

Snapshot of the health, safety and well-being of Australian youth in 1999:

- injury rates for the age group 15-24 years are high compared with other age groups
- young people aged 15-24 years have the highest prevalence of injuries of all age groups
- the difference in injury rates between males and females varies by age; the ratio of male to female injury death and hospitalisation rates for the age group 15-24 years is 3.5 and for 24-35 years 3.7
- the injury death rate for young males aged 12-24 years has decreased substantially from just over 100/100,000 in 1979 to 62/100,000 in 1992 and remains at around that level
- the injury death rate for young females has fallen from 28/100,000 in 1979 to 18/100,000 in 1997
- the gender differential in injury death rates for young people has not changed greatly over the period 1979-1997 ranging between 3.2 and 4.2
- for the age group 12-24 years, death rates are highest at 18-24 years for both males and females
- hospitalisation rates are highest for 17-24 year olds of both sexes
- in 1997, motor vehicle crashes were the most common cause of injury-related death for females and second most common for young males; for males suicide was the most common

Graduated Driver Licensing Reduces Crashes

(an abridged version of what appeared in a recent issue of the industry journal *The Instructor*)

Graduated Licensing Programs that have been introduced in a number of overseas jurisdictions are showing promising results in recent evaluation studies. In Canada, the GLP that was introduced in Ontario in 1995 resulted in a 31% reduction in the collision rate of novice drivers.

In analysing fatal and injury collisions, the study found there were also other improvements, which varied significantly by gender. For females, the improvement rate was 34% compared to 19% for novice male drivers.

Under the Ontario system, novices are rewarded if they complete an approved driver training course.

Similarly, British Columbia introduced a GLP on August 1, 1998 and in March 99, the Insurance Corporation of British Columbia (the provider of the NSW equivalent of Green-Slips) hosted an

cause

- injuries to young people caused by violence are a relatively common reason for hospitalisation; the overall mortality rate associated with violence was around 2/100,000, higher for males than females
- a higher proportion of young people were victims of assault than for the whole population in 1996, with a rate for young males of just under 1500/100,000 compared with 700/100,000 for all males and 1100/100,000 for young females compared with under 500/100,000 for all females
- injury shows a marked gradient across socioeconomic disadvantage groups (except quintile 3) with young people in quintile 5 having 1.8 times the death rate of those in quintile 1; transport-related deaths (2.2) and suicide (1.5) were the largest components
- the overall death rate for young people aged 15-24 years who were born in Australia was 1.2 times higher than for those born overseas; the injury rate ratio was 1.2, but for violence it was lower - 0.7

In summary, Australia's young people are in good health and it's improving, but there are still some areas of concern, some groups are comparatively worse off, and gender differences continue.

Source: Moon L, Meyer P & Grau J. Australia's young people: their health and well-being 1999.

Australian Institute of Health and Welfare, Canberra, 1999.

Jan Shield, Dept of Justice



Public Health Perspectives on Interpersonal Violence: Report on a Roundtable Discussion

We public health workers keep saying to ourselves that injury is a field that requires intersectoral action for success. But we often go on to comment that other sectors do not always share this perspective. In particular, the barriers between public health and the criminal justice system are often formidable.

Accordingly, it was good to see the Australian Institute of Criminology (AIC) convene a Roundtable discussion on *Public Health Perspectives on Interpersonal Violence*. This took place in Canberra on 7 September 1999 and involved about 20 invited participants. They came from diverse parts of the Canberra community, including people working in such fields as policing, victim support, Indigenous health, Commonwealth and ACT public health policy and programs, criminology & public health research and statistics, criminal intelligence, forensic psychiatry, crime prevention, etc.

The Roundtable was chaired by Dr Adam Graycar, Director of the Australian Institute of Criminology, as one of a series exploring contemporary issues of significance to public policy. He pointed to the importance of intersectoral work, explaining that he saw the purpose of the Roundtable as being to explore the nature of the public health perspective on interpersonal violence and its prevention.

The discussion focused on the contents of two background papers that had been prepared for the Roundtable. The first of these came from David McDonald of the National Centre for Epidemiology and Population Health. It sought to describe the public health approach to this problem and to contrast it with traditional criminal justice system approaches. He argued that the injury prevention and control field within public health has much to contribute to the prevention of interpersonal violence but it has its limitations, too. He urged caution about the use of risk factors as tools for understanding the causes of interpersonal violence and its prevention, pointing out that the risk factors usually identified tend to be unmodifiable or fail to capture the complex aetiology of violence

including the long causal chain.

Dr Peter Grabosky, Director of Research at the Australian Institute of Criminology, presented the second background paper which, he explained, will later be presented to the October 1999 Global Symposium on Violence and Health (WHO Centre for Health Development, Kobe, Japan). He commenced by reminding us that Western societies are less violent nowadays than in the past. Although the prevention and control of violence has been traditionally the province of criminal justice agencies, many institutions of social control lie outside the criminal justice system and the link between violence and health has become increasingly apparent. He presented a variety of possible models for the provision of services which address risk factors and/or which serve to mitigate the impacts of violence on victims. He then painted a wide-ranging canvas of the possible institutional configurations for service delivery, emphasising the need for cultural appropriateness, and concluded with a discussion of best practice in disseminating findings as to what works (or shows promise) in the violence prevention field.

Wide-ranging discussion followed, revealing both common and diverging perceptions among the participants, as to the nature of the problems and options for prevention. Topics covered included the following:

- The epidemiology of violence: is there a base rate for violence in Australia and if there is, are we on it, above it or below it?; violence as random events or clustering?; surveillance
- Overlapping characteristics of victims and offenders: the sensitivities in this assumption as it applies to domestic violence
- Violence in Indigenous communities: increasing propensity for people to speak out about Indigenous family violence; men taking increasing responsibility to discuss this publicly and to intervene
- Implications of repeat victimisation & repeat offending
- An emerging trend to avoid the term 'victim' (especially in a domestic violence situation) as it is a problematic label, focusing on just one aspect of the woman's life and implying a passive, negative role
- The impacts of culture: differing attitudes to interpersonal violence among different cultural groups in Australia
- Levels of intervention: from the most

proximate to far upstream; narrowly targeted or broad-brush?

- The need for a strategic shift from short-term pilot projects to ongoing, community-wide interventions
- Violence in schools, especially the apparent increase in the incidence of girls as perpetrators of in-school violence, etc.

A fuller report on the Roundtable will be published by the AIC probably later in the year. In the meantime, copies of the Roundtable background papers can be obtained from their authors:

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NIPAC Demise?

News from the PHA Injury Prevention Special Interest Group

The National Injury Prevention Advisory Council has met over the past three years to provide advice and strategic direction to national injury prevention initiatives. It was established by the Commonwealth Department of Health and Aged Care to provide advice to the Department. Peter Vulcan, recently retired from the Monash University Accident Research Centre (MUARC), chaired the group.

Its strength lay in its multiagency, multidisciplinary injury prevention expertise and experience. It included researchers, policy makers and practitioners. Most States were represented, as well as diverse organisations such as Australian Agricultural Health Unit, Worksafe, Transport, National Injury Surveillance Unit, Kidsafe Australia, Australian Injury Prevention Network, MUARC, etc.

Three documents were developed.

- *Directions in Injury Prevention: Research needs*
- *Directions in Injury Prevention: Good Buys the the Next Decade*
- *Draft National Injury Prevention Action Plan: Priorities for 2000-2002*

These documents are available from the Commonwealth Department of Health and Aged Care, Phone 02 6289 4391

At the most recent meeting of NIPAC on 19 January 2000, it was announced that, as the term of NIPAC was now completed, this meeting was probably the last in its present format. The implementation of the Action Plan requires the ongoing involvement and commitment of all jurisdictions. The National Public Health Partnership (NPHP),

with representatives from the Commonwealth and all States and Territories will be asked to establish an Implementation Working Group. This group will identify roles and responsibilities outlined in the Action Plan as well as individual priorities, resources and activities to support the Action Plan.

Decisions on the composition of a new body to advise on injury prevention and control will be made in the light of the development of the National Health Priority Action Council and its requirements for advice.

Participants at the meeting were concerned that the impetus for injury prevention that has developed over the past three years may be lost once injury prevention has to 'compete' with other health priorities, such as cardiovascular disease and cancer.

Nevertheless, the Draft Action Plan has been revised to take into account feedback from a round of consultations undertaken with stakeholders in November 99. The NIPAC members provided additional recommendations to strengthen the rationale for the four priority issues that were chosen (falls in older persons, falls in children, drowning and poisoning in young children), and to provide details of the criteria relating to the selection of these issues within the relevant sections of the document. Information on activity that is the responsibility of non-health organisations (such as workplace and transport injury) was also to be added to the rationale to explain why these had not been included in this document.

The final version is to be submitted to the NPHP in February, to the Australian Health Ministers Advisory Council in June and to the Australian Health Ministers Conference in July 2000.

The NPHP which viewed the draft Action Plan at its August meeting, has also recommended the development of an Indigenous Injury Prevention Action Plan. Discussions have commenced at the Commonwealth level with the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Office of Aboriginal and Torres Strait Islander Health (OATSIH).

Further information will be provided as it comes to hand.

The Public Health Association of Australia is represented on the National Injury Prevention Advisory Council (NIPAC) by the Convenor of the IPSIG, Fran McFadzen. Phone 07 4939 5678 ah

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The Royal Life Saving Society Australia (WA)

The Royal Life Saving Society Australia, WA Branch has recently received funding by the Rural Health Support, Education and Training program (RHSET), Commonwealth Department of Health and Aged Care, to develop an injury prevention module for inclusion in curriculum materials for the Advanced Certificate in Aboriginal Health Work.

This will also involve delivering lectures on injury prevention (with particular emphasis on drowning prevention) to students who attend the Marr Mooditj Aboriginal College in Perth and the regional and remote centres of Broome, Kalgoorlie and Ngaanyatjarra. Resources will also be developed for wider dissemination throughout Aboriginal communities in Western Australia.

For further information please contact Marilyn Lyford, Health Promotion Coordinator, on telephone (08) 9383 9988 or email: rlsswa@msn.com.au

Safety Centre joins the Safe Communities network (Vic)

The Royal Children's Hospital Safety Centre in Melbourne has become the fourth international Safe Communities Support Centre affiliated with the World Health Organisation's Collaborating Centre for Community Safety Promotion. Professor Lief Svanstrom, accompanied by Mrs Moa Susdstrom presented the accreditation certificate at a ceremony held at the Royal Children's Hospital in April 1999 (below).

The Safety Centre is now part of the planning committee for the City of Melbourne WHO Safe Communities accreditation and symposium.



Launch of Safety Centre Website (Vic)

www.childsafety.com.au went live in September 99, sponsored by SouthEast Water. The site provides practical information on safety for parents and children, teachers and students, health professionals and others.

Right: Naomi Robson and David Johnston of Channel 7 at Website launch.



Tap into Safety
Visit the safety centre child safety website at:
www.childsafety.com.au
...for loads of great ideas on how to keep kids safe.

SOUTH EAST WATER
Giving Water For You
815 FOURING BEND ROAD

Safety Centre
Royal Children's Hospital

The SAFE AT HOME Program (Vic)



This program targets culturally and linguistically diverse communities in Melbourne. It is a collaborative program between the Fire Prevention Department of the Metropolitan Fire and Emergency Services Board and the Safe Accident Free Environment Program of the Royal Children's Hospital.

The lecture and demonstration presentations are combined with other interventions such as interviews with fire fighters and peer education on ethnic radio and in ethnic newspapers. This partnership and concept has been very successful, recently winning recognition (pictured above) as a best practice model in service delivery from the Multicultural Affairs Unit of the Victorian Department of Premier and Cabinet.

Barbara Minuzzo
Safety Centre, Royal Children's
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Melbourne: the WHO Safe Communities Network reaches 50!

The City of Melbourne is to become the 50th member of the World Health Organisation's Safe Communities Network when accreditation is officially bestowed on 4 April 2000. Melbourne proudly takes its position as the first state capital in the southern hemisphere to be admitted into the Network; Anchorage, Alaska, recently became the world's first state capital to receive accreditation.

Melbourne city has a long history of working with the resident community on challenging social issues - drugs, alcohol, taxis, nightclubs, public safety issues.

The Victorian Premier, Mr Steve Bracks, will participate in the accreditation ceremony for Melbourne, together with a number of Government Ministers, the Lord Mayor and City CEO. Professor Leif Svansson, Director of the WHO Collaborating Centre on Community Safety Promotion in Sweden will officiate.

The ceremony will coincide with Melbourne hosting the third International symposium to discuss the application of the Safe Community concept in large urban environments. Monash University Accident Research Centre and Melbourne's Royal Children's Hospital Safety Centre (as WHO Safe Community Affiliate Support Centres) will host an international meeting of Safe Community Evaluation and research personnel during the accreditation week.

The Victorian Safe Communities Network (which hosts the annual Community Safety Week in Victoria, 3-9 September, 2000) will also participate by hosting a travelling seminar to showcase community safety initiatives.

The travelling seminar will take in a range of settings including the City of Melbourne; the Cities of Hume and Greater Dandenong on Melbourne's outskirts; and the Rural City of Wangaratta and the Shire of La Trobe in regional Victoria. Both La Trobe and the City of Hume are accredited WHO Safe Community Network Members.

For more information check the internet web site for the WHO Collaborating Centre on Community Safety Promotion at www.ki.se/phs/wcc-csp/ and the Victorian Safe Communities Network at www.general.monash.edu.au/muar/vscn/vscn/html



About Youthsafe

Co-ordinated by Spinesafe, a not-for-profit organization, Youthsafe is committed to the prevention of injuries in young people aged 15-25 years. Youthsafe works at local and state levels in co-operation with government, industry, community groups, educational institutions, the media and other non-government organizations.

Background

At the inaugural Youthsafe Forum in July 1999, participants identified a role for Youthsafe in the area of youth injury prevention in NSW. As a secretariat/resource centre, Youthsafe now offers a range of services to best meet the needs of the wide variety of organizations involved in youth injury prevention. Youthsafe, co-ordinated by Spinesafe Education Program Ltd, aims to foster the development of partnerships and collaboration within the field of injury prevention and is committed to strong advocacy and best practice initiatives.

Youthsafe is funded by Northern Sydney Health and supported by NSW Health.

Youthsafe Activities 1999-2000

- § Development of a data base of contacts and projects for youth injury prevention
- § Development of the Youthsafe Website with links to related sites
- § Distribution of a quarterly newsletter (electronically and by mail) Issue 1 April 2000.
- § Provision of a clearing house for resources/research material relating to youth injury prevention
- § Convening biannual Youthsafe Forums to provide opportunities for networking, professional development and collaboration in youth injury prevention.
- § Developing youth road safety project funded by the RTA
- § Conducting evidence-based research in youth injury prevention
- § Promoting opportunities for joint projects

Contact Details

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conferences

INJURY 2000 incorporates three conferences.

- § TRAUMA AND ACADEMIC EMERGENCY MEDICINE - 19-23 November 2000
- § INJURY PREVENTION - EVERYBODY'S BUSINESS: The Fourth National Conference on Injury Prevention and Control, Canberra, 22-25 November 2000
- § ACUTE TRAUMA MANAGEMENT - 24-25 November 2000

INJURY PREVENTION - EVERYBODY'S BUSINESS:

The AIPN has again been selected to convene the 4th National Conference on Injury Prevention and Control (4NCIPC) with the support of the Commonwealth Department of Health and Family Services. Conference organiser, Mary Sexton, and the scientific program committee have put together an exciting and challenging program to showcase the wonderful work of those of us working in this important field. Overseas guest speakers include Michael Resnick. Special registration rates will be available for AIPN members.

AND 4NCIPC is back to back with the Public Health Association of Australia's 32nd National Conference 26-28 November. A combined AIPN/PHAA workshop on Indigenous Injury Prevention is to be conducted on Sunday 26 Nov 2000. More detail later.

All of the above conferences are in Canberra.



Queensland Injury Surveillance Unit

QISU offers the following services

- \$ injury data collection, collation, analysis and reports
- \$ Injury Bulletin, a regular newsletter detailing information on injuries
- \$ Marketing advice and marketing and advertising implementation
- \$ Program planning, evaluation design and implementation support.

e-mail: mail@qisu.qld.gov.au

or visit the website www.qisu.qld.gov.au

07 3840 8569



Virtual AGM for AIPN

Thanks to the untidiness of holding conferences further apart than every 12 months, your committee has decided to hold a 'virtual' AGM in April or May to present members with president's and treasurer's reports for 1998/99. Papers about the virtual AGM will be forwarded soon.

Elections will be held again at the 2nd AGM in Canberra in November, so please start thinking about possible candidates for the 2000/2001



Injury Incidence Deadline for articles

19 May 2000
18 August 2000
17 November 2000

Please submit your articles or news snippets to :-

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AIPN is a professional organisation bringing together all Australians and New Zealanders concerned with injury issues. Please feel free to contact us for more information.

AIPN undertakes to collate information from contributors, and has not been responsible for the research reported in this newsletter



Australian Injury Prevention Database

There is currently an enormous amount of activity in injury prevention throughout Australia, however, the details of most programs are never published in professional journals. Consequently, a large bank of knowledge and experience in the field is not widely or readily accessible. Sharing information about effective strategies and resources adds to the body of knowledge on good practice and helps to coordinate efforts to prevent injuries. This Database aims to improve access to such information by collating and systematically reporting it in an easily interpreted format.

Database administration and funding

The Australian Injury Prevention Program Database has been produced by the University of Queensland's Department of Social and Preventive Medicine, with initial funding from Queensland Health.

Database design and utility

The Database was initially conceived as a useful tool to aid the future development of quality injury-related programs in Queensland. The use of an internet interface now enables much wider accessibility, providing a useful resource for all practitioners. The Database attempts to describe the implementation process of relevant programs in sufficient detail to enable the identification of key features and allow for a degree of critical judgement.

Database content

The Database does not represent a complete list of injury prevention programs

in Australia. It is however, a large and representative sample of programs collated within project constraints. The catalogue of programs was initially compiled from a list of injury-related initiatives funded by state health promotion agencies between 1990 - 1996. Since then, many more programs have been identified from the network of contacts formed and from other available sources. The programs detailed in the Database are those which have readily attainable documentation. Projects are excluded if there is insufficient information, or if they do not represent a fair example of a health promotion program. Program coordinators are given the opportunity to review and approve the details which ultimately appear in the Database.

Future development

The Australian Injury Prevention Database is still under development. Any suggestions or comments relating to structure or searching strategies are welcome. We would like to provide an ongoing service, with periodic updates of information (dependent upon the provision of further funding).

Contacting the AIPD

If you have any queries about this resource, please contact the Coordinator, Colleen Loos, 07 3240 5813 (Mondays and Wednesdays).

If you would like to add your program to the Database, details may be submitted via the online input form.

Log on at

<http://www.spmed.uq.edu.au/aipd>



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