



AUSTRALIAN INSTITUTE OF  
HEALTH & WELFARE

# INJURY ISSUES MONITOR

NATIONAL INJURY SURVEILLANCE UNIT

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## Australian Spinal Injuries Register

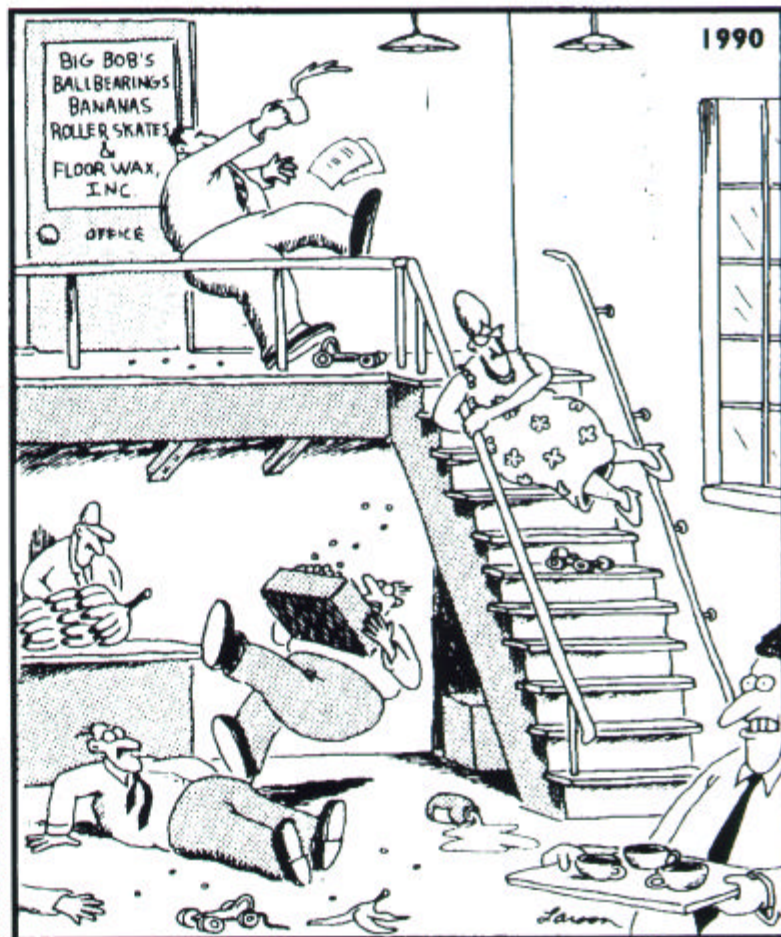
**M**onitor 4 reported that NISU had funded a project to assess needs and opportunities in relation to the routine surveillance of spinal cord injury. This project has now been completed and, in line with its findings, a national registration system for spinal cord injuries has been initiated to provide the information necessary for developing appropriate interventions.

The registration system is being developed by NISU in cooperation with the six spinal units that provide the acute care for nearly all people who sustain injuries to their spinal cords. Specifically, the registration system will incorporate information on causation, the characteristics of the SCI population, patient case management, and environmental and social factors.

Design of the Register has emphasised simplicity and flexibility, with its development occurring in stages as resources become available. Initially, an incidence register and reporting system has been set up to monitor new cases of SCI.

To promote linkage with other databases, the spinal units are providing NISU with a dataset that conforms to standard data definitions and coding of the National Health Data Dictionary (NHDD), Australian Bureau of Statistics (ABS), and NISU's "National Injury Surveillance Standards". Data reported are hospital and patient identifiers, sociodemographic items, service and administrative items, and basic clinical and public health information. Periodic reports to individual spinal units are produced as well as an annual national report.

Further information about the new Register is available from Ray Cripps at NISU, Tel: (08) 374 0970; Fax: (08) 201 7602; ray.cripps@flinders.edu.au



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### The Hidden Cost of Road Crashes

**T**he extent of minor injuries in road crashes is underestimated in Australia by a factor of as much as 50%, according to a report jointly prepared by NISU and the Federal Office of Road Safety. The report, *Incidence of hospital emergency department attendances for road injury*, presents the results of a survey designed to gather accurate data to determine the true extent of injury on Australian roads. The data collected indicate that in 1990-91 there were nearly 120,000 hospital attendances for road injury. This figure is nearly 50% higher than estimates based on crash reports to police.

The survey was made possible by the support and assistance of 67 hospitals around Australia. Continuing support from these institutions will enable annual updating of estimates of the extent and economic cost of road injury, and will result in more timely and accurate data to support prevention activities.

For further information, contact Peter O'Connor at NISU, Tel: (08) 374 0970; Fax: (08) 201 7602; peter.oconnor@flinders.edu.au

# New injury surveillance data standards

In December 1994, NISU met with a group of key injury surveillance practitioners and others interested in the National Minimum Data Set for Injury Surveillance (NMDS-IS). The meeting was part of the annual cycle of review and development of NISU's injury surveillance data standard.

The principal outcome of the meeting was a decision to extend the existing "Minimum Dataset" into a three level set of *Data Standards for Injury Surveillance* (this will be the title of the next edition of the data standards publication). The first level data standard is the same as the existing National Minimum Data Set for Injury Surveillance (NMDS-IS), with minor corrections and changes. The second level builds on the first, adding extended classifications to some data items, and several additional items. The third level, only foreshadowed at this stage, will comprise detailed and specialised data items and classifications for use as needed (eg for in-depth studies of particular types of injury).

The Level One data standard is designed to enable basic routine public health surveillance of injury levels and

patterns. Level Two is designed to provide the more detailed information necessary for identifying hazards, planning of strategies for their control, and recognising new or unusual injury events. Information at the second level of detail is only needed on a sample of injury cases. Collection according to the Level Two standard will normally require designated funds and staff, while the simpler Level One data may be collected as part of a routine data system.

The draft data items and classifications making up the Level One and Level Two data standards for injury surveillance are summarised in the table below.

Numbers in brackets [ ] indicate the likely number of categories in each classification (some are not yet finalised). In addition, collection of the following general items is recommended:

Establishment Identifier, Patient Identifier, Sex, Date of Birth, Area of Usual Residence, Departure Destination, Country of Birth, Aboriginality, Employment Status, Preferred Language, Arrival Date, and Arrival Time.

For further information, contact Ray Cripps or James Harrison, Tel: (08) 374 0970; [nisu@flinders.edu.au](mailto:nisu@flinders.edu.au)

## LAST CHANCE!

The process of updating the *Directory of Australian Injury Control Personnel* is underway. If your name appears in the 1993 version, you'll automatically receive a letter asking about your entry in the revised edition scheduled for publication in June.

If your name hasn't been amongst those listed, don't worry... you still have an opportunity to be included in this widely used resource. **BUT YOU'LL NEED TO BE VERY QUICK!**

For further information, contact Renate Kreisfeld at NISU, Tel: (08) 374 0970; Fax: (08) 201 7602.

National Data Standards for Injury Surveillance (draft)		
Item	Level 1	Level 2
1. Narrative description of injury event	Text field	Structured text field
2. Main "External Cause" (maps to ICD 9 & 10)	Main "External Cause" [29]	As for Level 1 OR full external cause codes (ICD9CM or ICD10)
	Intent [11]	
3. Type of place (maps to ICD 9 & 10)	Type of place [13]	Sub-type of Place [56] and Part of Place [42]
4. Type of activity (maps to ICD 10)	Type of activity [9]	Type of Activity, 2nd level [70]
5. Trauma (maps to ICD 9 & 10)	Nature of injury [30]	As for Level 1 OR full ICD injury/poisoning codes (ICD9CM or ICD10)
	Body region [22]	
6. Major factors	not required	Major factors [100]
7. Major breakdown events	not required	Major breakdown events [10]
8. Major mechanisms of injury	not required	Major mechanisms of injury [10]
9. Use of protective devices	not required	Flag fields [about 10]
10. Occupation (if work-related injury)	ASCO 2-digit	ASCO 4-digit
11. Industry (if work-related injury)	not required	ANZSIC or ASIC (level to be determined)
12. Date of injury	not required	DD/MM/YY
13. Time of injury	not required	HH:MM

# "Working as a Nation to Prevent Injury"



**Clockwise from top left:** Brynley Hull (Worksafe Australia) with Carmen Lawrence (Federal Health Minister) and John Mandryk (Worksafe Australia); a spot of "mingling"; Duncan Kerr (Justice Minister) presenting the Australian Violence Prevention Awards; Robert Birks (Monash University Centre for Rural Health), Henk Harberts (LaTrobe Valley Better Health Project) and Peter Vulcan (MUARC); Fiona Howarth (Dept of Human Services & Health), Terry Nolan (University of Melbourne) and Ric Charlton (Shell Australia); David Lyle (NSW Health) and Ian Scott (Kidsafe); Jeanette McHugh (Minister for Consumer Affairs) with Wim Rogmans (Consumer Safety Institute, the Netherlands); Lyn Hansen (Federal Bureau of Consumer Affairs) with Erin Cassell, Rebecca Hilton and Mary Sexton (Department of Human Services & Health); **Centre:** Poster display

Australia's first-ever National Conference on Injury Prevention & Control drew the crowds to Sydney in February! The turnout for the event was extremely encouraging and bodes well for the success of the Third International Conference on Injury Prevention & Control in February 1996.

The idea of a national conference was first canvassed, and met with considerable support, at a meeting of the Australian Host Committee for the Third International Conference in November 1992. From there, it was taken up by the Department of Human Services & Health which went on to sponsor this event. NISU, along with some other key injury agencies in Australia, assisted in planning the meeting.

The participation of three federal ministers did much to raise the public profile of the conference: The Federal Minister for Human Services and Health, Carmen Lawrence, officially opened the conference, with a substantial contingent of media representatives in attendance. In her opening speech, she announced the establishment of a national taskforce to develop a National Sports Safety Strategy for Australia. The Minister for Consumer Affairs, Jeanette McHugh, used the opportunity offered by her presentation to detail the changing international scene in consumer product safety and to declare her support for the establishment of an Australian Consumer Safety Institute and a move towards standards that cover similar issues across product ranges. The Federal

Justice Minister, Duncan Kerr, presented the 1994 Australian Violence Prevention Awards, an initiative that attracted television coverage. Jointly sharing first prize were the NSW Police Department and the Gay and Lesbian Lobby, both of which had undertaken programs aimed at preventing violence against gay and lesbian people. A special prize was also given to the NSW Department of School Education for its Statewide initiative of educational programs to counter violence.

Another factor that undoubtedly stimulated public interest was the involvement of some prominent overseas injury workers. Wim Rogmans, Director of the Consumer Safety Institute in the Netherlands, was able to lend a European

perspective to the development of an appropriate consumer safety approach for the Australian context. Mark Rosenberg, who heads the National Center for Injury Prevention & Control at the US Centers for Disease Control, clearly illustrated the contribution that public health can make to the prevention of violence.

In all, the conference generated a high level of media interest, both in the meeting itself and in a range of injury issues. The resultant media coverage was extensive taking in radio, TV and newspapers nationwide.

An important focus of the meeting was the strengthening of links between sectors to enable greater collaboration. Many previously unfamiliar faces were in evidence, and sectors such as sports, violence prevention and Aboriginal health were well represented. More minimal attendance by representatives from a few sectors such as transport underline the continuing challenge of generating interest in broad intersectoral collaboration.

A NISU information booth kept its staff occupied responding to the inquiries of a steady stream of interested customers. Having the stall enabled us to

meet many people in person, rather than via the usual phone call, and was the source of much valuable feedback about client needs.

Interactive sessions were the mainstay of the Conference. On the basis of comments overheard at the meeting, opinions about the usefulness of individual sessions varied considerably. To provide a picture of some of the sessions, and of the conference in general, the following NISU staff offer their personal impressions:

### **James Harrison:**

An event like the First National Conference on Injury Prevention and Control serves both practical and symbolic purposes. At a practical level, I have the impression that most participants found something to interest them, and to encourage them in their work. Of course, a conference with such a broad scope cannot take the place of focused, topic specific meetings, but the very breadth offered benefits that are not often available. Chief among these, for me, were the fortuitous connections and ideas that came from being thrown together with people whom I would not have met otherwise.

The Conference had a 'full house'; many of the Australians prominent in injury control participated; three Federal Ministers made time to attend; and the media gave it good coverage. Taken together, these made the conference a strong symbol of the progress that has been made in developing the expertise and the commitment that are necessary foundations for injury control in Australia.

### **Jerry Moller:**

After ten years of agenda setting, 'Injury' finally managed to gain the status of having generated sufficient interest to warrant a national conference. Perhaps the most striking feature of the conference was that a considerable proportion of those who attended wanted to do something about injury reduction despite short resources.

The elective sessions I attended had a practical bent. There was less emphasis on how to get the science right and more on how to make a difference. The importance of injury resulting from burns and scalds, consumer product design problems and falls in children and the elderly was clearly accepted. The focus was on how to make a difference, especially in environments where individual choice significantly influences the risk. The possible solutions ranged from policy initiatives such as the development of product standards which cover problems common across a wide range of products (horizontal standards), to specific strategies for reducing the temperature of water delivered in the bathrooms of homes, to strategies aimed at putting safety on the agenda of individuals.

The problematical issues of the last ten years were still present: Lack of relevant data and applied research, lack of training and experience in injury prevention and lack of resources to implement and evaluate initiatives. I came away with the sense that there are now enough people interested in injury prevention that it will be increasingly difficult to avoid resourcing the good ideas.

### **Pam Albany:**

Any 'first' at 'anything' is always a learning curve. The first Australian injury conference was no exception. There were flashes of brilliance mixed with some fairly ordinary performances. Some of the sessions (like the session on burns) represented the cutting edge of issues, others (like the violence session) reflected just how far the public health (and other) communities have still to progress.

One important outcome of the conference was that it brought together public health and the violence prevention network existing mainly within local government and justice sectors. This was symbolised through the presentation of the National Violence Prevention Awards by the Minister for Justice, and embodied in the session that dealt with changing violence patterns in the local community.

In many important respects, this conference was like all conferences: a place to meet others who share your vision; to form alliances; to exchange information and promises of future information sharing; to meet people whose work you have read about; and to rekindle old relationships. Unfortunately, this aspect of conference participation is often not accorded sufficient importance, for it sows the seeds for the important work of the future.

The experience of holding a successful national meeting has further enhanced the skill base and confidence required for holding an international conference.

I look forward to seeing all the same faces in Melbourne next year at the Third International Conference on Injury Prevention and Control.

### **Peter O'Connor:**

Road safety is a multi-faceted problem which requires intersectoral collaboration involving the transport sector, health sector, enforcement agencies, private insurers and others. The First National Conference on Injury Prevention & Control provided an opportunity for these sectors to showcase their commitment to, and achievements in, road safety. The 'interface of public health and road safety' was strengthened through a concurrent interactive session on that topic. The papers presented covered aspects of data, policy, education and promotion and safety initiatives. The mix of participants reflected the intersectoral interest in the topic of road safety and the discussion of papers was wide ranging and informative.

Like all well organised and successful conferences most things went very well, and some little things not quite so well, but overall I'm sure that all who attended found it stimulating and were left in no doubt that injury has now come of age.

# Pedestrian Injuries in Childhood

A recently completed case-control study undertaken in the School of Public Health at WA's Curtin University has confirmed the view of many researchers, that child pedestrian safety is a complex problem and that no single intervention can be expected to be completely effective. The results suggest, rather, that a combination of environmental, legislative and educational countermeasures are necessary in order to reduce the incidence of child pedestrian injury.

The aims of this study were to determine the major factors related to childhood pedestrian injuries in Perth, to ascertain to what extent the child's exposure to the road environment influenced these factors, and to propose appropriate preventive strategies. The investigation was prompted by the dearth of analytical studies which considered the child's exposure to the road environment in explaining the characteristics of childhood pedestrian injuries.

A case-control study involving 100 injured child pedestrians aged 1 to 14 years and 400 children (also aged 1 to 14 years) who had never been involved in a pedestrian-motor vehicle collision was conducted between December 1991 and December 1993. Aspects of the child's social and physical environments, measures of his or her behaviour, cognitive skills and "habitual" exposure to the road environment, as well as his or her knowledge of road safety, were recorded. Specific traffic factors such as the volume and speed of vehicular traffic were also

examined at 100 injury sites and 200 comparable control sites. The control sites were identified using a computerised Geographic Information System.

Univariate statistics were computed from the data including odds ratios and 95 per cent confidence intervals using the standard methods for case-control studies. The independent contributions to the overall risk of pedestrian injury in children of variables shown to be significant in the univariate analyses were then assessed using multiple logistic regression.

The volume of traffic encountered by the child during his or her exposure to the road environment, the presence of visual obstacles and footpaths on the child's street of residence, as well as the child's behaviour, independently predicted the likelihood of injury. Injury risk increased by 12 per cent with each 10,000 vehicles per day increase in the volume of traffic (OR=1.12, 95% CI=1.04-1.21). As well, the presence of visual obstacles on the verge of the child's street of residence increased the likelihood of injury by more than 2.7 times (OR=2.71, 95% CI=1.43-5.10). In contrast, the absence of footpaths was associated with a 50 per cent reduction in the likelihood of injury compared with the presence of footpaths on the child's street of residence (OR=0.50, 95% CI=0.27-0.91).

Results from the comparison of the injury and control sites also identified the volume of traffic (in combination

with the proportion of vehicles exceeding the posted speed limit) and the presence of footpaths at the injury sites, rather than the absence of footpaths, as predictors of the likelihood of injury. In relation to the former, the results indicated that roads most dangerous for children were those which had high volumes of vehicular traffic, but where few vehicles were exceeding the posted speed limit or, alternatively, roads which had few motor vehicles but the vehicles tended to be exceeding the posted speed limit.

The amount of exposure to the road environment and the nature of the road environment to which the child pedestrian was exposed, influenced, in part, the likelihood of injury in children from low socioeconomic areas, male children, and children aged 10 to 12 years. Until now, these features of the epidemiology of childhood pedestrian injuries had not been explained because the child's exposure *per se* had not been examined.

An intervention based on the findings from this study is now being conducted in Perth. The intervention has two parts: one directed at an environmental/community level, the other school-based.

**For further details on this study or the intervention project contact Mark Stevenson, Department of Epidemiology & Biostatistics, School of Public Health, Curtin University of Technology, Tel: (09) 351-7121; Fax: 09 351 2958; mark@health.curtin.edu.au**

## Inquiry into Occupational Health & Safety

The Industry Commission recently released the draft report of its inquiry into Occupational Health and Safety.

Recommendations contained in the report have implications for the future of occupational injury research and statistics in Australia. In particular, the following changes to the National Occupational Health and Safety Commission (NOHSC) and to Worksafe are proposed.

The draft report recommends that:

"The NOHSC should

- be comprised of up to five NOHSC Commissioners, chosen primarily for their management competence and would report to the proposed Council of Ministers;

- be jointly funded by the Commonwealth and States;
- be advised by the tripartite Standards Development Standing Committee that is responsible for advising the Council of Ministers of priorities for the development of national safety requirements;
- consult widely in the development of exposure standards and other safety requirements through the new national consultative body and existing State bodies;
- not have its own research capability; and
- not support OHS professional education.

"The National Industrial Chemicals Notification and Assessment Scheme (NICNAS) should be hived-off as an independent statutory authority.

"The National Institute of Occupational Health and Safety (NIOHS) should be comprised of a small executive

board of about five people and be responsible for promoting centres of excellence in occupational health and safety research to be funded by some NOHSC block funding.

"A national consultative body should be established to advise the Commonwealth Minister responsible for occupational health and safety on national issues."

The Industry Commission has invited comments on the draft report, and imposed a deadline for written submissions of 12 May 1995.

The Commission will commence a series of public hearings of draft report submissions towards the end of May and June 1995.

**For further information about copies of the report, the making of submissions, and dates and locations of public hearings, contact Ms Carole Trenberth at the Industry Commission, Tel: (03) 653 2272; Fax: (03) 653 2302.**

# Injury on the Internet

If you have an Internet connection, you can access the following injury related services:

## World Wide Web

The World Wide Web (WWW, the Web) provides the most user friendly means of obtaining information across the Internet by presenting it in a 'Hypertext' format. This means that listed resources show up as a link; just select the link and you are transported to that location/resource. Various agencies around the world operate what is known as a home page on the Web. Typically, this will comprise a range of regularly updated information (as text, images, sound, or video) about the agency and its work and will also, to varying degrees, incorporate links to other related resources. Some examples of injury-related homes pages available on the Web are:

### ICRIN

ICRIN (or the 'Injury Control Resource Information Network') is the most comprehensive of the home pages we know about at present. Its main index points to resources such as Data Standards; Conference and Meeting Announcements; Recent Research; E-mail addresses for Injury Control Personnel; and much, much more. ICRIN is a recent initiative of the University of Pittsburgh's Center for Injury Research and Control.

For people with an Internet connection, ICRIN provides an interactive link to many different Internet sites worldwide. Such links provide a wide variety of content, examples, and resources for use by injury control practitioners.

## Coming Soon ...

Issue 10 of the *Bulletin*, scheduled for publication in June, will contain 1993 mortality data for Australia, as well as for all Australian States and Territories. These data will be accompanied by detailed annotations.

Standard, detailed tables of mortality data for Australia, and for States and Territories, for the period 1989-93 will also be released simultaneously. These tables will be available, on request, from NISU.

For further information, contact  
**John Dolinis, Tel: (08) 374 0970;**  
**Fax: (08) 201 7602;**  
**john.dolinis@flinders.edu.au**

It is strongly suggested that one use a graphical browser such as *Mosaic* or *Netscape*, although text-based browsers such as *Lynx* will work in a limited fashion. *Netscape* is more stable, much faster, and supports document formatting conventions and speed up techniques not found in other WWW browsers. *Netscape* is free for educational users and may be downloaded for free evaluation by others (ICRIN even tells you how to get it). ICRIN can be found at the following Uniform Resource Location (URL):

<http://www.pitt.edu/~hweiss/injury.htm>

Questions about ICRIN should be directed to Hank Weiss at the Center for Injury Research and Control, MUH / NE 560, 200 Lothrop St., Pittsburgh, PA 15213-2582; Fax: +1 412 692 2815; [weiss@novell2.dept-med.pitt.edu](mailto:weiss@novell2.dept-med.pitt.edu)

### HIPRC

HIPRC is the home page of the Harborview Injury Prevention Research Center based in Seattle, Washington State. It represents a much more limited offering than ICRIN, its principal focus being on providing information about the staff and projects of the Harborview Center.

HIPRC can be found, using a World Wide Web browser (see ICRIN instructions above) at the URL:

<http://weber.u.washington.edu/hiprc/>

### EICC

EICC, which emanates from the Emory Center for Injury Control in Atlanta, Georgia, is currently devoted to disseminating information about the World Health Organization's Helmet Initiative.

EICC can be found, using a World Wide Web browser (see ICRIN instructions above) at the URL:

<http://web.cc.emory.edu/scholar/eicc/home.html>

### CREM

CREM is a small home page run by the Center for Rural Emergency Medicine. It describes the Center's various goals and projects, and contains links to items of specific interest to the injury community, including a graph of 12 months of injury surveillance data, and an alternative short list of injury the Center uses on its emergency department log.

HIPRC can be found, using a World Wide Web browser (see ICRIN instructions above) at the URL:

<http://www.hsc.wvu.edu/crem/crem.ht>

### ISCAIP

This is the home page of the International Society for Child and Adolescent Injury Prevention which advertises itself as an international meeting ground for organisations and individuals involved in injury practice, training, research and policy development. ISCAIP also provides instructions for authors interested in submitting papers to the Society's journal *Injury Prevention*.

ISCAIP can be found, using a World Wide Web browser (see ICRIN instructions above) at the URL:

<http://weber.u.washington.edu/hiprc/iscaip.html>

### List Servers

List Servers provide a central point for exchanging electronic mail on a given topic. To participate in a 'List', you would send a subscription request to the list server. When accepted as a subscriber, the list server will automatically distribute your messages to all other subscribers and *vice versa*. People connected to the Internet can subscribe to the following list servers:

#### INJURY-L

Established by the Center for Rural Emergency Medicine and the Injury Control Center of West Virginia University, INJURY-L provides its subscribers with information on injury research, epidemiology, intervention, prevention and other related issues. The list is open, free of charge, to all persons who share these interests.

You can subscribe by sending an e-mail to [listserv@wvnm.vvnet.edu](mailto:listserv@wvnm.vvnet.edu). The body of the message should contain one line of text which reads:  
subscribe injury-l your first name last name

#### CPSCINFO-L

This is a list server administered by the Consumer Product Safety Commission in the US. Subscription to this service will enable automatic receipt, on the Internet, of all CPSC press releases.

To subscribe, send an e-mail to [listproc@cpsc.gov](mailto:listproc@cpsc.gov). The body of the message should contain one line of text which reads: subscribe cpscinfo-l your first name last name

#### EPIDEMIO-L

A list server for those with an interest in epidemiology.

To subscribe, send an e-mail to [listproc@cc.umontreal.ca](mailto:listproc@cc.umontreal.ca). The body of the message should contain one line of text which reads: subscribe epidemio-l your first name last name

## Two New Journals

### Injury Prevention

The first issue of a new journal, *Injury Prevention*, has just appeared. It is the official journal of the newly formed International Society for Child and Adolescent Injury Prevention, and focuses on intentional and unintentional injuries in children and adolescents (but not on child abuse) through articles drawn from a range of disciplines.

The inaugural issue contains a review of NHTSA's experience with car safety regulation by a professor of law at Yale; original articles on sensory deficit and pedestrian injuries; gender differences in rural youth injuries; head injuries in helmeted cyclists; patterns of injury in a South African township health centre; determinants of modern health care use for burns in Ghana; an evaluation of a prevention programme in primary care in Israel; Haddon's injury classic; and a review of health education in prevention. Also included is an extensive list of journal citations for 1994.

The yearly subscription for individuals is US\$94 with reduced rates available to members of ISCAIP (which anyone interested can join).

**Subscription details and instructions for authors are available from Professor Barry Pless, Injury Prevention, The Montreal Children's Hospital, 2300 Tupper, C538 Montreal, Quebec H3H 1P3 Canada, Fax: +1 514 935 6873.**

### Journal of Agricultural Safety and Health

Dubbed *JASH*, this new, international journal made its debut in February. It is a quarterly, refereed publication designed to identify and discuss issues related to agricultural safety and health worldwide. The journal will emphasise a strong, interdisciplinary focus from areas such as engineering, occupational safety, social psychology, public policy, education, industrial hygiene and public health. It will also provide its readers with abstracts of relevant articles from other journals, listings of safety and health technical papers and details of conferences and meetings.

**Information about subscriptions and submission of articles is available from ASAE, 2950 Niles Road, St Joseph, MI 49085-9659 USA, Tel: +1 616 429 0300; Fax: +1 616 429 3852; e-mail: hq@asae.org**

## Queensland Injury Coalition

Since its establishment in 1994, this Coalition has continued to grow and evolve. Amongst developments has been the appointment of a half-time Co-ordinator, Elizabeth Freeman, with funds obtained from the Queensland Health Promotion Council.

Coalition activities include bi-monthly meetings on a designated topic or theme; the production of newsletters and a directory of its members.

**For further information, contact Elizabeth Freeman, Tel: (07) 840 8569.**

## NHMRC Moves Down the Information Highway

If you have a personal computer that uses a DOS, Windows or Macintosh operating system and has a CD-ROM drive, you can now tap into the expertise of the National Health and Medical Research Council. HealthROM, a new computer information package, allows access to the latest NHMRC scientific research and publications. (At present, this equates to more than 300 books and journals, 80,000 citations and abstracts from Australian health literature, and 1,000 figures and maps).

HealthROM stores information on a wide range of subjects such as HIV/AIDS and other communicable diseases, drugs and alcohol use, environmental and family health, sports medicine, therapeutic drugs, rural health, clinical practice, and guidelines and policy statements from Commonwealth Government organisations. The NHMRC database contains specific information on areas such as child health, ethics, radiation, public health, infection control and a full run-down on funded research projects.

HealthROM was produced in partnership between the National Health and Medical Research Council, the Federal Department of Human Services and Health, the Australian Institute Health and Welfare, the Alcohol and other Drugs Council of Australia and the National Library of Australia.

**For further information, contact John Holgate, Tel: (06) 289 8488; Fax: (06) 289 7102.**

## Domestic Violence in Victoria

The 21st edition of the Victorian Injury Surveillance Unit's regular publication *Hazard* deals with the theme of domestic violence. Specifically, cases defined as partner to partner violence resulting in injury were examined on the VISS database. Any definite cases were examined in detail and estimates made of suggestive and probable cases. Results of a medical records follow-up are also included. The *Hazard* article is part of a more substantial Monash University Accident Research Centre study of domestic violence undertaken for the Department of Health & Community services in Victoria.

**For further information, contact Virginia Routley, Tel: (03) 905 1805; Fax: (03) 905 1809.**

## Introducing Adam Graycar

Established over 20 years ago, the Australian Institute of Criminology (AIC) was reviewed in 1995 and Dr Adam Graycar appointed as its Director.

Prior to his arrival at the AIC, Dr Graycar held several senior government posts, including a term as South Australia's Commissioner for the Aging. He has an impressive academic background that has included the holding of posts in Australia and abroad, and an extensive list of publications.

Dr Graycar sees 1995 as the year of reinvention of the AIC as it clearly and publicly transforms itself from an organisation whose main orientation is *academic* research to one whose orientation is *policy* research. He is confident that through this transformation the AIC will become the undisputed leader in providing information for policy advice and, in so doing, will move from *exploring and describing* phenomena to *explaining* phenomena related to social behaviour and criminal justice.

Structurally, the AIC is being reformed into four teams: Violent and Property Crime; Sophisticated Crime; The Criminal Justice System; and Data Support and Development.

**For further information, contact Sylvia Flaxman (Adam Graycar's Executive Assistant), Tel: (06) 274 0200; Fax: (06) 274 0201.**



## Something to read ...?

### Stay on Your Feet



Two separate publications produced by the North Coast Public Health Unit in NSW: the first is the description of a three-year falls prevention program for older people; the second is a resource book for people 55 years and over with information and suggestions to help them avoid falls. The book covers such factors as medication use, home safety modifications, eyesight, etc.

Contact: Anne Kempton at the North Coast Public Health Unit, Tel: (066) 217231; Fax: (066) 222151.

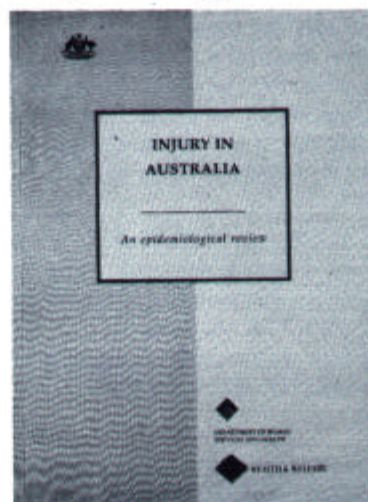
### Crashes Resulting in Car Occupant Fatalities: Frontal Impacts

Prepared by the Federal Office of Road Safety and Instat Australia Pty Ltd, this report describes crashes in which car occupants were killed as a result of frontal impacts. Such impacts account for just under half of road crashes in which car occupants are killed. Various aspects of the crashes and the persons involved are presented for frontal crashes and compared between central (full frontal) and offset frontal impacts, as well as be-

tween driver's side offset and passenger's side offset frontal impacts.

Contact: Sarah Kawe at FORS, Tel: (06) 274 7249; Fax: (06) 274 7922.

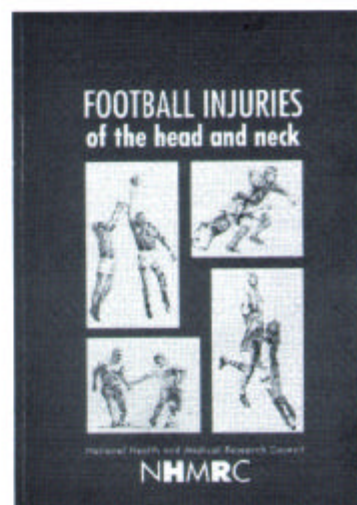
### Injury in Australia: an epidemiological review



This report was prepared for the Commonwealth Department of Human Services and Health by NISU, in collaboration with the Monash University Accident Research Centre. Intended to support the implementation of national health goals and targets for injury, the report draws on a wide range of sources of information to provide an introduction to the impact of injury on the Australian community.

Copies are available from Commonwealth Government Bookshops at a cost of \$24.95.

### Football Injuries of the Head and Neck



This recently published report of a specially constituted NHMRC Committee looks at both mild and severe injuries sustained in the course of various types of football (Australian rules, soccer, etc). The report also focuses on such things as head and neck protection and modified rules for school children, and suggests future directions for research, training programs, etc.

Copies are available from Commonwealth Government Bookshops at a cost of \$19.95.

### A Comparison of Fatal Crashes Involving Male and Female Car Drivers

This report examines differences between male and female drivers in terms of travel characteristics, fatal crash risk, fatal crash characteristics and factors affecting injury outcome. This is in contrast with road safety analyses of driver behaviour which have traditionally concentrated on the role of the male driver. While virtually all drivers killed 45 years ago were male, the percentage of female driver fatalities had risen to 13% in



1970 and, in recent years, females have accounted for between 22% and 27% of all driver deaths.

Contact: Sarah Kawe at FORS, Tel: (06) 274 7249; Fax: (06) 274 7922.

### **The Fight for Public Health: Principles and Practice of Media Advocacy**



A new book by Simon Chapman of the Department of Community Medicine at the University of Sydney. It has two parts: the first is a sociological review of concepts of newsworthiness and framing, together with a series of case studies on public health advocacy campaigns. The second part is an A-Z of media advocacy under headings such as Bureaucratic Constraints; Creative Epidemiology; Interview Strategies; Media Releases; Talkback Radio; and so on.

The book can be purchased from AMAS Medical Publications, PPO Box 133, 14 Sterling Highway, Nedlands WA 6009; Fax: (09) 386 7505. They take Bankcard, Visa or Mastercard (\$49.95 + \$7.50 postage). It is also available from bookshops.

### **Traffic Engineering Road Safety: A Practitioner's Guide**

Prepared for the Federal Office of Road Safety by the Monash Transport Group, this publication is intended to assist those with responsibility for traffic engineering and road safety by providing a ready source of information, with guidelines for action. It is aimed particularly at engineers and others with responsibility for traffic engineering and management, especially in local government or regional offices of State road and transport agencies.

Contact: Sarah Kawe at FORS, Tel: (06) 274 7249; Fax: (06) 274 7922.

### **Shire of Bulla Safe Living Program: The First Three Years**

This report documents the evaluation, by the Monash University Accident Research Centre, of the Shire of Bulla Safe Living Program. The Program, which commenced in 1991, is a community-based, all age, all injury prevention program based in an outer metropolitan Melbourne municipality with a population of approximately 39,400.

Contact: Joan Ozanne-Smith at MUARC, Tel: (03) 905 1808; Fax: (03) 905 1809.

### **Childsafe NSW Report No 2, November 1994**

Aimed at providing health workers with statistics on the patterns of childhood injury, this report examines data on 12,735 children who presented to four hospital emergency departments from July 1993 to June 1994. It is the first known report on a 12 month collection of national minimum data set variables.

For further information, contact The Better Health Centre, Tel: (02) 391 9010.

### **Injury Research and Prevention: A Text**

Edited by Joan Ozanne-Smith and Fiona Williams of MUARC, this publication contains contributions from a number of authors on various aspects of injury research and prevention. The book is being promoted as a reference for students and practitioners in injury control.

For further information, contact Joan Ozanne-Smith at MUARC, Tel: (03) 905 1808; Fax: (03) 905 1809

### **Injury Hospitalisations in Victoria 1991-92**

Highlighting injuries as the major cause of morbidity resulting in hospital admission for children and young adults, this report presents a detailed overview of such hospitalisations over a two-year period.

Contact: Michael Ackland, Health Care Evaluation Section, Victorian Department of Health & Community Services, Tel: (03) 616 8031; Fax: (03) 616 8383.

### **Reducing Childhood Accidents**

Published by the Health Education Authority in the United Kingdom, this book presents a literature review which examines the relative role of education, environmental modification and legislation, and the combination of these approaches in effective injury preven-

tion. It also discusses evaluated studies in the wider context of the epidemiology of childhood injuries in the road, home and leisure environments.

Contact: Dr Elizabeth Towner, Senior Lecturer in Community Child Health, Department of Child Health, University of Newcastle, The Royal Victoria Infirmary, Queen Victoria Road, Newcastle upon Tyne NE1 4LP, United Kingdom.

### **Northern Territory Health Outcomes: Morbidity and Mortality 1979-1991**

Intended as a guide to future planning of health and community services and the infrastructure to underpin improved health outcomes, this compilation of information and statistics includes specific sections on injury and poisoning.

For further information, contact John Condon at the NT Department of Health & Community Services, Tel: (089) 89 2802.

### **Do you need a new E-code?**

A new committee has the potential to improve State to State comparability and usefulness of Australian data on hospital admissions due to injury. The Injury Coding and Classification Group, which held its first meeting on 26 April 1995 advises the Australian Casemix Clinical Committee about injury diagnosis-related groups (DRGs). The Group also provides a forum for considering possible changes to the injury sections of the Australian version of the International Classification of Diseases (ICD), both the diagnosis codes, and the external causes codes. Suggested changes will be referred to the National Coding Centre, which produces the Australian ICD.

NISU is represented on the Group and welcomes coding and classification suggestions from readers.

Contact James Harrison at NISU, Tel: (08) 374 0970; Fax: (08) 201 7602;  
[james.harrison@flinders.edu.au](mailto:james.harrison@flinders.edu.au)

# New from the AIHW

During the past couple of months, the Australian Institute of Health & Welfare have released two reports containing information that will be of interest to at least some readers:

## Child Abuse and Neglect

Published in April, the report *Child abuse and neglect, Australia 1992-93* sheds new light on the problem of child abuse and neglect in Australia. For example:

- State and Territory welfare departments received 59,122 reports of child abuse and neglect during 1992-93 - an increase of 10.9% over 1991-92. Of these, the assessment of 55,895 cases was finalised.
- 25,630 (46%) of the finalised cases were substantiated. A further 2,543 (4%) were not substantiated but the child was assessed as being at risk. There were 25,483 cases (46%) in which no abuse or neglect was found, and a further 2,239 cases (4%) where no action was possible.
- The number of substantiated cases comprised 7,342 cases of physical abuse, 6,485 cases of emotional abuse, 5,979 cases of sexual abuse and 5,812 cases of neglect.
- A natural parent was believed responsible in 69% of substantiated cases, a step-parent in 6% and a de facto parent in 5%. Friends and neighbours were believed responsible for 7% of cases.

- Reports of abuse and neglect from medical workers other than a medical practitioner had the highest rate of substantiation (64%), followed by cases reported by the subject child (60%), the police (59%) and department officers (58%). Reports from anonymous persons (18%), and friends/neighbours (30%), showed the lowest rate of substantiation.
- Nine per cent of substantiated cases of child abuse and neglect involved Aboriginal and Torres Strait Islander children, a much higher proportion than they represent in the population (less than 2%). The type of substantiated cases for Aboriginal and Torres Strait Islander children differed significantly from the national pattern, with neglect cases representing a much higher proportion (40%) of total substantiations than for all children (23%). Sexual abuse cases involving Aboriginal and Torres Strait Islander children represented a much lower proportion (14%) of substantiated cases than for all children (23%).

To obtain a copy of the report, contact Andrew Smith, Tel: (06) 243 5073, Fax: (06) 257 1470.

## Aboriginal Australians and Alcohol Consumption

Alcohol use is not a major problem among most Aboriginal and Torres Strait Islander people, according to the quar-

terly *Australian Health Indicators* released by the AIHW in March.

Referring to the report, Dr Kuldeep Bhatia, Head of the Institute's Aboriginal Health Unit, made the following comments:

A recent survey showed that three in every four adult Aboriginal and Torres Strait Islander people either do not drink or drink at safe levels. Indeed, 32% of Aboriginal people do not drink alcohol at all, compared with 16% of non-Aboriginal people.

However, a higher proportion of Aboriginal people (22%) drink at harmful levels compared to non-Aboriginal people (10%), and drinking at a harmful level may start at an earlier age for Aboriginal people.

This is suggested by the peak death rate for alcohol-related cirrhosis of the liver being 20 years earlier among Aboriginal men, and 30 years earlier for Aboriginal women, compared with their non-Aboriginal counterparts.

On the brighter side, Aboriginal deaths from cirrhosis of the liver have been falling by an average of 7% per year since the mid-1980s.

For further information on alcohol consumption and Aboriginal people, contact Dr Khuldeep Bhatia, Tel: (06) 243 5038.

## ECOSA News

### Proceedings of the last conference

The 3rd International Conference on Product Safety Research was held in Amsterdam in March 1994 and the proceedings, containing the full texts of the papers presented, are now available.

Attended by 90 delegates from various backgrounds, the conference dealt with research into a wide range of subjects related to the safety of consumer products (eg ski-safety bindings, bicycle safety, baby walkers, safety barriers and fences, automatic garage doors, playground equipment, and child-resistant closures). The meeting also included reports on research related to risk assessment, anthropometry, noise levels of toys, structural integrity

of products, and safety labelling and warnings.

Further information about the cost of ordering the proceedings is available from ECOSA, PO Box 75169, NL-1070 AD Amsterdam, Fax: +31 20 511 4510.

### Call for papers for the next conference

The 4th International Conference on Product Safety Research will be held in Canberra on 15-16 February 1996 and the organisers are inviting expressions of interest in presenting a paper at the meeting. The program for the Conference is expected to include reports of research into such things as product-related accident mechanisms; consumer ergonomics; collection of anthropometric data; impact biomechanics; the effectiveness of

warnings, and product safety and evaluation.

Further information is available from Jerry Moller at NISU, Tel: (08) 274 0970; Fax: (08) 201 7602; [jerry.moller@flinders.edu.au](mailto:jerry.moller@flinders.edu.au)

### NISU Data Reports

Copies of the following reports, prepared in response to specific questions from NISU clients, are available on request:

- Fishing Related Injuries
- Drownings in 0-2 year olds
- Swimming Related Injuries

Contact John Dolinis or Renate Kreisfeld at NISU, Tel: (08) 374 0970; Fax: (08) 201 7602; [nisu@flinders.edu.au](mailto:nisu@flinders.edu.au)

# International Injury Conference



road safety, safety for children, and safe community development.

The Scientific Program Committee, chaired by Professor Terry Nolan, is hard at work reviewing the abstracts, assigning them to sessions and inviting speakers to plenary and symposium sessions.

Among the many interesting abstracts received were these:

- Effects of a new traffic signal; 'digital countdown device' on pedestrian behaviour
- Economic incentives for the improvement of the working environment
- Prevention of warfare related weapon injuries to children in Croatia
- Driving decisions for adolescents
- Building communication channels for information exchange
- Neighbourhood injury prevention: postal code profiles and computer based quizzes
- Dispelling the myth of seatbelt use in motor vehicle submersion crashes
- Injuries among helicopter loggers in Alaska

- Computer related disability among computer users in high school classes

Indications are that the conference will have something for everyone: researchers, practitioners and policy makers from a broad range of disciplines and sectoral groups. The program is varied, with round tables, poster platforms and posters, interactive symposia, cutting edge plenaries and concurrent oral papers. The conference Chair, Professor Charles Watson of Wollongong University commented:

"The International Injury Conference in Melbourne will be an extraordinary opportunity for Australian injury control professionals to learn from the best in the world. It is also a vital opportunity to let the rest of the world know that we are the leaders in many areas of injury control. From the interest expressed already from overseas and from Australia, it is clear that the conference will be a success, so don't miss out!"

**The next edition of the Conference Newsletter, incorporating a revised preliminary program and registration form, is due to be published in June.**

**P**reparation for the Third International Conference on Injury Prevention and Control has moved into top gear. As at 24 March, 559 people from 41 countries had sent 809 abstracts covering a diverse range of topics including firearm violence prevention, issues from occupational health and safety,

## Crushed ICE\*

**T**he National Center for Health Statistics in the United States is leading an initiative designed to improve injury statistics throughout the world. The *International Collaborative Effort on Injury Statistics* began with a symposium held in May 1994 (See an earlier report on page 11 of *Monitor* 4).

The proceedings of the Symposium, now published by NCHS, provide a comprehensive survey of the status of injury statistics, and associated methodological issues.<sup>1</sup> The volume includes 23 papers on topics including injury experience in selected countries (Australia, Sweden, USA, Israel), injury data sources (death certificates, hospital in-patient data, emergency departments, trauma registers, surveys), barriers to international comparability of injury data, data needs, data linkage, data classification and coding, and quality assurance.

The second stage of the ICE was a smaller meeting, held near Washington DC in March 1995. The main aim of the meeting was to identify projects which will be conducted by participants in the ICE. While the projects are still in evolu-

tion, likely components are a detailed comparison of injury mortality (data and methods) in several countries; a cause-specific examination of injury using both mortality and morbidity data; a survey and appraisal of approaches to collection of injury data in emergency departments; and compilation of an international inventory of injury data sources. In addition, the WHO Injury Surveillance Methodology Working Group, which is collaborating closely with the ICE, is developing a proposed minimum data set for injury surveillance.

The next meeting of the ICE will be held immediately after the 3rd International Conference on Injury Prevention and Control, in Melbourne in February 1996.

**For further information (about the ICE on Injury Statistics and the proceedings of its first symposium), contact Lois Fingerhut, Special Assistant for Injury Epidemiology, Office of Analysis, Epidemiology and Health Promotion, National Center for Health Statistics, 6625 Belcrest Road Hyattsville, Maryland 20016, USA. Email: LAF4@NCH07A.EM.CDC.GOV**

\* The three ICEs to date have attracted nicknames: perinatal and infant mortality (baby ICE); ageing (old ICE); and injury (crushed ICE).

The *Injury Issues Monitor* is the journal of the National Injury Surveillance Unit (NISU), Mark Oliphant Building, Laffer Drive, Bedford Park SA 5042; Tel: (08) 374 0970; Fax: (08) 201 7602

Letters to the Editor are welcome.

Editor: Renate Kreisfeld.



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## Conference on Victims of Crime

18-19 May 1995  
Melbourne

Contact: Bronwyn Hendry, Victims Conference Administration, Victorian Community Council Against Violence, Fax: (03) 603 4486.

## 5th Travelling Seminar on Safe Communities

21 May to 10 June 1995  
Navajo Nation,

USA and Fort McMurray, Canada

The focus of the Seminar will be "Creating Safe Community Programs with Special Emphasis on Vulnerable Groups"

Contact: Nancy Bill, Navajo Area Indian Health Service, Box 9020, Window Rock, AZ 86515 USA, Fax: +1 602 871 1462.

## Crime in Australia: First National Outlook Symposium

5-6 June 1995  
Canberra

The Symposium aims to define an agenda from crime prevention and its social context and to consider research strategies to assist in the prevention of crime and violence.

Contact: Conference Administration, Australian Institute of Criminology, Tel: (06) 274 0224; Fax: (06) 274 0225.

## 4th International Conference on Safe Communities

6-8 June 1995 (new date)  
Alberta, Canada

Contact: Malynda Wheeler, 1995 Safe Community Conference, C/- City of Fort McMurray, 9909 Franklin Avenue, Fort McMurray, Alberta Canada T9H 2H5, Fax: +1 403 743 7028.

## The Art and Science of Public Health

27-30 June 1995  
Dunedin, New Zealand

Conference of the Public Health Association.

Contact: Dr Arun Menon, Dept of Preventive Medicine, University of Otago Medical School, PO Box 913, Dunedin.

## 13th International Conference on Alcohol, Drugs and Traffic Safety

13-18 August 1995  
Adelaide, South Australia

Contact: ICADTS Secretariat, Tel: (08) 239 1515; Fax: (08) 239 1566.

## 14th World Congress of the International Association of Accident and Traffic Medicine

20-23 August 1995  
Singapore

Contact: Congress Secretariat, 14th World Congress of the IAATM Academy of Medicine, Singapore College of Medicine Building, 16 College Road #01-01, Singapore 0316

## The Biomechanics of Impacts

13-15 September 1995  
Brunnen, Switzerland

The annual conference of the International Research Council on Biokinetics of Impacts (IRCOBI).

Contact: Antoinette Charpenne, IRCOBI Secretariat, INRETS, 109 Avenue Salvador Allende, 69500 Bron, France, Fax: +33 72 36 24 37.

## Association for the Advancement of Automotive Medicine's 39th Annual Conference

16-18 October 1995  
Chicago, USA

Contact: AAAM, 2340 Des Plaines Avenue, Suite 106, Des Plaines, ILL 60018, USA, Fax: +1 708 390 9962.

## Occupational Injury Symposium

27-27 February 1996  
Sydney

A satellite meeting of the Third International Conference on Injury Prevention and Control. The Symposium will cover the different research approaches in the fields of occupational injury occurrence, control and prevention, as well as the multi-dimensional nature of the field including societal, organisation, technical and individual perspectives.

Contact: Occupational Injury Secretariat, National Occupational Health & Safety Commission, GPO Box 58, Sydney 2001, Tel: (02) 565 9319; Fax: (02) 565 9300. (Note: Abstracts are due by 31 July 1995.)

## 4th International Conference on Product Safety Research

15-16 February 1996  
Canberra

Contact: Jerry Moller at NISU, Tel: (08) 374 0970; Fax: (08) 201 7602; jerry.moller@flinders.edu.au

## Third International Conference on Injury Prevention & Control

18-22 February 1996  
Melbourne

Contact: Marg Scarlett, Convention Network, Tel: (03) 646 4122; Fax: (03) 646 7737; mscarlett@peg.apc.org

## XIX Congress of the International Association for Suicide Prevention

23-27 March 1997  
Adelaide

With the theme "Suicide Prevention - the global context", this international conference will cover topics such as social factors in suicide; biological and clinical aspects of suicide; indigenous groups; the family and suicide; etc.

Contact: SAPMEA Conventions, 80 Brougham Place, North Adelaide SA 5006, Australia, Tel: +61 8 239 1515; Fax: +61 8 239 1566.

## FOOTNOTES

1 International Symposium on Injury Statistics. Proceedings of the international collaborative effort on injury statistics: papers and workshop findings presented at the International Symposium on Injury Statistics, May, 1994, Bethesda, Maryland. Hyattsville, Maryland: National Center for Health Statistics, 1995. (ISBN 0-8406-0503-X).

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