



# AUSTRALIAN INJURY PREVENTION NETWORK

# INJURY INCIDENCE

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## Dear AIPN Members,

Welcome to the final AIPN newsletter for 2004. This newsletter will be the last to come out under my Presidency as Chris Costa from Injury Control Council Western Australia (ICCWA) will take over as President of the AIPN on 1 January 2004.

The last four years as President of the AIPN have been interesting, trying, rewarding and frustrating, often all at the same time. The period that I have served really reflects the time of the National Injury Prevention Plan 2001-2003. Just prior to my starting as President, NIPAC had been disbanded and the final touches to the plan that they had developed were being added. One of the first jobs as President was to send each of you a copy of the plan.

The National Injury Prevention Plan 2001-2003 reflected a new era for injury prevention, not necessarily where everybody saw it going. Injury prevention had come of age and had a strategic document available to provide direction to help reduce the number of injuries suffered in Australia. The plan has had limited impact on the number of injuries sustained even in the four priority areas identified in the plan, however its biggest contribution to injury prevention has been in the area of falls. Much of the poor performance of the plan was the lack of resources available.

Next year we will see the release of a falls and fall related injury prevention plan. Significant resources from government have been provided to help in this area. At a recent conference on falls in Sydney there were over 500 people who attend, demonstrating that fall and fall related injury prevention is on the national agenda.

Often in injury prevention we feel we are being poorly served and see more resources going to other areas such as cancer and physical activity. All of us in injury prevention need to continue to work through our frustrations and build collaborative relationships with each other. For much of my time in SIPP, my approach has been to work collaboratively with those around the table, bringing to it the issues and concerns of those from outside government. While SIPP has been primarily a government group, I like to

think that they have benefited from having the AIPN at the table.

With the development of the new injury prevention plan, I think injury prevention has taken another significant leap forward in maturity. The life stages approach used allows for all circumstances leading to an injury to be considered and prevented. The new plan is also more inclusive of the government agencies outside of the health sector who have responsibility for particular issues that help prevent injuries (such as the built environment). The new plan is really a vision statement as it is anticipated that it will be around for the next ten years. Hopefully by taking a longer term approach to injury prevention more resources and greater emphasis will be placed on the prevention of injuries.

The responsibilities for the prevention of injuries falls on us, the injury prevention workforce. We need to continue to build on past successes, as well as looking at new and innovative solutions to injury prevention. While I hope we see more resources coming to injury prevention over the next few years, I am not holding my breath. Injury prevention will continue to be the poor cousin of the other priority areas and as such we need to continue to come up with cost effective strategies.

It was heartening to hear at the last SIPP meeting a report for the consortium of University of Western Australia, University and Queensland and The George Institute about their on-line learning module for injury prevention. I congratulate the team on their success and wish them all the best for future enrolments. It is through innovative use of new technology, injury prevention knowledge and hard work that brought this new learning tool to light. Also recently published is a book on injury prevention called "The Scientific Basis of Injury Prevention and Control", edited by Rod McClure, Mark Stevenson, and Suzanne McEvoy. Another resource for those in injury prevention to learn from, and move forward.

As mentioned in the president's report printed in the last newsletter, the AIPN has gone through a few changes over the last couple of years. These changes on the whole have largely had a positive impact on the AIPN

and allowed us to move forward. I would like to however reiterate that the AIPN is an organisation of volunteers working to prevent injuries in Australia. The AIPN is your organisation and as such needs your involvement to keep going (including membership). If you have a burning issue you would like to write a policy about, a letter to an organisation about improving injury prevention, or would like to help out in another capacity, please don't hesitate to contact the executive and make yourself known.

As the outgoing president I would like to finish off with what I see as two of the biggest challenges facing the AIPN. · People leaving the AIPN for injury specific groups. As injury specific groups (eg. falls, farm safety, water safety, safe communities) become stronger there is a natural tendency to say this is the area I work in, why do I need to be part of the AIPN. The main reason you should stay part of the AIPN is because you can learn from other areas and while some issues in injury prevention may be flavour of the month, changes in government funding or public attitudes may change this. Also by understanding a greater number of injury issues, you may be able to address these as part of your current work. · Meeting the demands and challenges of its members. As a volunteer based organisation, there are always a large number of things you would like to do but are not able to due to limited resources including time. It is important for members to understand this limitation and see where they can help out. This may be through organising a local information day, providing input into a policy, writing a letter about concerns around injury prevention, or helping on a conference committee.

Lastly I would like to thank all of you that have helped out over the years, there are far too many to mention here but I am really appreciative of all your help as I would not have made it without you.

Thank you and all the best for the future.

Richard Franklin  
President 1999-2004

## AUSTRALIAN INJURY PREVENTION NETWORK

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AIPN is a professional organisation bringing together all Australians and New Zealanders concerned with injury issues.

AIPN undertakes to collate information from contributors. This does not imply endorsement, and the AIPN has not been responsible for the research reported within.

# The Falls Prevention in Seniors Learning Circles Pilot Project (WA) Did it work?

The Falls Prevention in Seniors Learning Circles project (also known as the Stay On Your Feet Learning Circles using the Stay On Your Feet Action Kit project) was jointly funded by the Australian Government, Department on Health and Ageing and the Department of Health, Injury Prevention Branch. The project was implemented from August 2003 - July 2004.

The purpose of the project was to evaluate the effectiveness of the 'learning circles process' in empowering older people to reduce their own risk of falling. The project sought to establish a falls prevention strategy that was self-supporting, cost-efficient and inclusive of seniors who were from diverse cultural backgrounds or were socially/geographically isolated.

## What is a 'learning circle'?

The learning circle concept allows learning through empowerment, as it uses adult learning principles that encourage exploration and discussion, using personal experiences and fact-finding rather than other teaching methods.

Learning circles are facilitated discussion groups with emphasis on the facilitator and facilitation. The facilitator does not have to be a subject-matter expert as they use a resource kit which allows the facilitator to learn as they go. This allows for greater empowerment of the group, as they are able to choose the focus and direction of their learning guided by the resource kit.

## How was the pilot project conducted?

Learning circles were to be established in a minimum of 8 locations in Western Australia (5 metropolitan and 3 country areas) where there were identified gaps in the existing Stay On Your Feet WA program and where there was cultural diversity.

The locations selected for the pilot program were:

Metropolitan: Armadale, Fremantle, Victoria Park, Osborne Park.

Rural: Kalgoorlie, Mandurah, Geraldton, Carnarvon.

There were to be a minimum of 4 facilitators from each location trained, providing a minimum pool of 32 facilitators. A minimum of 12 learning circles, with at least 6 participants per learning circle, was to be conducted in each region to provide a minimum of 96 learning circles with a minimum of 576 participants from the project target group.

A Stay On Your Feet Action Kit was developed to provide facilitators and participants with information focussing on seniors falls prevention. The aim of the Stay On Your Feet Action Kit was to:

- Emphasise the healthy ageing concept and highlight falls prevention as a way of maintaining health and independence
- Provide information to participants and encourage learning and exploration of the falls issue with peers.

Individuals interested in becoming facilitators were required to attend a one-day facilitator training session. The facilitator was then required to recruit participants to be part of a 'learning circle'. It was recommended that each facilitator run a minimum of six learning circle sessions to cover the content of the six discussion guides contained within the kit.

## Did the Pilot Project work?

### Was the Stay On Your Feet Action Kit effective?

There was an overwhelmingly positive response from both facilitators and participants to the Stay On Your Feet Action Kit. Facilitators who implemented learning circles indicated that both the content and the presentation were effective in assisting them to guide discussion on senior falls prevention. Suggestions to further improve the Stay On Your Feet Action Kit related to improving culturally appropriateness of material, increasing falls prevention content for facilitators and providing tips to increase 'fun' content of particular aspects of the kit.

### Was the facilitator training and on-going support effective?

The pilot was implemented and evaluated by two separate contracted agencies over 12 months in four metropolitan locations and four rural locations. Whilst a high number of older people were trained to be facilitators (n=68), very few went on to facilitate learning circles (n=13). As a result only 23 learning circles were established rather than the required 96, with 511 participants being involved rather than the minimum requirement of 576 participants.

Facilitators were asked within a questionnaire whether they felt the training had been effective. 53 facilitators responded.

working with groups.

- That more assistance was needed to help recruit participants to join learning circles particularly if the facilitator had no established networks to draw on.

### Did the learning circle process change behaviours in preventing falls?

The majority of facilitators who implemented learning circles (n=10, or 77%) indicated that the program had a positive impact on participants' attitudes and behaviour in regards to preventing a fall.

Participants also indicated that the program had a positive impact to affect changes in their attitudes and behaviour in regards to preventing a fall (n=388 or 99%).

### So what?

Results from this pilot would suggest that significant local investment (both human and financial) into appropriate and ongoing selection, training and support of a pool of motivated facilitators is required to successfully implement learning circles.

### Where to from here?

Since the results do not demonstrate that the project is self-supporting, cost-efficient or sufficiently inclusive of seniors who were culturally diverse or were socially or geographically isolated, the project will not

Table 1: Questionnaire results on effectiveness of facilitator training

Do you feel that the facilitator training was effective?	Yes	No
Trained facilitators who implemented learning circles	11 (85%)	2 (15%)
Trained facilitators who did not implement learning circles	27 (66%)	13 (32%)

For facilitators who thought that the training had been effective (n=38), the major reasons given for not facilitating a learning circle included:

- Lack of confidence to facilitate a group.
- Lack of confidence and credibility to contact people to form a group.
- Lack of time due to other commitments.
- Difficulty in getting a group together.
- Holidays.
- Illness.
- Lack of follow-up support.

Concerns raised by people who indicated that the training had not been effective (n=15) included:

- That the one-day training was not sufficient to develop the confidence in those people who had very little prior experience in

form part of Stay on Your Feet WA's ongoing strategies at this stage.

Whilst the project will not be continued by the Department of Health, the recommendations and reflections provided by both the implementation and evaluation consultants may be of interest to other organisations wishing to initiate further trials using a learning circles approach with the Stay On Your Feet Action Kit. For more information, please refer to the Falls Prevention in Seniors Learning Circles report posted at our website: [http://www.population.health.wa.gov.au/Promotion/injury\\_prevention.cfm](http://www.population.health.wa.gov.au/Promotion/injury_prevention.cfm)

or contact Nicole Bennett, Manager - Injury Prevention Branch on 08 9222 2135 or email [nicole.bennett@health.wa.gov.au](mailto:nicole.bennett@health.wa.gov.au)



PHOTO PROVIDED: Learning Circle in action

## "At the Cutting Edge of Community Safety" Community Safety Month 2004 and VSCN Conference(Vic)

This year there were concurrent Community Safety Month activities in Western Australia, Queensland and New South Wales as well as Victoria. "We are on the verge of a nation-wide community safety month in 2005, a concept which is being promoted through partnerships across the community networks and service agencies involved," said Michael Bourne, Co-Chair of the Victorian Safe Communities Network (VSCN).

"There were thousands of people participating in hundreds of safety promotion events across all areas of Victoria", he said. "Because injuries can affect anyone, anywhere, anytime our vision is for people to have the information they need to reduce risks and prevent injuries wherever they go in their daily lives."

Over 150 registrants gathered for the VSCN Conference at the Darebin Community Centre in Melbourne, to share a day of learning, with presentations by local, interstate and international speakers on community action to reduce risk and injury, improve safety and the perceptions of safety. A keynote address on the health and injury burden resulting from family violence set the theme for the day and underlined the need for a community approach to reducing intentional and unintentional injury.

There was plenty of options for participants with over 30 papers presented on such topics as - sexual assault, safer built environments, capacity building in culturally and linguistically diverse (CALD) communities, perceptions of safety, emergency management, walking school bus, building corporate relationships, and integrated planning, etc.

In closing the Conference, VSCN Co Chair, Michael Bourne said that the major "take aways" from the day related to

- **The importance of tackling violence in the home** - going beyond individual responses to specific incidents, to take a population wide or systemic approach to "breaking the cycles" that are causing death and injury from preventable situations to work on the settings and the environment at the population level.
- **The need for a prevention culture** - our service systems are geared to respond to symptoms at an individual level after the injury event bringing the tag "symptom society" as you have to individually have the right symptoms before you can access defined services, and even then these may not provide the assistance really required to combat the root causes of injuries and harm
- **We can and must do more to reduce and manage community risk** to alleviate the pressure inherent in some communities by working at a systemic level, across whole communities **with national and state injury prevention plans to target the key causes of death and injury**
- **Community safety workers are not alone** we may be in sole positions in

our own area, but there is a network with lots of wide ranging experience ask the people around you and use the VSCN list serve to get the information you need and find someone who can help out with your issue.

- **Build a local coalition of interested people** - it is through asking around that you will find other local people also concerned about safety issues and from these contacts grows a local coalition ready to tackle the major community safety problems that is the community safety approach in a nutshell leveraging from each other to do more than any single agency or service can achieve alone.
- **When developing a community safety plan** there are a few key points to remember
  - The overall community safety plan is not simply a collection of the items in each agency or service plan but is aimed at the things that collectively will make the impact greater in each of these areas or to tackle some issues that are not on the plans of any agency or service
  - We need to use the data to identify 3 or 4 major issues - do not try to do it all at once

- Endorsement of the plan usually means agreement to proceed but be careful whether it means that resources are also allocated some times it will not and separate resourcing decisions will have to be made.

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Or try the website [www.vscn.org.au](http://www.vscn.org.au)



Michael and Barbara



Michael Bourne, Co Chair of the VSCN (far right) thanked the Conference Organising Committee (from R to L) Ian Danahay, Tim Hardiman, Norm Free, Barbara Minuzzo, and Mark Hennessey.



Some of the conference delegates at the VSCN 2<sup>nd</sup> Annual Conference, Melbourne

## NHMRC FUNDING FOR INJURY RESEARCH TO COMMENCE IN 2005

Eight injury related project grants totaling \$3.6 million have been funded by the National Health and Medical Research Council for commencement in 2005. The projects cover a range of issues including falls and fracture prevention among older people (4), depression among older people (1), spinal pain among adolescents (1), whiplash treatment (1), and disturbances following traumatic brain injury (1). In addition, injury researchers in NSW will receive considerable salary support through a capacity building grant and a senior research fellowship. The details are shown below. At the time this article was prepared, the results of post-doctoral fellowships were not available, and will be reported in a subsequent newsletter if any relate to injury researchers.

### PROJECT GRANTS

- A randomized controlled falls prevention trial of long distance glasses in elderly multifocal wearers (3 year project, \$487,000); Stephen Lord and colleagues at Prince of Wales Medical Research Institute, NSW
- Improving adherence with the use of hip protectors (2 year project, \$399,750); Ian Cameron and colleagues, University of Sydney, NSW
- A clinical trial investigating individualized treatments for individuals with acute whiplash injury (3 year project, \$375,500); Gwen Jull and colleagues, University of Queensland, QLD
- Fatigue, attention and sleep disturbance after traumatic brain injury (3 year project \$323,175); Jenny Ponsford and colleagues, Monash University VIC
- Development of adolescent spinal pain (4 year project, \$671,350). Leon Straker and colleagues, Curtin University of Technology, WA
- Inherited susceptibility to hip fracture (3 years, \$400,250). Scott Wilson and colleagues, Sir Charles Gardiner Hospital, WA
- Reducing depression and suicide among older Australians (3 year project \$753,275) Osvaldo Almeida and colleagues, University of Western Australia, WA
- Bone and balance study (2 years, \$228,025), Richard Prince and colleagues, University of Western Australia, WA

### RESEARCH FELLOWSHIPS

Senior Research Fellowship (5 years), Ann Williamson, University of NSW

### CAPACITY BUILDING GRANT

Addressing injury in a population health framework: an integrated approach to prevention, acute care and rehabilitation (5 years, \$2.35 million), Caroline Finch and colleagues, University of NSW

### AUSTRALIAN RESEARCH COUNCIL

Time of day, time awake and alcohol: the effects on fatigue and performance. Ann Williamson, University of NSW. ARC Discovery Grant (about \$115,000 for 1 year)

Effectiveness and appropriateness of child restraints. Lynne Bilston (Prince of Wales Medical Research Institute), Caroline Finch, Julie Hatfield. ARC Linkage Grant (about \$120,000 pa for 3 years). The RTA and MAA are the industry partners for this project.

Vision Impairment and Fitness to Drive - Investigators: Brian Fildes, Judith Charlton, Matt Rizzo (University of Iowa), Justin O'Day (St Vincent's hospital) Morris Odell (VIFM) and Laurie Sparke (Holden) The project is worth approximately 2 million (including in-kind support) - of this \$410,000 is from the ARC. Partner Organisations: Holden, VicRoads, LTSA and SNRA.

Optimising the Utility of Injury Surveillance Systems for Injury Prevention in Active Populations. Investigators - Prof J Ozanne-Smith & Dr RP Pope (Australian Defence Force). Project: - Total Amount (3 Yrs): \$74,500.

*Collated by Lesley Day, Monash University, using information from [www7.health.gov.au/nhmrc](http://www7.health.gov.au/nhmrc)*

## Sports Injury Report

In November 2004, the Australian Government Department of Health and Ageing released the Sports Safety in Australia Report (the Report) which provides an update of sports safety initiatives conducted in Australia from 1997 to 2002. Professor Caroline Finch, Director of the NSW Injury Risk Management Research Centre at University of New South Wales was engaged to write the Report.

The focus of the Report is broad-based, community-level participation in sport in organised and social settings as this is where the major public health burden of sports injury occurs. It brings together the findings of published research, other information on injuries sustained by non-elite participants and the evidence for measures introduced to prevent or minimise injuries. The Report also identifies key priority areas such as the development of sports injury indicators and risk factors to reduce the incidence of sports injury in Australia.

The Sports Safety in Australia Report is available electronically and in hard copy from the Australian Government Department of Health and Ageing Injury Prevention Website at: <http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-pubhlth-strateg-injury-index.htm>

### DEADLINES FOR NEWSLETTER CONTRIBUTIONS IN 2005.

- 1 March 2005
- 1 June 2005
- 1 September 2005
- 1 December 2005

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