partners?
Please explain.
4. What group/s are your activities targeted at?

Age Group

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> < 1yrs | <input type="checkbox"/> 35 –44yrs |
| <input type="checkbox"/> 1-4yrs | <input type="checkbox"/> 45-54yrs |
| <input type="checkbox"/> 5-9yrs | <input type="checkbox"/> 55-64yrs |
| <input type="checkbox"/> 10-14yrs | <input type="checkbox"/> 65-74yrs |
| <input type="checkbox"/> 15-24yrs | <input type="checkbox"/> 75-84yrs |
| <input type="checkbox"/> 25-34yrs | <input type="checkbox"/> > 85yrs |

Sex

- Male Female

Specific Communities:

- ATSIC Pensioners
 CALD/NESB
 Other:

Geographical areas covered by project: _____

5. What are the main aims of the project?
6. What sorts of activities have you carried out to meet these aims?
7. Is the community involved in your project?
e.g. Steering committee, volunteers.

- Yes No

How?

- Steering committee Volunteers
 Focus group consultations Planning Session
 Participation in activities
 Other: _____

8. What were the things that assisted your project to run well?
e.g. Co-operation with others, good resources, volunteers involvement?
9. What were some of the difficulties you faced e.g. Data, funds?
10. In what ways do you think Illawarra organisations involved in injury prevention could work together better?

Such as:

- Regular newsletter
 Network meetings
 Local shared data and information
 Combined training
 Combined research
 Forum for project presentations/updates
 Others:
-

11. Have you heard about the World Health Organisation Safe Communities program?
 Yes No

If yes, what is your understanding of the program?

12. If not would you be interested in some information on Safe Communities?
 Yes No

This is an Optional Question

13. Could you tell us how your project was funded?
14. Do you know about other injury projects in the local area that we should contact?

THANK YOU FOR TAKING TIME TO ANSWER THESE QUESTIONS

Appendix B

Survey respondent contact details (activity status)

Aboriginal Health Services (N)
Illawarra Health
Unanderra Delivery centre
Locked Bag 9
Unanderra 2526
Ph: 4275 4600

Allied Health Manager (N)
Port Kembla Hospital
Cowper Street
Warrawong 2502
Ph: 4223 8213

Bulli Community Health Centre (A)
322 Princes Highway
Bulli 2516
Ph: 4284 0355

Dapto Community Health Centre (A)
PO Box 279
Dapto 2530
Ph: 4261 4033

Dept. Sport & Recreation (A)
PO Box 307
Wollongong 2500
Ph: 4228 5355

Dept. Veteran Affairs (N)
Po Box 755
Wollongong 2500
Ph: 4226 0192

Division Population Health & Planning (A)
Illawarra Health
Unanderra Mail Centre
Locked Bag 9
Unanderra 2526
Ph: 4275 4600

Healthy Cities Illawarra Inc. (A)
63 Auburn Street
Wollongong 2500
Ph: 4226 5000

Illawarra Brain Injury Service (A)
PO Box 21
Warrawong 2502
Ph: 42764717

Illawarra Diversion Service (N)
5/5 Rawson Street
Wollongong 2500
Ph: 4228 8033

Illawarra Ethnic Communities Council (N)
Po Box 238
Wollongong 2500
Ph: 4276 4364

Illawarra Road Safety Park (A)
Lake Illawarra PCYC
Reddall Parade
Lake Illawarra 2528
Ph: 4296 4448

Illawarra Safe Communities Program (A)
Healthy Cities Illawarra Inc.
63 Auburn Street
Wollongong 2500
Ph: 4226 5000

Kiama Community Health Centre (A)
Bonaira Street
Kiama 2533
Ph: 4233 1033

Kiama Hospital Inpatient Unit (A)
Bonaira Street
Kiama 2533
Ph: 4233 1033

Kiama Safe Communities (A)
Kiama Council
Po Box 75
Kiama 2533
Ph: 4232 04444

Multicultural Health (A)
Illawarra Health
32-34 Lake Avenue
Cringila 2501
Ph: 4274 6233

Occupational Rehabilitation Service (N)
Port Kembla Hospital
Cowper Street
Port Kembla
Ph: 4223 8000

Physiotherapy – Acute Care (N)
Wollongong Hospital
Crown Street
Wollongong 2500
Ph: 4222 5343

Physiotherapy (N)
Port Kembla Hospital
Cowper Street
Warrawong 2502
Ph: 4223 8000

Physiotherapy Dept. (A)
Shoalhaven District Memorial Hospital
Shoalhaven Street
Shoalhaven 2541
Ph: 4423 9720

Risk Management Unit (N)
Wollongong Hospital
Crown Street
Wollongong 2500
Ph: 4226 2213

Royal Lifesaving Society of Australia (A)
Suite 6A, Unanderra Court
Unanderra 2526
Ph: 4272 6131

Children's Services (A)
Shellharbour City Council
Po Box 155
Shellharbour 2529
Ph: 4221 6111

Shoalhaven City Council (A)
PO Box 42
Nowra 2541
Ph: 4429 3111

Shoalhaven Community Health Centre (A)
5-7 Lawrence Ave
Nowra 2451
Ph: 4422 8111
Shoalhaven District Memorial Hospital
Po Box 246
Nowra 2541

Shoalhaven Aboriginal Injury Prevention Project
South Coast Aboriginal Medical Service (A)
Po Box 5408
Nowra 2541
Ph: 4421 5099

Warilla Community Health Centre (N)
Illawarra Health
1-14 Belfast Avenue
Warilla 2528

Ph: 4296 4200

Warrawong Community Health Centre (A)
14 Churchill Avenue
Warrawong 2502
Ph: 4274 0281

West Wollongong Rotary Club (A)
Baby Capsule Hire Service
Port Kembla Hospital
Fairfax Road
Warrawong 2502

Wollongong Ambulance Service (N)
Illawarra & South Eastern Division Head Office
Office 18, Clifford Street
Wollongong 2500
Ph: 4227 0210

Wollongong City Council (N)
Community & Cultural Services
Locked Bag 8821
South Coast Mail Centre
Ph: 4227 7246

Wollongong City Council (N)
Safe Community Action Team (SCAT)
Locked Bag 8821
South Coast Mail Centre
Ph: 4227 7298

Wollongong Community Health Centre (N)
Illawarra Health
Unit 28-29 Piccadilly Centre
341-349 Crown Street
Wollongong 2500
Ph: 4229 2755

Wollongong Hospital (A)
Crown Street
Wollongong 2500
Ph: 4222 5343

Workcover (A)
106 Market Street
Wollongong 2500
Ph: 4222 731

<p>RTA</p> <ul style="list-style-type: none"> • Illawarra Road Safety Park • Road Safety Officers (see councils) 	<p>Bicycle safety</p> <p>Road safety (Multiple programs at multiple sites)</p>	<p>Illawarra Road Safety Park</p> <p>Kiama LGA, Shoalhaven LGA Shellharbour LGA, Wollongong LGA</p>
<p>Healthy Cities Illawarra Inc</p>	<p>Child injury prevention</p> <p>Sports Injury research</p> <p>Drowning prevention</p> <p>Illawarra Safe Communities Program</p>	<p>HCI</p> <p>HCI</p> <p>HCI</p> <p>HCI</p>
<p>Councils</p> <ul style="list-style-type: none"> • Kiama Council • Wollongong City Council • Shellharbour City Council • Shoalhaven City Council 	<p>Home safety Farm Safety Falls injury prevention Water Safety</p> <p>Child injury prevention (grandparents as carers)</p> <p>Home safety</p> <p>Construction safety Risk assessment Injury information Injury information Resuscitation debrief</p> <p>Water Safety</p> <p>Road Safety (multiple programs)</p> <p>Child Injury Prevention</p> <p>Road safety</p> <p>Road safety (18)</p>	<p>KSCP KSCP Kiama Council Kiama Council</p> <p>Children's Services Division</p> <p>Children's Services Division</p> <p>Human Resources Division</p> <p>Recreation and Natural Resources Division</p> <p>RSO Department of Subdivision and Traffic</p> <p>Community Services Children's Services Division</p> <p>Technical Services Division</p> <p>City Services</p>
<p>Self funded</p>	<p>Water safety (Swim for Health Multicultural Health Project)</p>	<p>WCC/IH (HPU & MCH)</p>

Appendix D

Table 3: Age groups and the regions serviced of Illawarra injury prevention initiatives

Age Target	Program	Centre of Coordination	Region serviced
<1 year	Car safety	Wollongong Hospital – Rotary Group	Illawarra
< 5 years	Home safety	Bulli CHC	Helensburgh to Wollongong
	Drowning Prevention	HCI	Illawarra
< 15 years	Water safety/child safety	Kiama CHC	Kiama LGA
	Bike safety/ road safety	Illawarra Bike Park	H'burgh -Goulburn- Culburra
	General child injury	Shellharbour Council HCI (ISCP)	Shellharbour and Kiama LGAs Illawarra
	Brain Injury prevention	Illawarra Brain Injury Service	Northern Illawarra
	Water Safety	Wollongong Council	Wollongong LGA
15 years+	Worker safety	WorkCover	Illawarra and Shoalhaven
	Child sports injury	Department of Sport & Recreation	Coffs Harbour to Bateman's Bay
	Work site injury	Wollongong Council	Wollongong CBD
55 years+	Falls Prevention	Bulli CHC	Helensburgh to Wollongong
		Kiama CHC	Kiama LGA
		Warrawong CHC	Windang
		Shoalhaven Hospital	Shoalhaven region
		IH Physiotherapy Dept.	Kiama Hospital
		Kiama Hospital Inpatient Unit	West Dapto and Dapto
		Dapto CHC	IH region
		Coledale Hospital	IH region
		Port Kembla Hospital	
	Senior Neighbour Aid Program	Warrawong CHC (NESB)	Helensburgh to Gerroa
Home child care safety – grandparents education	Wollongong City Council	Wollongong LGA	

Age	Program	Cente of Coordination	Region serviced
55 years+	Hydrotherapy Injury Prevention	Shoalhaven Aboriginal Medical Service (SCAMC)	Shoalhaven region
	Self Defence	Warrawong Multicultural Health (NESB)	Illawarra
All age groups	Farm Safety	Kiama CHC	Kiama LGA
	General Family Safety (Aboriginal)	SCAMC	Shoalhaven region
	Aboriginal sports injury prevention	SCAMC	Shoalhaven region
	Aboriginal first aid courses	SCAMC	Shoalhaven region
	Aboriginal road injury prevention	SCAMC	Shoalhaven region
	Reduction of road trauma	RTA – Wollongong, Kiama, Shellharbour and Shoalhaven Councils	Wollongong, Shellharbour, Kiama, and Shoalhaven LGAs.
	Manual handling	Wollongong Hospital (staff only)	Wollongong Hospital
	Drowning Prevention	RSSA – Wollongong office	Illawarra
	Home Safety	KSCP	Kiama LGA
	Women's Self Defence	Multicultural Health – Warrawong	Illawarra
	Water Safety	Multicultural Health – Warrawong	Illawarra
	Marine Safety	Multicultural Health – Warrawong	Illawarra
	Falls Prevention	Shoalhaven Hospital	Shoalhaven region
	Sports Injury (research ony)	HCI	Illawarra
	General Community safety & injury prevention	Illawarra Zero Harm Initiative - HCI ISCP - HCI	Illawarra

Appendix E

Table 5: Challenges faced by workers in conducted injury prevention initiatives.

Challenge	Survey Responses
Funding	Lack of finances in running costs Lack of finances to develop resources Incentives for groups to get people interested in safety (clients and staff) Low funding levels Accessing money allocated to the project Funding reliant on community good will and in kind contributions Lack of resources to train volunteers The amount of external funding available No funding from IH Lack of ongoing project funding after initial funding expended In kind contributions are rarely match with dollar contributions Poor project funding Lack of funding Extra funding to purchase equipment for trials
Resources	Lack of resources Lack of specific resources Lack of resources to expand the program to other groups Lack of updated videos Difficulty in accessing volunteers Hard to simulate hazards in a classroom Continuity of the project officer position High turnover of staff in clinical areas Staff enthusiastic, but competing with clinical pressures impose on people getting to a group on a regular basis.
Communication	Reaching groups who are at higher risk of injury Getting the message across to staff that injuries are preventable* Communication difficulties with large program networks Diplomatic presentation of sensitive material <i>Difficulty in defining the scope of the program to satisfy Advisory Group expectations</i> Group expectations
Commitment / Support	Education Department reluctant to support project Council concern over litigation has sidelined many initiatives Compliance rates from some organisations Lack of IH support No training or funding to support volunteers to continue a project Lack of initiative shown by some members of a working party Keeping numbers up – small core group
Planning	Time line blow out of project Program direction from State body, not regional
Data	IH data inaccessible No local data available
Attitudes	Attitudinal change (staff) * Too much time spent on talking and not enough on implementation of programs
Evaluation	Measuring the success of a campaign
Venue	Lack of suitable venues
Other	Inclement weather conditions Poor health of committee members and partners has resulted in the loss of key members

* indicates that the program was run within a work environment with staff only – not a community program

Other groups	
Royal Lifesaving Society of Australia	<ul style="list-style-type: none">▪ Partnerships▪ Local media support▪ Well structured
Illawarra Bike Safety Park	<ul style="list-style-type: none">▪ Group workshops▪ New marketing opportunities▪ Professional presentations
Healthy Cities Illawarra	<ul style="list-style-type: none">▪ External funding▪ Partnerships▪ Simply structured programs▪ Program incentive packages▪ Co-operative approach by local government and other NGO's▪ Media support▪ Committee dedication▪ Strong leadership by HCI and BHP

Appendix G

Table 7: Ways organisations in Illawarra can work together better in injury prevention.

Organisation	Survey Responses
<p>Illawarra Health</p> <p>(Including Community Health Centres, Hospitals)</p>	<ul style="list-style-type: none"> - Better co-ordination - Local shared data and information - Combined training – good guest speakers - Regular contact – updates for specific areas - Ownership – good to have a leader who will take on specific issues. - Need to identify key players. - Groups that are focussed on local issues - Expert Advisory Group is often 'hijacked' by particular peoples agendas. - Forum for presentations and updates - Web page on injury - Regular regional newsletters - Regular brief descriptions about what is happening in the Illawarra. - There are problems of project competition between agencies. An unwillingness to share ideas and resources because each group is wary of being compared with another groups that may be further 'down the track'. A great need to develop a team mentality. - A web page that indicates what has been tried before, what has worked and what hasn't. A list of current initiatives. - Share injury prevention experiences - Network meetings - Combined research - Forum for project presentation - Inter-agency meetings - One common set of guidelines or standards for injury prevention targets. - Current list of all injury prevention professionals and their contact details. - Annual regional injury issues newsletter. - A key issue is the lack of staff to ensure program continuity and longevity. - When the primary job is nursing, there is not time left over to conduct injury prevention - Need more staff and an increased budget to ensure that any injury prevention occurs. - Need a specialist injury prevention coordinator and sufficient staff to make sure that prevention happens and is not just discussed. - Newsletters, websites, forums are all 'well and good' providing that there are staff released to attend and action the resultant recommendations.
<p>Other government organisations</p> <p>(Including local councils, RTA and Dept. Sport and Recreation, WorkCover, Multicultural Health, Illawarra Bike Park)</p>	<ul style="list-style-type: none"> - Increase general awareness of the Child Injury Prevention Task Force, its role /activities. - Regular brief descriptions of what is happening in the Illawarra - Access networks that already work - Combined training - Establish a web site where injury initiatives can be posted as 'one liner' descriptions. Professionals can list programs with contact numbers. - There is a tendency to have too many meetings with little time left to 'get on with the job' - Need a good injury database, one that is readily available to all sectors. - Email newsletter - Common communication tool. - Identify common issues and work together to build links. - Leave past politics in the past! - Network during project planning and delivery. - Improve data collection - virtually non-existent in the Illawarra. - More communication. There are barriers in thought processes in councils and IH. - Need to work more inter-sectorally. - The IAHS is perceived as constantly planning but rarely implementing. - Make sure that events do not clash on injury prevention calendars (more co-ordination between groups). - More opportunity for inter-sectoral work. - Share grants information and resources. - Look for opportunities to work with partners and not in isolation.

Appendix H

Table 9: Project partners involved in Illawarra injury prevention initiatives

Organisation	Department	Name of Initiative & injury area	Project Partners
Dept. Sport & Recreation		Breaking Down the Barriers <i>Child Injury prevention - sporting equipment</i>	Funding from QANTAS & NSW Sports Injury Insurance Scheme.
Illawarra Health	Bulli CHC	Older & Bolder <i>Falls Injury prevention</i>	Woonona Bulli RSL Club, activity providers (includes clubs, sporting organisation, community members)
		Safety in and around the Home <i>Child home safety</i>	IH – early Childhood nurses Kidsafe
	Dapto CHC	Recycled Teenagers Exercise Group <i>Falls prevention</i>	IH – Community nurses
	Illawarra Brain Injury Service	<i>Helmet Brain Injury</i>	RTA,PCYC, Local Council
		Don't but half a present <i>Bike Safety / brain injury</i>	RTA, Kiama Council
	Kiama CHC	KSCP Farm Safety Taskforce <i>Farm safety</i>	KSC, local farmers, viticulturalists, NSW Fire Brigade, Country Women's Assoc., Workcover
Child Injury Prevention Taskforce <i>Water safety</i>		Mother members of CIP taskforce	
Falls Injury Prevention Taskforce <i>Falls prevention</i>		KSCP, Kiama Council, community members	
Kiama Hospital	Falls Injury Prevention Falls in the elderly	IH – Occ. Therapists, physios, ACAT	

Organisation	Department	Name of Initiative & injury area	Project Partners
Illawarra Health (cont'd)	Multicultural Health	<i>Marine Care</i> <i>Water Safety</i>	HCI, CoastCare, NSW Fisheries
		Swim for Health <i>Water Safety</i>	WCC – Beaton Park
		Self defence for Women	Italian Social Welfare Assoc., private instructor
	Shoalhaven CHC	Aboriginal Elder Hydrotherapy Group <i>Falls prevention</i>	Rose Mumbler Nursing Home, Whulan
		Teddy Bears Picnic Day <i>Family Safety awareness</i>	Police, Culburra Rural Fire Brigade, local Council, Shoalhaven AMS, City Coast Credit Union, McDonalds, Dairy Farmers Pty. Ltd., National Parks and Wildlife
		Aboriginal Sports Injury and Education Sessions <i>Sports Injury prevention</i>	University of Wollongong, WorkFit, Shoalhaven Hospital, Rebel Sports
RTA Presentations <i>Road safety</i>		RTA	
Shoalhaven Hospital	Emergency Checklists <i>Home safety</i>	NSW Ambulance Service	
	Aboriginal First Aid Course	Dept Housing	
Warrawong CHC	Windang Seniors Gentle Exercise Group <i>Falls prevention</i>	IH – Community nurses	
		IH staff, Lions Clubs, NSW Fire Brigade	
	Senior Neighbour Aid Project (SNAP) <i>Older person injury prevention</i>		
Wollongong Hospital	Manual Handling <i>Manual Handling & lifting</i>		
Illawarra Road Safety Park		Illawarra Road Safety Park <i>Road & bike safety</i>	RTA, PCYC, local Councils
Healthy Cities Illawarra	ISCP	Illawarra Sports Injury Survey <i>Recreational sports injury research</i>	IH, GP's Australian College of General Practitioners, Australian Physiotherapy Association
		Illawarra Zero Harm Initiative <i>General injury prevention</i>	BHP, Workcover, Illawarra Group Training, Prime TV, Mykus-Symes Consulting
		Water Safety / Drowning Prevention Campaign, Stage <u>2</u> <i>Child injury prevention</i>	CIP taskforce members, IH, RLSSA, Migrant Health, DS&R, RTA, Wollongong / Shellharbour / Kiama Councils
		Children's Injury Prevention Taskforce <i>Child Injury prevention</i>	IH – DPHP, IBIS, MCH NSW Health Safe Comm. RTA

Organisation	Department	Name of Initiative & injury area	Project Partners
Kiama Council	KSCP	Home Safety Taskforce <i>Home safety – fire & water</i>	Shellharbour Council, IH, Lifeguards, Girl Guides
		Falls Injury Prevention Taskforce <i>Falls prevention - older people</i>	Seniors organisations, IH, Council Depts.
		Farm Safety Taskforce <i>Farm safety</i>	Local farmers, viticulturalists, NSW Fire Brigade, Country Women's Assoc., Workcover, IH
Royal Life Saving Society of Australia		Keep Watch Campaign <i>Drowning prevention for parents and children 0 – 5yrs</i>	IH, DS&R, HCI, Dept. Ed., DETYA, local Councils
RTA		Road safety Officer positions attached to local Council Road safety	Local Councils
Shellharbour City Council	Children's Services	Children's Injury Prevention Taskforce <i>Child Injury prevention</i>	Other CIP taskforce members
		Home Safety Sub Committee	HCI, IH, RTA
Shoalhaven City Council		Various road safety projects (coordinated by road safety officer)	IH, RTA, local groups
South Coast Work Cover		Resafe <i>Small residential building safety</i>	
		Electrical Code of Practice	
		Hire Rental project <i>Workplace hire rentals</i>	
		CBD Safety Blitz <i>Security & manual handling</i>	
West Wollongong Rotary Club		General Building Safety	IH, RTA
		Baby Capsule Rental Service <i>Child safety</i>	
Wollongong City Council	Children's Services	Grandparents Group <i>Grandparents as carers</i>	IH, WCC – other Depts., Community
	Road Safety Officer	Road Safety Programs	Local groups, IH, RTA
	Human Resources	Site Management Safety Plans Risk Management Training Hot Debrief Sessions <i>Debrief for lifesaving after performing resuscitation in rescue</i>	
	Other Dept.	Surf Sense (number of programs) <i>Skin Cancer / water safety</i>	NSW Cancer Council, safe waters – Sate Govt., Mission Australia

Appendix I

External (injury) Causes of Hospitalisation among residents of the Illawarra Health Area, 1997/98 – 1998/99

Cause	Number
Falls	1951
Road injury	875
Self harm/suicide	383
Interpersonal violence	461
Sports injury	277
Machinery- in -operation	279
Motor vehicle – no traffic	233
Unintentional poisoning – drugs, medicine, biologicals	131
Fire, burns, scalds	46
Drowning, submersion	19
Fire arms	6
Other injuries	3047
TOTAL	7814

* Part reproduction of the original table - Illawarra Population Health Profiler