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## NCIS as a tool for injury surveillance

Geoff Henley, RCIS

In a recently released report, RCIS has evaluated the potential for the National Coroners' Information System to add to our injury surveillance capability in relation to Australian mortality.

Ten injury topics which are fairly representative of the issues that one needs to study concerning injury mortality were selected. Some of these topics refer to common causes of death due to external causes (eg transport crashes) and others to uncommon causes (eg invertebral). Some are topics which we've found to be fairly usefully covered by the ABS mortality collection, and others are not.

The ten topics were examined in terms of data from the ABS mortality collection

(our primary source of mortality data prior to the NCIS), and also in terms of data from the NCIS. The findings were then assessed and compared.

In the project, the data from the two sources were analysed separately. That is, records from the two sources were not linked.

Overall, the NCIS was found to be a useful source for injury surveillance. The most noteworthy way in which it surpasses the ABS collection is in the richness of the information available about most cases—particularly from the documents which form part of most 'closed' records (ie police report of

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## ICECI joins WHO's family of international classifications

During the second half of the twentieth century, data about injury cases were often recorded using the external cause classification of the International Classification of Diseases (ICD). For more than two decades, injury research and prevention experts have argued that the ICD codes lack the scope and specificity needed to effectively inform injury prevention and control activities. As a result of these debates, injury professionals around the world—under the auspices of the World Health Organization—have worked to develop an improved tool for capturing injury data.

This tool is the International Classification of External Causes of Injury (ICECI). It is based on best practices of injury surveillance and on international consensus about how external causes may be described.

ICECI helps researchers and prevention practitioners to:

- define more precisely the domain of injuries they are studying;
- answer questions on the circumstances of the injuries; and
- provide more detailed information about specific topics like sports or transport injury.

A draft of ICECI was extensively tested in 1999, and revised to produce Version 1.0.

In September 2002, a review was undertaken to improve technical compliance of the ICECI with taxonomic principles, and to enable indexing. Some further minor alterations resulted in version 1.1a. This version, together with an index, were submitted to the WHO Family

of International Classifications (WHO-FIC) meeting in October 2003, at which ICECI was admitted to the WHO-FIC as a Related Classification.

Since then, some further revision and enhancement of the index has produced Version 1.2, now in draft for comment.

As the ICECI becomes more widely used as an injury surveillance tool, the experience of users will undoubtedly lead to further development of the classification system.

The ICECI has a website: [www.iceci.org](http://www.iceci.org) The most recently released version of ICECI can be obtained there. The website also contains information about updates, translations and derivatives of the ICECI, current contact information for key persons working on the classification, background information, and relevant links.

# NCIS as a tool for injury surveillance

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death; autopsy report; toxicology report; coroner's finding). This enabled topics to be examined in more detail, and some topics to be looked at for the first time (ie types of cases which are not distinguishable in terms of ICD-10 codes).

While it was concluded that the NCIS is a substantial advance, it is certainly not perfect. Some limitations and defects have been identified in the report. Comments on these and other aspects of the project are detailed below.

## Overall conclusions

The main aim of this report was to determine the usefulness of the NCIS as a source of information in relation to injury surveillance. The main criteria by which the NCIS was assessed included the scope of the information contained within the system, the availability of this data and the quality of the data. Other issues discussed included the potential benefits of case-level linkage between the NCIS and the ABS Deaths Data Collection, search capabilities of the NCIS, the benefits of ICD-10-AM coding of ABS Deaths Data and the impact of the NCIS on the National Injury Prevention Plan.

## The NCIS as a data source about injuries

The NCIS appears to contain information on most injury deaths in Australia since 1 July 2000.

Exceptions are Western Australia, where there is a backlog of Coronial deaths still to be entered into the system, and Queensland, for which information was not available when this project was done. A third exception is deaths due to falls by older persons, most of which are certified by a medical practitioner, and do not come to the attention of a Coroner.

Currently, specific information in relation to drug involvement is limited to detailed text searching. The development of a comprehensive coding system would make identification of drugs more efficient and complete.

## Data quality issues relevant to the NCIS

Despite instances of errors in the data for a minority of cases, the overall level of completion for key variables for Closed cases in the NCIS was found to be high. However, significant shortcomings were observed in relation to some coding variables for work-related and vehicle-

related deaths. Also, both the availability and quality of information contained within text documents was found to vary considerably between States and Territories.

Virtually all cases are notified to the NCIS within one week of death. The time between case notification and case closure varies considerably between jurisdictions with a median time of just under 18 months. This period is likely to be primarily determined by coronial processes rather than by factors directly related to the NCIS.

A number of items in the NCIS classifications are implementations of a consultative draft of the International Classification of External Causes of Injury (ICECI).

## Linking ABS and NCIS cases

The availability of a common linking variable between the ABS Deaths Data Collection and the NCIS would be very beneficial to users of data from both systems. The NCIS Unique Case Number is likely to be the most easily adopted common linking variable.

## Search capabilities of the NCIS

The NCIS has a comprehensive search facility that can quickly provide detailed information regarding a specific group of cases. Some specific shortcomings, described in this report, limit the utility of the search facility. These shortcomings appear to be straightforward to correct. It should also be noted that the NCIS search facility is better suited to individual cases or small data requests than to large or complicated data requests, which are better served by provision of case data in the form of Excel files.

## ICD-10-AM coding of ABS Deaths Data Collection

Adoption of ICD-10-AM as the standard coding system for external causes in the ABS Deaths Data Collection would make the ABS information more useful for injury research and prevention purposes. The burden of using ICD-10-AM in place of ICD-10 would be much lower for the External Causes chapter than for any other part of ICD-10 because of the poor performance of the automated coding system for External Causes, requiring manual intervention for most

of the cases.

## The NCIS and the National Injury Prevention Plan

The NCIS is an important information source to support the research and surveillance strategies contained in the 2001–2003 National Injury Prevention Plan covering falls in older people, falls in children, drowning and near-drowning, and poisoning among children.

The analyses presented on these four priority areas indicate the scope of the problem and the type of relevant information that could be obtained from the NCIS.

The report contains a number of recommendations to the Monash University National Centre for Coronial Information (MUNCCI), which develops and manages the NCIS, for further improvements to the system.

**Copies of the full report are available at the NCIS website:**  
[www.nisu.flinders.edu.au](http://www.nisu.flinders.edu.au)

**Inquiries about the project should be directed to Geoff Henley at NCIS,**  
**Tel: 08 8374 0970;**  
**E-mail: [geoffrey.henley@flinders.edu.au](mailto:geoffrey.henley@flinders.edu.au)**



# Communique

18-19 November 2003

The 10<sup>th</sup> meeting of the *Strategic Injury Prevention Partnership* was held in Melbourne on 18–19 November 2003. Members attending the meeting were Rod McClure (Co-Chair), James Harrison (AIHW), Bruce Wight (Department of Health & Ageing), Richard Franklin (AIPN), Pam Albany (NSW), Michael Tilse (QLD), Ron Somers (SA), Ingrid Coote (ACT), Nicole Bennett (WA), Nicola Rabot (VIC), John Wunsch (Consumer Affairs Policy Division, Treasury). Also in attendance were Kerry Smith and Belinda Brandon (SIPP Secretariat), Annamaree Reisch (Commonwealth) and Karen McIntyre from Victorian Department of Human Services attended for part of the first day.

Apologies were received from John Scott (Co-Chair), Tarun Weeramanthri (NT), Stan Bordeaux (TAS) and Sandy Brinsdon (New Zealand).

## Updates from jurisdictions

Members provided updates on their recent work.

### Treasury

John Wunsch discussed the new mandatory standard for sunglasses that came into effect from 1 October 2003. He also reported that a mandatory standard has existed for vehicle jacks since 1985 and is currently being revised to include high lift jacks used for recreational/ 4WD vehicles. There have been 13 deaths related to these devices in the past 10 years, however these have been related to inappropriate use. A consumer awareness campaign will be conducted from February 2004 to raise public awareness and highlight the risks of using a jack to support a vehicle with a person under it.

Home fire safety is on the Treasury agenda, with the mandatory standard for portable fire extinguishers being upgraded. One component will be an education program about fire blankets and fire safety. In addition, the issue of baby bath seats

was discussed as the NSW Product Safety area is reviewing these products. Work is currently being completed in the United States on a mandatory standard for baby bath seats that may hold some possibilities to improve product design.

### Western Australia

Nicole Bennett, the representative for Western Australia, spoke about the successful publication of two injury prevention reports; *Injury In Western Australia—An Epidemiology of Injury 1989-2000* and *Injury In Western Australia—The Health System Costs of Falls in Older Adults in Western Australia*.

### South Australia:

Ron Somers spoke about progress in the relationship with the Australian Local Government Association (ALGA) and collaborative work occurring to alert the public of potential hazards. It was also reported that both universal dog leashing and reform regarding swimming pools are gaining momentum in South Australia. Finally, Ron spoke about child restraints for children aged 1–9 years and the pressing need to have this issue re-considered at the national level.

### Australian Government Department of Health and Ageing:

Bruce Wight reported that the National Falls Prevention in Older People Initiative has completed an evaluation of the Initiative. Secondly, the Department is involved in a joint Treasury and Department of Health and Ageing campaign to prevent blind cord strangulation of infants. Finally, the Aboriginal and Torres Strait Islander Injury Prevention Action Committee workshop will be held in Canberra on 1-2 December 2003 to develop the Aboriginal and Torres Strait Islander Safety Promotion and Injury Prevention component of the National Injury Prevention Plan.

### New South Wales:

Pam Albany reported the positive news of the appointment of Dr Caroline Finch to the position of Professor of the NSW Injury Risk Management Centre. Also work is currently occurring in NSW on a linkage program on alcohol. The implementation of the NSW Aboriginal Safety Strategy is progressing with the appointment of an indigenous worker to the program.

### Queensland:

The Queensland representative, Michael Tilse, spoke about a positive outcome with the update of pool fencing legislation, including measures to reduce exemptions and enable more effective enforcement of legislation by local government. The Public Health Education and Research Program (PHERP), strengthening national capacity in injury epidemiology, prevention and control short course was recently held in Queensland and received positive feedback from participants.

### Australian Capital Territory:

Ingrid Coote spoke about progress of the ACT Water Safety Working Party, an inter-sectoral partnership including agencies such as the Federal Police, Royal Life Saving Society and ACT Health. This has culminated in the launch of the Safe Waters ACT campaign including distribution of printed campaign materials such as the Safe Waters ACT brochure which was distributed to every school child in the ACT. The brochure was adapted from NSW water safety campaign material by broadening it to include an increased emphasis on inland water-ways, such as lakes and rivers. Other aspects to the campaign include breathalysing boat drivers and improved water safety signage for new walking trails.

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## Communique

18-19 November 2003

### *Victoria:*

A positive initiative occurring in Victoria in injury prevention has been the Injury Prevention Week launch in October. This included the launch of a baby safety video/DVD that targets first-time expectant parents regarding issues of home safety in preparation for the new baby. There has been a wide dissemination of the material including pre natal education networks and GP waiting rooms. Nicola Rabot also mentioned that two reports have been released from the Victorian Coroner's Office, the first about bath tub drownings and the second relating to swimming pool drownings.

### *Australian Injury Prevention Network:*

The AIPN representative, Richard Franklin, reported on positive progress with plans for the 7<sup>th</sup> Australian Injury Prevention Conference to be held from 15-17 September 2004 in Mackay, Queensland. The conference will incorporate a Safe Communities theme. Secondly, he reported that Dr Kathleen Clapham is the newly appointed AIPN representative for the Aboriginal and Torres Strait Islander Injury Prevention Action Committee. Paul Vardon from Queensland Health is also a welcome addition to the AIPN Secretariat. Finally, Richard was able to report that the Injury Prevention Journal is now published bi-monthly. Further information about the 2004 Conference is available on the AIPN website at: [www.nisu.flinders.edu.au/aipn/](http://www.nisu.flinders.edu.au/aipn/)

### *National Injury Surveillance Unit:*

James Harrison spoke about the recent approval of the International Classification of External Causes of Injury (ICE-CI) which will be circulated early in the New Year with a discussion document. WHO's acceptance provides international recognition of this classification system and has taken over ten years to achieve.

James also reported on a new injury severity measure based on ICD-10 codes

involving threat to life. The aim of the project is to develop more meaningful indicators and the report is currently in press. A short presentation was given to brief SIPP on NISU's contribution to the population survey tool known as Computer Assisted Telephone Interviewing (CATI); Injury Risk Factors, Attitudes and Awareness. The final issue discussed was a new report about Aboriginal Injury mortality. Further information about the work of NISU is available at [www.nisu.flinders.edu.au/index.php](http://www.nisu.flinders.edu.au/index.php)

### *Northern Territory*

The Secretariat reported that the representative for the NT, Dr Tarun Weeramanthri has been promoted to the position of Principal Medical Adviser in the NT Department of Health and Community Services. Tarun will inform SIPP of the new NT representative once appointed. Members suggested that a letter of thanks and congratulations be sent to Tarun.

### **Development of Priorities for a new National Injury Prevention Plan**

The National Injury Surveillance Unit (NISU) has written a discussion paper for the Commonwealth Department of Health and Ageing to identify options and potential priority issues for the next National Injury Prevention Plan. It was previously agreed that Jurisdictions would use the draft options document to generate discussion with stakeholders within their constituency. A proforma has now been developed and distributed to Members to use throughout the consultation phase that is currently underway in the Jurisdictions and Department of Health and Ageing.

### **Site visit to the Victorian Coroners Office**

Members attended a site visit to the Victorian Coroners Office where a

discussion was held with Dr Graeme Johnston and a demonstration was given by officers of the Monash University National Centre for Coronial Information (MUNCCI).

### **Workforce Issues**

SIPP members previously gave in-principle support for the injury workforce project based at the University of WA and funded through the Commonwealth under the Public Health Education and Research Program (PHERP Innovations Round 2) to increase the capacity of the injury prevention workforce. As part of this project three short courses were held in WA, NSW and Qld in 2003. An injury prevention short course was held in Brisbane in November. The course was well received with participants providing positive feedback.

### **Joint projects**

Members previously agreed to auspice the National Poisons Prevention Initiative, a joint project between the Injury Surveillance and Control Unit from the South Australian Department of Human Services and the Injury Prevention section of the Commonwealth Department of Health and Ageing. The project aims to assess the child resistance of pharmaceutical products sold in non-reclosable packaging in Australia and has recently completed a literature review as part of the first progress report for the project.

### **WHO Initiative for Guidelines for injury and violence prevention**

The NSW representative reported on the outcomes of the World Health Organisation (WHO) meeting attended on 23-24 October 2003, in Geneva to develop the future configuration and intention of country plans for violence and injury prevention.

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## Communique

18-19 November 2003

### World Health Day – 4<sup>th</sup> April 2004

World Health Day will be held on 4<sup>th</sup> April 2004 and will have a road safety theme. Members discussed how they could support World Health Day 2004 by linkages to jurisdictional activities. Further information about World Health Day is available from the WHO website at: [www.who.int/world-health-day/2004/en/](http://www.who.int/world-health-day/2004/en/)

### Future meetings

The first SIPP meeting for 2004 will be held on 3-4 March.

### More information

SIPP is a sub-committee of the National Public Health Partnership. To obtain more information on SIPP or the Partnership,

see the SIPP web page at [www.nphp.gov.au/workprog/sipp/index.htm](http://www.nphp.gov.au/workprog/sipp/index.htm) or contact the SIPP Secretariat at [kerry.smith@health.gov.au](mailto:kerry.smith@health.gov.au)

## Health system cost of falls in WA

New statistics released by the Department of Health in Western Australia reveal the projected costs of accidental falls in Western Australians aged 65 and over will more than double in less than 20 years. By the year 2021, it is forecast that falls will cost the WA health system \$174 million. In the year 2001/2002, falls cost the State's health system \$83 million.

Conducted by the the University of Western Australia's Injury Research Centre in collaboration with the Department of Health's Injury Prevention Branch, the research also shows the pressure of falls on emergency departments and hospital admissions. Key findings include:

- The number of people presenting at emergency departments as a result of falls will be 39,000, more than double the current number of 18,706; and
- The number of hospital admissions following a fall will be 12,300, compared to the current admissions of 5,923.

Copies of the report of the project, Injury in Western Australia; the health system cost of falls in older Adults in Western Australia can be downloaded from the Internet: [www.population.health.wa.gov.au/promotion/resources\\_promotion.cfm#injury](http://www.population.health.wa.gov.au/promotion/resources_promotion.cfm#injury):

## New on the RCIS Website

Raymond Cripps, Spinal cord injury in Australia 2001-2002.

Shaun Stevenson, John Langle (University of Otago, NZ), Geoff Henley, James Harrison (RCIS), Diagnosis-based injury severity scaling.

Tim Driscoll (ELMATOM Ltd, NSW), Geoff Henley, James Harrison (RCIS), The National Coroners' Information System as an information tool for injury surveillance.



## From the Coroner

### Car jacks

A high number of deaths associated with car jacks prompted the Victorian Coroner, Graeme Johnstone, to recommend changes to this equipment. Over a three year period, 13 people died in Australia while using car jacks, all of them men over 30 years of age. Eight of these deaths occurred in Victoria. There were 3 deaths in NSW, and 1 each in South Australia and Tasmania.

Mr Johnstone, in referring to a 1998 inquest into 2 deaths involving car jacks, noted that in both cases the equipment did not meet Australian standards.

There has been a recent review of the relevant Standard, and a revised Standard will come into operation on 1 December this year.

### Bouncy Castles

In South Australia, on the afternoon of March 2001, a young girl was killed and another 15 people were injured when a whirlwind caused an inflatable structure to come away from its anchorages.

Commonly known as a 'bouncy castle', the structure was anchored to the ground at six separate points. Although the owner of the 'bouncy castle' had resorted to an different system of anchorage, the State Coroner found that 'compliance with the manufacturers' recommendations would not necessarily have avoided the tragedy'. On the contrary, based on evidence from engineers, the Coroner found that the anchorage system specified by the manufacturer in its handbook was inadequate.

The Coroner noted that, although new Occupational Health Safety and Welfare Regulations, which came into effect on 1 July 2001, now require the registration of inflatable structures with Workplace Services, unless the design issues raised by the engineers who gave evidence in this matter are addressed, there is little that Workplace Services will be able to do to prevent a recurrence of this event. In his opinion, the basic design issues raised in evidence here must be addressed.

It was recommended that the relevant Australian Standard (AS3533), where it applies to inflatable structures, should be

reviewed so that it provides that:

- The expected wind conditions in which such devices are required to operate, including the unexpected sudden changes which sometimes occur (on the basis of the meteorological evidence submitted here), should be established; and
- Appropriate anchorage systems, which have been proved to be capable of withstanding such conditions with an appropriate safety margin, can then be specified.

Once such a Standard is established, Workplace Services should refuse to register any such device, thereby allowing it to be used for profit, unless it complies with that standard.

Information related to 'Bouncy Castles' was taken from inquest findings in the matter of Gorostiaga (2003) at [www.courts.sa.gov.au/courts/coroner/findings/index.html](http://www.courts.sa.gov.au/courts/coroner/findings/index.html)

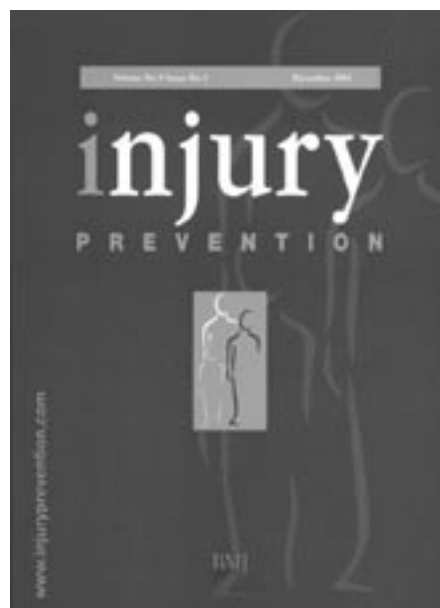
Information about the Victorian Coroner's comments on car jacks was sourced from an article which appeared in *The Age* newspaper on 13 October 2003.

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## Journal: Injury Prevention

The journal Injury Prevention will be bi-monthly from January 2004. Due to the journal's web presence more people than ever have access to the leading multidisciplinary international journal in our field. The journal will continue to regularly include a News and Notes section and many other special features: program reports, guest editorials, commentaries, fillers, book reviews, and letters. Currently the journal is also encouraging submissions regarding program evaluation which are often featured with commentary about evaluation methods which should be of interest to many practitioners.

From 15 October 2003 the free online trial came to an end and access to the website will only be available



to subscribers. Features like Editor's Choice and Abstracts will still be available free to all, but to access the full text website you will need an online subscription.

Subscribing to the online version of the website costs only GBP25 (approx \$60) for a 1 year subscription. Print subscriptions to Injury Prevention include free online access and are GBP85 for individuals (approx \$204) or GBP172 for institutions (approx \$412) (print only).

For more information about signing up for an online subscription see the journal's website: [ip.bmjournals.com/misc/about.shtml](http://ip.bmjournals.com/misc/about.shtml)

# Spinal cord injury, Australia 2001-02

RCIS has just released the most recent of its annual series of reports from the Australian Spinal Cord Injury Register (ASCIR).

In the year 2001-02, 239 of the 398 newly incident SCI cases (60%) had their SCI from traumatic causes. The remaining cases were non-traumatic SCI cases, cases who were admitted with suspected SCI or transient cord concussion but had not lasting neurological deficit and cases who were reported to have died on ward. The last group of cases were Australian residents who had their SCI overseas (3 cases) and non-Australian residents who had their SCI in Australia or overseas. The number of tourists who suffered an injury to the spine (n=7 cases) was similar to the number of reported in previous years.

Given the rarity, at present, of neurological recovery from SCI, cases discharged with a neurological deficit can be regarded as persisting cases of SCI. These cases are an important group to monitor because they contribute to the prevalent SCI population whose health and welfare needs require ongoing management and financial support. The size of the group reflects the cumulative effects of the rate of incidence of SCI, the patient response to retrieval and treatment, and the rate of survival to discharge.

The age-adjusted incidence rate of SCI in the financial

year 2001-02 was estimated to be 12.2 new cases per million population lower than the rate in 2000-01 (13.6 new cases per million population), but not significant different (95% CI 10.6-13.7).

The incidence rates for 2001-02 ranged from a high of 18.3 SCI cases per million of population in Northern Territory to a low of 9.8 SCI cases per million of population in Western Australia. No case registrations were reported for the Australian Capital Territory.

The ASCIR does not currently include paediatric cases in the age range 0-14 years. It is evident from the Register, that the highest case count and age specific rate occurred in the age group 15-24 years. This group accounted for 27% (n=63) of the cases of SCI from traumatic causes. With increasing age, the age specific rate declined with age until age group 55-64 years.

The report also provides clinical information in relation to cases of SCI incident in 2001-02, as well as factors associated with the SCI event.

**Copies of this report are available from the RCIS website. Inquiries about the report can be directed to Raymond Cripps at RCIS, Tel: 08 8374 0970; E-mail: raymond.cripps@flinders.edu.au**

## Staff changes



Our new staff member (pictured above) is Jesia Berry, an MPH graduate of the University of Adelaide, who previously worked for the Clinical Epidemiology and Health Outcomes Unit at Adelaide's Queen Elizabeth Hospital.

After receiving 'an offer she couldn't refuse', Sophie Pointer has left RCIS to take up a senior position with the Drug and Alcohol Services Council (DASC). Indications are that we won't entirely lose contact with Sophie. There is currently discussion about a collaborative piece of work between RCIS and DASC.

## ASCIR Management Structure

With the maturity of the Australian Spinal Cord Injury Register (ASCIR), in operation since 1995, a more formalised management structure for the Register needed to be put in place. The creation of a formal body that has responsibility for custody of data and the authority and expertise to maintain and develop the ASCIR is necessary for an effective, transparent operation of ASCIR.

During the 2003 International Spinal Cord Society (ISCoS) Australasian Branch Conference held in Fremantle, Western Australia in November, the inaugural meeting of the 'ASCIR Operation and Management Board' was held.

Dr Rutkowski, Director of the Spinal Cord Injuries Services at Royal North Shore Hospital was elected as Chairperson. The following Nominees were accepted to the Board: Dr James Harrison, Director RCIS/NISU and AIHW Data Custodian; Mr John Ker, Director, Royal Perth Hospital, Sir George Bedbrook Spinal Unit; Dr Ruth Marshall, Director, Royal Adelaide Hospital Orthopaedic and Spinal Injuries Rehabilitation; Dr Douglas Brown, Director, Austin Hospital, Spinal Injuries Unit; Dr Sue Urquhart, Physician/

Researcher, Princess Alexandra Hospital, Spinal Injuries Unit; Dr Bonne Lee, Physician/Researcher, Prince of Wales Hospital, Spinal Unit, Dr David Roder, Head of the Cancer Statistics Unit in South Australia; and Mr John Walsh, Actuarial, at Pricewaterhouse Coopers.

The Board will help to ensure effective operation and use of the Register, ensure maintenance and development occurs with input from ASCIR stakeholders, foster collaboration between the Research Centre for Injury Studies/National Surveillance Unit (RCIS/NISU) and spinal unit Directors and research staff, and assist the person with the role of Australian Institute of Health and Welfare (AIHW) Data Custodian for the register to fulfil the requirements of that role. It is envisaged that there will be a face-to-face meeting of the Board at least once a year at the ISCoS Australasian Branch Conference.

**Enquiries about the Spinal Cord Injury Register can be directed to Raymond Cripps at RCIS, Tel: 08 8374 0970, E-mail: raymond.cripps@flinders.edu.au**

# Injury research in Australia & New Zealand

Ian Scott

The Injury Prevention Research Institutions of Australasia (IPRIA) is a formal network set up to address issues of importance to injury prevention research. A detailed outline of the IPRIA purposes and membership can be found in Injury Issues Monitor 24, May 2002. This article concerns current or just completed research relating to injury and prevention by IPRIA members. These notes are not exhaustive and intended to be indicative only. Organisational web sites provide a full list of projects and details of programs.

## AUSTRALIA

### Injury Risk Management Research Centre, University of NSW

[www.irmrc.unsw.edu.au/](http://www.irmrc.unsw.edu.au/)

The IRMRC is a joint venture of NSW Health, the Road Traffic Authority and the Motor Accident Authority to foster the development of strategic and independent advice. It is an independent, collaborative centre within the University of NSW involving medicine, engineering and science.

The Centre has five broad areas of research effort: roads; workplaces; sports; children and adolescents; and data. In relation to workplaces, there is work on fatigue, in industries such as mining and trucking, being undertaken by Associate Professor Ann Williamson. In roads, there is work on heavy vehicles and motorcycles and also work on fatigue. In sports, the Australian Football League Research Board is funding research in 2004 on injury and prevention in AFL Junior Football (under 9 to under 18). The US Centers for Disease Control is funding a project from 2004-6 on Minor Traumatic Brain Injury, to be conducted jointly with Mark Stevenson of the International Health Institute and with colleagues in the US. The focus of the research will be on a computerised neuropsychological assessment tool and on the development of protocols for return-to-play. A randomised controlled trial on the use of head gear in rugby union football is being funded by admissions data and road crashes, and examining ways to develop injury prevention for the different sectors in NSW.

#### Post-graduate research:

Rebecca Ennis, an NHMRC PhD scholar, with support from Cricket Australia is researching the workload practices of sub-elite bowlers. Rochelle Eime is using her NHMRC PhD scholarship to research health promotion approaches to increasing



Ian Scott

the use of protective eyewear in squash. Marcia Schmettmann is undertaking doctoral research on parental roles in child poisoning.

### Injury Prevention and Control Australia (IPCA)

[www.ipca.com.au](http://www.ipca.com.au)

IPCA is a not-for-profit company linking five member organisations and eight associate organisations from across a range of sectors. Members are the University of Queensland, Queensland University of Technology, Queensland Health, the Motor Accident Insurance Commission and the Health & Safety Trust. Details of IPCA's structure and the basis for its focus on outcomes-based indicators are available in the Annual Report on their web site. IPCA's five priority injury areas are: childhood injury, injury among young people; injury in the workplace; injury in older adults; and injury among Indigenous people.

#### Child injury:

- A Child Injury Prevention Project

Evaluation (CHIPP)—to evaluate the Child Injury Prevention Program in the Mt Isa and Mackay communities;

- A Childhood Injury Prevention Study (CHIPS) to examine SES differential injury rates using a prospective cohort study of 1,200 Brisbane primary school children;
- Examination of regional differentials in injury and identify opportunities to redress social and socio-economic inequalities; and
- Evaluation of a method for estimating impact forces in playground surface injuries.

#### Young people:

- A 12 year longitudinal study on Risk Taking Behaviour linking traffic offences and hospitalisations in a sample of 4,500 young people;
- The Western Australia Young Driver Study to profile and differentiate between high and low risk-taking drivers and determine whether maturation or experience of adverse events has an effect on young drivers' risk taking;
- Risk Taking in Sibling Pairs, looking at "contagion of risk-taking" between adolescents, focusing on drug and alcohol use;
- Road Rage and Aggressive Driving—a review of the current literature; uses a qualitative study to gather information on common incidents on the road that evoke feelings of frustration, anger and other emotional stress, how drivers respond to such incidents, incidents of aggressive driving, and factors influencing the level of stress. A survey of 500 university and TAFE students and community groups will be made.
- Drink-Walking—Shifting Risks from Drink-Driving explores issues related to drink-walking; identifies the factors influencing it and provides guidelines for countermeasures.

#### Work-related:

Review of injury data and processes for the mining industry. Ann Williamson

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# Injury research in Australia & New Zealand

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(from the University of NSW IRMRC) is evaluating the adequacy of current injury and injury causation sources, looking at frequency and distribution of risk factors. There is work on evaluation of work-rest arrangements, at fatigue and stress, and at fitness for duty practices across the industry.

## Older people:

- An evaluation of the long-term outcomes of the “Stay on Your Feet” program; and
- Stay on Your Feet—Wide Bay Falls in Older Persons will develop and implement a multi-strategy, “bottom-up” program using a participatory action research approach.

## Indigenous:

- Work on indicators for community change, governance, capacity, and functioning;
- Examination of effects of community structures and processes on alcohol reform and alcohol related injury; and
- MCMC case studies project (alcohol and violence) case studies on six identified Indigenous issues.

## Other/Cross-cutting:

- Establishment of the validity of existing disability-based injury severity scores and development of a more sophisticated index;
- Evaluation of community development programs and conduct of a series of systematic review of community based injury prevention programs (including Cochrane Reviews);
- Preparation of a text book on the scientific basis of injury prevention and control; and
- Preparation of a book on moving from “What Works” to “How to make it work”. This will look at how to successfully implement injury prevention strategies into real world community settings makers and practitioners in injury prevention and control.

## Injury Research Centre, School of Population Health, University of WA

[www.irc.uwa.edu.au/](http://www.irc.uwa.edu.au/)

The Road Accident Prevention Research Unit was established in 1989. In July 2001 the Unit extended its study of road traffic-related injury to all areas of unintentional and intentional injury and was renamed the Injury Research Centre.

The Centre’s work includes:

- The Road Injury Database links police reports, hospital admission records and death registrations across 1987 to 2000 inclusive, has over 1.2 million crash records, and permits study of the association between disease and crash risk. Linked records are used in longitudinal analyses which are part of the core research of the Centre;
- Injury Cost Database Development to Facilitate Economic Evaluation of Injury Prevention. For example, computer modelling of side impacts will enable vehicle designers to assess the likely harm resulting from ‘real world’ crashes for various vehicle design options;
- Road Safety and Aboriginal People: a review of the use of alcohol ignition interlocks in Aboriginal communities;
- Crash Involvement of Children/Young People examines the types of crashes and injuries that children aged 0-20 years are involved in. This will provide baseline information for road safety initiatives involving this age group;
- A case-control driver distraction study on the prevalence of distractions and their role in crashes causing driver injury;
- Evaluation of the Graduated Driver Training and Licensing Program, part of which follows a cohort of drivers from obtaining learner driver permits until graduation to a full license;
- Analysis of a travel survey to calculate injury rates based on distance or time travelled to be calculated for different road user groups, geographic areas and age groups;
- Evaluation of Pre-Driver and Novice Driver Initiatives—an evaluation of school-based road safety courses;
- Injured Passengers and Young Drivers uses the WA Road Injury Database to identify any differences in crashes with passengers aged 16-19 years old and those with passengers older than 20 years. It examines the relationship between vehicle power-weight ratio and crashes in newly licensed drivers in WA, and investigates the need to impose restrictions on the power-weight ratio of vehicles that probationary license holders are permitted to drive;
- Retrospective analysis of articulated heavy vehicle crashes, including

incidence, and a pilot study of the health status of drivers involved in crashes;

- Paediatric Injury Surveillance—a needs assessment of the paediatric injury surveillance system at the Princess Margaret Hospital for Children, has resulted in resumed collection;
- Evaluation of the Statewide Falls Policy will develop an evaluation plan for the Statewide Falls Policy;
- An overview of injury in WA 1989-2000 was completed in 2003 and is available on the website;
- WA Injury Risk Factor Surveillance Study. A pilot injury risk study of 300 residents has been completed permitting an analysis of the state-wide prevalence of injury risk factors;
- Needle Stick Injury. An examination of the disposal of equipment and needle stick events; and
- Marine safety. The IRC, in collaboration with the Marine Safety Directorate, will estimate the number of injuries and examine marine safety data needs, particularly in relation to small boats and fishing.

## Centre for Accident Research and Road Safety (CARRS-Q, QUT), Brisbane

[www.carrsq.qut.edu.au/](http://www.carrsq.qut.edu.au/)

The Centre was established in 1996 as a joint venture initiative of the Motor Accident Insurance Commission (MAIC) and the Queensland University of Technology (QUT). In its next developmental phase, the Centre aims to strengthen and broaden research and intervention development in the areas of vulnerable road users, illegal and high-risk behaviours, the human behaviour and technology interface, school and community-based road safety education and fleet and workplace safety. The Centre’s projects are:

- Alcohol Ignition Interlock Devices—a trial of their effectiveness;
- Development of a Model for the Evaluation of Novice Driver Safety Program in the ACT;
- Drug and Alcohol Workplace Safety Education—development and implementation of alcohol and drug workplace safety programs for organisations with 10,000-20,000 employees;

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# Injury research in Australia & New Zealand

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- Examination of the effectiveness of “fear” in Road Safety Advertising – practical and theoretical research on use of fear appeals in advertising;
- Evaluation of Q-Ride—a trial road safety initiative in which accredited rider trainers will provide competency-based training and assessment to motorbike licence candidates;
- Research on the development and implementation of Intelligent Transport Systems. Examine speed camera deployment strategy for effect of mix of covertness/visibility and safe/problematic sites on behaviour;
- Evaluation of “Plan a Safe Strategy Program” (PASS) which targets high school students in Year 10 by tracking traffic offences and crash events;
- Profile of drug-driving as a behaviour of people who take drugs, rather than as a subgroup of driving behaviour;
- Development of resource for older drivers—“Put Yourself in the Picture” is to assist older drivers to better manage their day-to-day driving activity;
- Research and develop resource materials for those tutoring learner drivers—“Ready to Go”;
- Research into the Safety of International Road Users has identified factors contributing to road crashes involving tourists;
- Research on social and legal issues of unlicensed driving, particularly the factors that undermine the deterrent effect of licence loss;
- Review of Random Breath Testing (RBT), looking at ‘best practice’, impact on crashes, community perceptions and self-reported drink driving, and operational practices;
- Risk-taking on the Roads—a 5 year program developing quantitative and qualitative data;
- Safe Travel for School Communities—a trial of the effectiveness of a whole-of-school community approach to school transport safety in four sites in which CARRS-Q is a scientific “knowledge partner”;
- Work-related Road Safety/Fleet Safety reviews existing research and identifies gaps, develops case studies, and looks at practical evaluation;
- Rural and Remote Road Safety Collaborative Study. Evaluation of “Under the Limit” a drink-driving rehabilitation program available

through Magistrates’ courts for serious recidivist drink-driving offenders; and

- Research aimed at building the capacity of government agencies and communities to work in partnership on transport accessibility and safety issues. The research maps factors that stimulate and shape the community’s capacity for involvement in planning, assesses the effectiveness of various models of community involvement, identifies conditions that enhance agency and community partnerships in planning and safety interventions, and identifies challenges in creating conditions that support community partnerships.

#### Post-graduate research:

Subjects being researched include: speed camera deployment; drink-driving recidivism; barriers and facilitators in RBT; fleet safety measures in a large fleet; on and off road factors associated with aggressive driving; illicit drug use by long haul drivers; evaluation of interview techniques to increase accuracy in eyewitnesses; road safety and social implications of unlicensed driving; masculine delinquency and motor vehicle theft. The website has a specific page devoted to post-graduate research and students.

#### Centre for Automotive Safety Research

[casr.adelaide.edu.au/](http://casr.adelaide.edu.au/)

The Centre, at the University of Adelaide, started in July 2003 and incorporates the long-standing NHMRC funded Road Accident Research Unit. It is focused on multidisciplinary research to understand how road crashes and the resulting injuries are caused; development and evaluation of prevention measures, and provision of advice on road safety. The Centre has an impact testing laboratory with machines to simulate head impact and leg impact. Details of the Centre’s research include:

- Research on travelling speed and the risk of crash involvement undertaken in metropolitan in 1996 is the only one of its kind and has been influential around the globe;
- A rural study has been undertaken. There is on-going at-scene crash investigation in the metropolitan area.
- Mitsubishi has funded investigation

of the implications of pedestrian accidents for vehicle design;

- Research is underway on biomechanics and injury, particularly related to brain injury and axones; and
- The Centre continues to evaluate the concept of a protective headband for car occupants, estimating that in about 44% of cases of occupant head injury, the band would provide a benefit.

Documents relating to metropolitan vehicle speed and crash risk, and also to rural speed and risk, to speed and pedestrian fatalities and to roadside hazards, are available on the website. The Annual Report contains a full list of research.

#### George Institute for International Health, University of Sydney

[www.thegeorgeinstitute.org/](http://www.thegeorgeinstitute.org/)

The Institute (formerly known as the Institute of International Health) is focusing on three main areas of research: road traffic injury, predominantly in low and middle income countries and in the broad Asian region; musculoskeletal issues; and trauma care.

#### Road injury:

- Studies on: potential determinants of motor vehicle crashes and injuries among young drivers aged 17-24 years, including road risk perceptions, risky driving behaviours, pre-licensing driving experience, training and education, mental health, and sleep habits; a study on the prevalence of motorcycle helmet use in China and to identification of barriers to helmet use. A systematic Cochrane review of motor cycle helmets. On-going work from the Auckland Car Crash Study on the identification of potentially modifiable risk factors for motor vehicle-related injuries, quantifying the longer-term burden of disability attributable to car crashes, and identification of predictive factors for poor long term outcome. The Institute intends for a researcher to investigate and work on injuries in the Indigenous population, especially in urban areas.

#### Trauma:

- The Institute will be undertaking work on pre-hospital care in low income countries, a cohort study on mild traumatic brain injury in

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# Injury research in Australia & New Zealand

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football, funded by the US Centers for Disease Control and conducted in collaboration with the University of Pittsburgh and the NSW Injury Risk Management Research Centre; studies on the maintenance of glucose levels in intensive care and of the use of saline albumin have been completed.

## Musculoskeletal:

- Musculoskeletal research is under way on bone formation and pain and disability after hip replacement surgery.

## Post-graduate research:

The Institute currently has five doctoral students, three of whom are from low and middle income countries.

## Monash University Accident Research Centre

[www.general.monash.edu.au/muarc/](http://www.general.monash.edu.au/muarc/)

MUARC was established in 1987 to meet the need for longer term road research and evaluate safety initiatives. The Centre expanded its role to incorporate the application of lessons learned in road safety to other areas, since the late 1980s it has been involved in the collection and analysis of injury mortality and morbidity data. A feature of their work is the application of research and its translation into practice. Centre Reports and the journals *Hazard* and *Safety Science Monitor* are available in pdf format on the Centre web site.

## Falls injury prevention:

Risk factors for arm fracture in falls from playground equipment; access to height in domestic dwellings; prevention of falls; evaluation of school fall prevention program; evaluation of older persons' falls prevention programs; production of falls prevention kits (older people, recreation); randomised control trials of falls prevention among older people; a pilot control trial of health benefits of exercise in older people.

## Injury surveillance and epidemiology:

Management and research associated with the Victorian Injury Surveillance and Applied Research System (VISAR); investigation of summary measures of population health to VISAR databases; aviation safety research; human error in maritime operations; patterns and prevention of railway suicides in Victoria; feasibility study for collection of occupation information on injured workers through Emergency Departments;

development of an injury forecasting system; review of injury prevention for those with an intellectual disability; injury intervention and evaluation program for small business; evaluation of sustainability of community based injury prevention program; product safety: home safety rating appraisal; home safety survey analysis; investigation of over-representation of older persons in do-it-yourself maintenance injury; antecedent factors involved in scooter injury; assessment of impairment to dexterity and grip strength caused by wearing wrist guards; performance testing of a spill-resistant tea/coffee mug; motor vehicle exhaust gas suicides and strategies to reduce exhaust gassing suicide; paracetamol overdose in adults.

## Road environment and traffic engineering:

Interface between safety and the environment; railway crossing simulation; road markings and driver safety; safety of small work groups on roadways.

## Road safety systems analysis:

Research on establishment of a state-wide central road crash database; establishing a benchmark of safety; evaluation of 50 km/h default urban speed limit; feasibility study to determine the road safety records, policies and activities of Western Australian workplaces; implementation of performance indicators and evaluation methodology for road safety strategy 2000-2005; investigation of the effectiveness of overt and covert traffic enforcement activity; update of data and review of truck safety; serious injury single vehicle crashes; road user safety: 21-26 year olds and drink-driving behaviour; advances in behavioural research; alcohol, marijuana and simulated driving; the application of crew resource management to road safety in training safer young drivers and passengers in the ACT; behavioural strategies for enhancing driver safety through passengers; benefits and costs of safe driving policy; community acceptance of in-vehicle technologies; drivers' behavioural responses to traffic signs; ergonomic and safety assessment of computer-based patient care management system in ambulances; evaluation of a driver-training program; fleet & corporate safety; hazard perception relating to motorcyclists; safety and human factors issues of intelligent transport systems; young novice drivers and in-vehicle intelligent transport systems; intelligent speed adaptation

and heavy vehicles; the effects of driver distraction; railway crossing simulation; prevalence of drugs in road trauma; the relationship between fuel economy and safety outcomes; review of driving simulation; the TAC Safe-car project; use and effectiveness of manual speed alerting and cruise control devices.

## Vehicle safety:

Aortic, liver and spleen injuries in side impact: differences by side of the road driven; evaluation of the effectiveness of vehicle safety features; head injuries in lateral impacts; modelling occupants in vehicle impacts; pilot study of estimating crashworthiness ratings for vehicles in the NZ fleet; simulator evaluation of new brake light system; vehicle crashworthiness; windscreen degradation and safety.

## Rural injury prevention:

Farm injury risk factors among males (firm) study; pilot of case control study of serious farm injury; rural guidelines for evaluation of injury prevention programs in the rural sector; evaluation of Victorian farm safety initiatives; evaluation of safe tractor access platforms; development of a tractor safety evaluation and rating system; review of Farm-safe Victoria.

## Sports and recreation:

Swimming skills and drowning prevention.

## Post-graduate research:

MUARC strongly supports this work as building injury prevention capacity and argues for increased exchange of post doctoral scholars with other injury centres. The Centre has 15 doctoral students in 2004, including two directly working on issues related to low income countries (drowning and road traffic). Shauna Sherker has completed work on height and under-surface in relation to playground injury. Wendy Watson is looking at current population measures of health status and quality of life as applied to injury.

## The Research Centre for Injury Studies (incorporating the AIHW National Injury Surveillance Unit)

[www.nisu.flinders.edu.au](http://www.nisu.flinders.edu.au)

The RCIS is a research centre within the School of Medicine at Flinders University in Adelaide.

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# Injury research in Australia & New Zealand

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The largest program of the Research Centre is the National Injury Surveillance Unit (NISU) which is a collaborating unit of the Australian Institute of Health and Welfare (AIHW). The roles of NISU are to analyse and report on existing data, assess needs and opportunities for new or improved information sources and methods and, where feasible, to develop them, and to provide advice and assistance to others engaged in injury surveillance and related activities. NISU produces periodic statistical reports on injury deaths, injury hospitalisations and spinal cord injury. Other current NISU projects include:

- Preparation of the injury section in the AIHW publication *Australia's Health*;
- An updated analysis of health priority area injury indicators and review of methods for detecting change in injury indicators.
- Analysis of data on hospitalised injury of Indigenous Australians to accompany a previous report on injury mortality;
- Analysis of regional and socio-cultural aspects of hospitalisation due to falls by older persons;
- Continuing work on the International Classification of External Causes of Injury (ICECI), including indexing and conversion to electronic document form;
- Further development of a module of questions designed for Computer Aided Telephone Interviewing (CATI), focussing on knowledge, attitudes and behaviour concerning risk factors for injury;
- Analysis of multiple cause injury mortality data;
- Investigation of data linkage applied to spinal cord injury register data;
- Development of proposals for revision of the sections of ICD-10-AM relevant to injury surveillance;
- Trial application of injury severity scores based on an adaptation of the ICISS method.

Current activities of the Research Centre, beyond the NISU program, are mainly in three areas:

- *Injury and Indigenous Australians*: topics include injury in Central Australia, and a developing program, centring on injury and alcohol, within the CRC on Aboriginal Health.

- *Work-related injury*: current and recent work includes assessment of design related factors in occupational injury and classification development.
- *Alcohol and injury*: An approach used for a project alcohol and water safety has provided a basis for examining other topics, initially alcohol and occupational injury.

Funding is variously from competitive grant programs, competitive tenders and consultancy projects. The Research Centre works closely with the Flinders Centre for Epidemiology and Biostatistics.

## Trauma and Sports Injury Prevention Research Unit, Department of Epidemiology and Preventive Medicine, Monash University

[www.med.monash.edu.au/epidemiology/traumaeipi/](http://www.med.monash.edu.au/epidemiology/traumaeipi/)

The Victorian Department of Human Services (the Department) and the Victorian Trauma Foundation (VTF) established the Victorian State Trauma Registry to monitor and evaluate the State's trauma system. The need to monitor and evaluate the system was identified in the Ministerial Review of Trauma and Emergency Services—Victoria 1999. Accordingly, a project to develop a monitoring system, including the establishment of the Victorian State Trauma Registry, was established and undertaken by the Victorian State Trauma Outcome Registry and Monitoring group (VSTORM) from Monash University's Department of Epidemiology and Preventive Medicine. Registry will provide information for monitoring the performance of the State's trauma system. Data collected during the first year is summarised in the Annual Report and provides the baseline against which such monitoring evaluations will be made. The current emphasis is on improving the trauma and orthopaedic registries and the outcome and disability measures. Once these improvements are made it is anticipated the Unit will start to undertake projects related to management and prevention.

## Details not to hand

At the time this article went to press details were not available for: the NHMRC Prevention of Injuries in Older People

Partnership Project or for the Australian Agricultural Health Unit.

## NEW ZEALAND

The 2004 research agenda will be congruent with the New Zealand Injury Prevention and Implementation Strategies. These documents are central to current work in NZ and can be found at [www.nzips.gov.nz](http://www.nzips.gov.nz).

## Injury Prevention Research Centre, University of Auckland [www.auckland.ac.nz/ipc](http://www.auckland.ac.nz/ipc)

- The IPC has completed the development of a school safety resource—the ACC “Think Safe in School Injury Prevention 2003”. It covers pre-school to Year 13 under four themes: exploring life; understanding injury prevention; analysing risk; and building safe environments;
- There is work with the NZ Yellow Ribbon program on a school suicide prevention program developing criteria to evaluate essential and ideal programs for suicide prevention. There will be a website associated with this work;
- A survey of national and local authorities on perceptions, attitudes and resources relating to young people and safer public places is currently being written up. A NZ tender for addressing related issues will be let in 2004;
- A population based survey of 2,500 on violence against women is part of a series of WHO studies around the world;
- The Centre is working on evaluating the ACC “Think Safe” program to determine barriers and enablers to community action, to test the degree to which the ACC program has engaged with the community and, in the medium term has reduced injury. The first report is available on the IPC website;
- “Working in Workplaces” being run with NZ Post focuses on the management of alcohol and drugs using the slogan “Not at work, mate!”. This work will continue in 2004;
- The Centre is working on a home injury study using the ACC data base. This project is facing significant difficulties

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# Injury research in Australia & New Zealand

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because of coding issues and looking at the concept of host responsibility in relation to alcohol. Would the injury have occurred if intoxication was not involved?; and

- There is work on the development of an evaluation training module for the Land Transport Authority centered on improving capacity to have an effect through training and evaluation.

## Post-graduate research:

Dr Marilyn Brewin has had her Doctorate conferred for work on injury prevention and indigenous people—"It's all about Whakapapa: Maori community injury prevention". Jemaima Tia-Tia has submitted her doctoral thesis on Pacific young people and suicide: "Reasons to live—Samoan young people's responses to suicide". This was the subject of her keynote address at the injury conference in Perth, March 2003.

## Injury Prevention Research Unit, University of Otago

[www.otago.ac.nz/ipru/](http://www.otago.ac.nz/ipru/)

The Injury Prevention Research Unit (IPRU) was established late in 1990. Following some injury prevention research, the Health Research Council of New Zealand (HRC) accepted an application for the establishment of an HRC/ACC funded injury prevention research group.

## Sport and recreation:

- Work continues on a long standing research and evaluation on programs to reduce rugby injuries and on sports injury surveillance;
- A literature review on head injury in sport, identification of promising strategies including equipment such as headgear/helmets and mouth-guards; and
- Epidemiologic and literature review of water sport and recreation including a case control study to identify risk factors in recreational swimming.

## Child and adolescent injury:

- A review of home injury in children under 5;
- Evaluation of effectiveness and best practice in home visiting and safety;
- Investigation of rates of correct/incorrect use of child car seats;
- Barriers to the correct use and means of data collection;
- Review of data and means of identifying

- long-term, high-cost child injury;
- Biomechanical risk assessment of free-falls from playground equipment including force resistance and computer simulation of fracture risk; and
- Evaluation of playground safety policy, particularly the new standard.

## Community injury prevention:

Assess institutionalisation of programs that are no longer pilots, and of means of measuring success in small community injury prevention projects.

## Work:

- Investigate numbers and circumstances of work-related motor vehicle traffic crashes;
- Descriptive epidemiology of child work-related fatalities;
- Farm Injury Risk Among Men (FIRM). An investigation, with Australian colleagues, of risk factors and exposure to hazards among adult male farmers in Victoria;
- Develop methods for monitoring injury and exposure and to evaluate the Farmsafe™ program; and
- Development of collection and dissemination of injury data for the construction industry.

## Injury surveillance:

- Determine coding errors in the E-codes and Injury Codes in the NMDS;
- Monitoring non-fatal injury as a measure of road safety performance;
- Investigate the applicability of the ICISS severity estimator to the ICD-10-AM coding scheme as a measure of trends in non-fatal injury;
- Demonstrate and estimate influence of other factors on trends in brain injury data;
- Collaborate to assess formal validation criteria for indicators of injury occurrence, and to implement their use in assessing commonly used indicators.

## Cost/compensation:

- Examination of the significance of inpatient treatment on cases and compensation in ACC.

## Road/young drivers:

- Cohort Study of Novice Drivers identifying factors associated with risk and risk reduction. The project will test if there is a difference in drivers who persist in risky driving behaviours.
- Overview of experience with graduated licences in NZ;

- Monitor the effectiveness of the ACC "Stop Bus" program to reduce the incidence and severity of alcohol-related crashes; and
- To identify factors in adolescence that contribute to drink-driving in the early adult years. This has a particular focus on parental modelling.

## Maori injury:

- Descriptive epidemiology of crashes involving young Maori drivers and hazardous drinking among tertiary students.

## Alcohol:

- Test of alcohol use survey and the efficacy of an electronic tool; and
- A screening and intervention for hazardous alcohol use among young people looking at methodological issues before large scale implementation.

## Intentional injury:

- Non-Fatal Deliberate Self-Harm in the Community: Occurrence, Nature, and Risk Factors;
- Suicidal Ideation and Attempts in Early Adulthood: Prevalence and Adolescent Risk Factors; and
- Common and Unique Predictors in Adolescence for Physical Assault, Victimization, and Suicidality in New Zealand Young Adults.

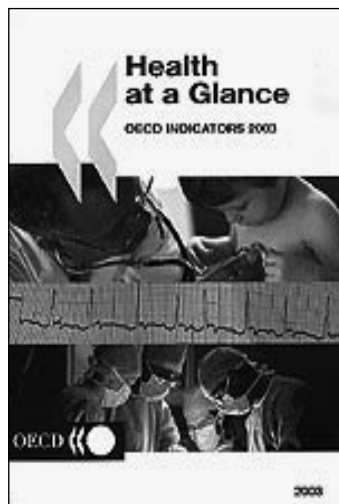
## Scientific collaboration:

- Research on Prior Injury as a Risk Factor for Self Harm;
- Child and Youth Mortality Review - Suspected Suicide;
- Incidence, Impact, and Risk Factors for Being a Victim of Physical and Sexual Assault; and
- Unit Researchers are also advisors on a series of other projects: Domestic fire incidents—descriptive epidemiology of fire incidents involving injury; a spatial and socio-economic analysis of fatal events and an evaluation of the Auahi Whakatupato (be alarmed - get alarmed) fire safety project in Eastern Bay of Plenty; Safe communities for people with intellectual disabilities; Descriptive epidemiology and examination of nature and trends in facial fractures among older people.

**Ian Scott is a long-standing and well-known injury prevention specialist. Most recently he has worked for the Injury Prevention Section of the World Health Organization's office in Manila and has recently taken up a position in WHO's Geneva office.**

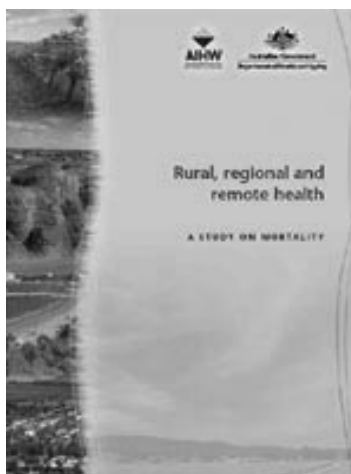
# Something to read ...?

## Health at a glance—OECD indicators 2003



This report presents comparative data on four key dimensions: health status (life expectancy, premature mortality and self-reported health), health care resources and their utilisation (practising physicians and nurses, medical technologies, hospital beds, average length of stays), health expenditure (per capita and as a proportion of GDP, including a breakdown between public and private sources), and non-medical determinants of health (tobacco and alcohol consumption, and obesity). The book is available for \$28 from the OECD website: [oecdpublications.gfi-nb.com/cgi-bin/oecdbookshop.storefront](http://oecdpublications.gfi-nb.com/cgi-bin/oecdbookshop.storefront)

## Rural, regional and remote health—a study on mortality



This report updates and builds on findings from the 1998 AIHW report, Health in Rural and Remote

Australia, which identified higher death rates outside major metropolitan areas. However, it has been unclear how much of these higher death rates are due to rural health issues, or Indigenous health issues. This report largely resolves this uncertainty by controlling for Indigenous status and describing for each region: differences in death rates; trends in mortality over time; and how many more deaths occurred than were expected (if lower major cities rates had applied in each region). Copies of the report can be downloaded from the internet: [www.aihw.gov.au/publications/index.cfm?type=detail+id+9411](http://www.aihw.gov.au/publications/index.cfm?type=detail+id+9411) or purchased in printed form for \$40 from CanPrint, Tel: 1300 889 873, E-mail: [sales@infoservices.com.au](mailto:sales@infoservices.com.au)

## Indicators of Health Risk factors: the AIHW view



This information paper will be of interest to those who use health information for research or policy making. It facilitates discussion about the methods of collecting and reporting the information and how it is applied and interpreted. Alcohol consumption is one of the four health risk factors presented in the report. Copies can be downloaded from the internet: [www.aihw.gov.au/publications/index.cfm?type=detail+id+9349](http://www.aihw.gov.au/publications/index.cfm?type=detail+id+9349) or purchased for \$21 from CanPrint, Tel: 1300 889 873, E-mail: [sales@infoservices.com.au](mailto:sales@infoservices.com.au)

# Something to read ...?

## The Injury chartbook



Produced by the Department of Injury and Violence Prevention at the World Health Organization, The injury Chartbook provides a graphical overview of the burden of injuries. The report can be downloaded from the Internet: [www.who.int/violence\\_injury\\_prevention/injury/chartbook/chartb/en/](http://www.who.int/violence_injury_prevention/injury/chartbook/chartb/en/) The website also provides powerpoint versions of the various charts.

## Health & Welfare of Australia's ATSI peoples 2003



The fourth edition of The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples provides a unique overview of the health and welfare of Australia's Indigenous population. The report draws on the extensive surveys and censuses conducted by the Australian Bureau of Statistics and the range of data held by the Australian Institute of Health and Welfare. The result is a publication that covers topics as diverse as population statistics, housing and infrastructure, community services and housing assistance, health status, death and sickness, and the availability, resourcing and use

of services. The report is available on-line: [www.aihw.gov.au/publications/index.cfm?type=detail&id=9226](http://www.aihw.gov.au/publications/index.cfm?type=detail&id=9226) Printed versions can be purchased for \$60 from the ABS, +61 2 6252 5249; E-mail: [client.services@abs.gov.au](mailto:client.services@abs.gov.au)

## Editor's Note

The Injury Issues Monitor is the journal of the Research Centre for Injury Studies at the Flinders University of South Australia.

Letters to the Editor are welcome.  
Editor: Renate Kreisfeld

Mark Oliphant Building, Laffer Drive, Bedford Park,  
SA 5042, Tel: 08 8374 0970; Fax: 08 8374 0702;  
E-mail: [renate.kreisfeld@flinders.edu.au](mailto:renate.kreisfeld@flinders.edu.au)



**Australian Government**

**Australian Institute of  
Health and Welfare**

**Department of  
Health and Ageing**

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# Something to read ...?

## Promotion, Prevention and Early Intervention for Mental Health



This report provides a description of a national consultation that was undertaken in 2001-2002 to provide feedback on two companion national policy documents - National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000 (Action Plan 2000) and Promotion, Prevention and Early Intervention for Mental Health: A Monograph (Monograph 2000). The consultation was undertaken as a partnership between Auseinet, the states and territories, and the consultant

writer of the documents, Debra Rickwood. The report can be downloaded from the Internet: [www.auseinet.com/resources/auseinet/index.php#natconsrep](http://www.auseinet.com/resources/auseinet/index.php#natconsrep)

## Older patients attending general practice in Australia 2000-2002

This report is the first study of GP encounters with older patients in Australia. It is a secondary analysis of data from the third and fourth years of the BEACH program. It describes the characteristics of older patients and the content of their GP encounters. Comparisons are made between the encounters with patients aged 65-74 years, and those aged 75 years or more. Results are also compared with an earlier study conducted in 1990-91. This report examines the management rates and prevalence of the most common chronic conditions. The characteristics of the patients, their problems and management are also examined for encounters at which an Enhanced Primary Care (EPC) item was recorded. This report is available on the Internet: <http://www.aihw.gov.au/publications/gep/opagpa/> Printed copies can be purchased for \$25 from CanPrint, Tel: 1300 889 873, E-mail: [sales@infoservices.com.au](mailto:sales@infoservices.com.au)

## Diary

**Note: where available, Internet addresses have been provided below for conference websites. For those meetings that don't have their own website, detailed descriptions of the events are normally available at our web site: [www.nisu.flinders.edu.au/events/](http://www.nisu.flinders.edu.au/events/)**

### 13th International Safe Communities Conference

2-4 June 2004

Prague, Czech Republic

Contact: 13SafeComm Conference Secretariat, Tel: +420 224 942 575, Fax: +420 224 942 550, E-Mail: [safe@cbttravel.cz](mailto:safe@cbttravel.cz) Website: [www.13safecomm.com](http://www.13safecomm.com)

### 7th World Conference on Injury Prevention and Safety Promotion

6-9 June 2004

Vienna, Austria

Contact: Fax: +43 1 715 66 44 30;

E-Mail: [safety2004@sicherleben.at](mailto:safety2004@sicherleben.at)

Website: [www.safety2004.info](http://www.safety2004.info)

### 10th International Conference on Emergency Medicine

6-10 June 2004

Cairns, Queensland

Contact: Intermedial Convention and Event Management, Tel: +61 7 3858 5535,

Fax: +61 7 3858 5510, E-mail: [icem2004@im.com.au](mailto:icem2004@im.com.au),  
Website: [www.icem2004.im.com.au](http://www.icem2004.im.com.au)

### 4th annual NSW Safe Communities Symposium

28-29 July 2004

Sydney

Contact: Jennie Pry, NSW Safe Communities Capacity Building Program, Tel: +02 9858 7973 (Mon, Wed & Thurs), Mobile: 0405 452 512, E-mail: [jpri@doh.health.nsw.gov.au](mailto:jpri@doh.health.nsw.gov.au)

### Definitive Surgical Trauma Care Course

28-29 July 2004

Sydney

Contact: Charmaine Miranda, Trauma Department, Liverpool Hospital, Tel: +61 2 9828 3928, Fax: +61 2 9828 3926,

E-mail: [charmaine.miranda@swhs.nsw.gov.au](mailto:charmaine.miranda@swhs.nsw.gov.au)

### SWAN XII Trauma Conference

30-31 July 2004

Sydney

Contact: Thelma Allen, Trauma Department, Liverpool Hospital, Tel: +61 2 9828 3927, Fax: +61 2 9828 3926,

E-mail: [thelma.allen@swhs.nsw.gov.au](mailto:thelma.allen@swhs.nsw.gov.au)

### 7th Australian Injury Prevention Conference and Pacific Rim Safe Communities Conference

15-17 September 2004

Mackay, Queensland

Contact: Maria Lamari, Conference Secretariat, PO Box 3090, Norman Park QLD 4170,

Fax: +617 3847 2148, Website: [www.nisu.flinders.edu.au/ainconference2004](http://www.nisu.flinders.edu.au/ainconference2004)

### Definitive Surgical Trauma Care Course

16-17 November 2004

Melbourne

Contact: Lyn Journeaux, Trauma Offices, Royal Australasian College of Surgeons,

Tel: +61 3 9276 7448, Fax: +61 3 9249 1298,

E-mail: [lyn.journeaux@surgeons.org](mailto:lyn.journeaux@surgeons.org)

### Asia-Pacific Conference on Public Health

29 November to 3 December 2004

Brisbane

Contact: Brian Oldenburg, School of Public Health, Queensland University of Technology,

Tel: +61 7 3864 3925, Fax +61 7 3864 5435, E-mail: [b.oldenburg@qut.edu.au](mailto:b.oldenburg@qut.edu.au) Website: [www.apacph.org](http://www.apacph.org)