



INJURY PREVENTION STRATEGY MAKING GOOD PROGRESS

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SUMMARY

This article reports on the first review of the NSW Injury Prevention Strategy which was released in July 1992¹. The review aimed to identify strengths and weaknesses in the strategy's content and its implementation, and to recommend changes to ensure the strategy is targeted correctly, maintaining relevance to injury prevention issues. The review demonstrated that the strategy is progressing well, with a large number of the 1992-93 implementation indicators achieved and many of the indicators for 1994 and 1995 being addressed. The results and recommendations from the review were presented to NSW injury prevention workers at the Injury Prevention Planning Day in June 1994. The recommendations were discussed and an agreement on future directions was reached.

BACKGROUND AND METHODS

Injury is the major cause of premature death and disability in NSW². The importance of preventing injury was recognised by the NSW Health Department in 1992 when the Injury Prevention Strategy entitled Preventing Injury was released after extensive consultation. The strategy built on established processes and focused resources by presenting priorities for injury prevention initiatives over the next decade. Seventeen goals and targets were identified and these are summarised in Table 1. Intervention strategies with corresponding implementation indicators were proposed for each goal and target.

To determine which parts of the strategy had been implemented in 1992 and 1993 we conducted a review in which we:

- interviewed health workers in the Areas, Regions and head office of the NSW Health Department involved in injury prevention;
- contacted organisations such as the Roads and Traffic Authority and local councils; and
- extracted information from annual and final reports written by Health Promotion Units in the past two years.

FINDINGS

Twelve of the 17 injury prevention goals had work scheduled for 1992 and 1993. For one goal the work requirements were achieved, six were substantially achieved, three were partially achieved and for two goals they were not achieved (Table 2). Progress was made on several other goals, in particular falls in older people, which has already achieved several program objectives set down for 1995.

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TABLE 1SUMMARY OF THE 17 INJURY GOALS IDENTIFIED
IN THE NSW INJURY PREVENTION STRATEGY

Injury Category	Goal
All injury	1. To reduce disability and death due to injury
Children's injuries	2. To reduce death due to drowning 3. To reduce disability and death due to bicycle injuries 4. To reduce disability due to unintentional poisoning 5. To reduce disability and death due to falls 6. To reduce disability due to burns and scalds
Older people's injuries	7. To reduce disability and death due to falls in older people
Rural injuries	8. To reduce disability and death due to injury and death in rural areas
Transport injuries	9. To reduce disability and death due to road crashes 10. To reduce the number of road crashes attributable to alcohol
Occupational injuries	11. To reduce disability and death due to workplace injuries
Sports injuries	12. To reduce disability due to sports injuries
Iatrogenic injuries	13. To reduce disability and death due to iatrogenic (medically-induced) injuries
Intentional injuries	14. To reduce disability and death due to suicide and attempted suicide 15. To reduce disability and death due to domestic violence 16. To reduce the incidence of child abuse and neglect 17. To reduce disability and death due to other forms of intentional injury

Source: NSW Health Department Injury Prevention Working Group.
Preventing Injury in NSW (1992).

Injury prevention strategy

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Several other important advances have been made, including:

- developing surveillance systems to monitor most of the injury problems;
- forming specific injury prevention networks to provide support and distribute information to practitioners on effective prevention strategies. Networks have been set up for older people's falls, children's injuries, playground safety and farm safety;
- providing training opportunities for injury prevention workers;
- involving the community in injury prevention; and
- collaborating with other agencies to reduce injury.

We assessed trends in injury rates for all 17 priorities from 1970 (where data were available) to the time the injury

TABLE 2PROGRESS OF THE NSW INJURY PREVENTION
STRATEGY – 1992-93 WORK PROGRAM

Performance	Activities to support strategy	Prevention programs
Achieved	– Development of infrastructure	– Burns and scalds
Substantially achieved	– Establish surveillance systems – Strategies to reduce death and disability due to injury – Links with other organisations	– All injury – Drowning – Bicycle-related injury – Falls in children – Rural injuries – Domestic violence
Partially achieved	– Develop community ownership and involvement in injury prevention	– Suicide – Child abuse – Other forms of intentional injury
Not achieved		– Blood alcohol concentration-related transport injuries – Occupational injuries

strategy was formally endorsed in 1992-93 to set a baseline for future evaluation of the strategy. We found decreasing rates had been established for five areas, whereas injury rates were stable for another five areas and increasing in two. It was not possible to tell what was happening for the remaining five areas because there were inadequate data (Table 3).

FUTURE DIRECTIONS

Since 1992 NSW Health has made good progress implementing its Injury Prevention Strategy and building a supportive environment to achieve real gains in injury control.

The strategy addresses a wide range of issues. This broad approach has advantages in that most relevant areas are highlighted, but it also means resources may not be deployed as efficiently as they might be to maximise the health outcomes. Major recommendations from the review include a greater concentration of our efforts on selected injury areas and adopting better evaluation mechanisms for monitoring.

We propose that a more managed approach to the development and implementation of strategies and to the allocation of resources for injury control be adopted as the strategy evolves for selected injury problems. This should include the review, development and implementation of integrated Statewide plans for the control of:

- children's playground injuries
- burns and scalds
- older people's falls
- domestic violence
- child abuse
- suicide

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IN-LINE SKATING INJURIES IN CHILDREN IN EASTERN SYDNEY

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Injury is an important cause of deaths and hospitalisations of Eastern Sydney children¹. More than one-third of hospital admissions for injury in 1989-90 were due to falls¹. We investigated one cause of an epidemic of falls in children in Eastern Sydney in the early 1990s: the in-line skating 'craze'. In-line skates or rollerblades were invented in the United States in the early 1980s² and consist of a boot attached to a single row of wheels, usually four. They became popular in Australia in the early 1990s.

In Eastern Sydney, the Prince of Wales Children's Hospital (POWCH) contributes to the national Injury Surveillance and Information System (ISIS) database. We consulted the hospital's ISIS database for information about presentations of children to the Emergency Department for in-line skating injuries. Our aim was to quantify and describe the injuries, identify factors for preventive action and recommend and implement measures locally to prevent or reduce injuries.

METHODS

Data were collected for all children (0 - <16 years) who were recorded by ISIS as presenting to the Emergency Department with in-line skating injuries between June 30, 1991 and June 30, 1993. Audits have shown that about 70 per cent of all injury presentations and 100 per cent of injury admissions are captured by ISIS at POWCH. Data were analysed using Epi-Info.

Information on in-line skate design and safety issues was sought from the literature, the Trade Practices Commission, the Australian Consumers' Association, the Australian Standards Association, the In-line Skaters' Association and retail and hire outlets. Information on the regulation of in-

line skating in Eastern Sydney was sought from the six local councils.

RESULTS

The first presentation to the POWCH for an in-line skating injury was in June 1991. Until June 30, 1993 there had been 139 presentations recorded, of which 73 per cent were male and 27 per cent female (Figure 1). A large increase in attendances in summer 1992-93 decreased to about two presentations weekly in autumn 1993 (Figure 2). Half the presentations were from boys aged 10-14 years (Figure 1). Most injuries (94 per cent) occurred when the child lost control and fell while moving. For 26 per cent of presentations, injury occurred while skating on the footpath and for 17 per cent injury occurred while skating on a public road (Figure 3). Of the children injured on public roads, one child was involved in a collision with a motor vehicle.

There were 153 injuries recorded for the 139 presentations. Twenty-eight per cent of children were admitted and 62 per cent of the children not admitted had injuries sufficiently serious to warrant outpatient follow-up. Sixty-five per cent of injured children sustained a fracture. Forearm fractures were most frequent: 38 per cent of all injuries were a fracture of the radius and/or ulna and 16 per cent of all injuries were wrist fractures. Four children had fractures of the tibia/fibula and four were concussed. There were no skull fractures or spinal injuries but one child had a fractured coccyx.

Data on safety equipment including helmets, wrist guards and knee and elbow pads were available for 128

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To improve support for the strategy a greater emphasis needs to be placed on the development of outcome indicators and evaluation methods, and the individual needs of selected groups such as Aborigines and migrants.

The results from this evaluation will be published in a more detailed report available from the NSW Health Department from October 1994³. It is hoped that this document will form the basis of continuing consultation with injury prevention workers in NSW and revision of the strategy.

ACKNOWLEDGMENTS

David Lyle, Jane Elkington, Judy Jones, Shing Chung Fung and all NSW Health injury prevention personnel.

1. Preventing injury in NSW. NSW Health Department, July 1992.
2. Lewis P, Lyle D, Fung SC. Injury in New South Wales. Public Health Bulletin Supplement 1993 S-2.
3. Kim C, Lonie C. Preventing Injury: A Review of the NSW Injury Prevention Strategy. NSW Health Department (in press).

TABLE 3

TRENDS IN INJURY RATES AT THE TIME THE NSW INJURY PREVENTION STRATEGY WAS ADOPTED IN 1992-93

Trend	Injury outcome
Decreasing rates	<ul style="list-style-type: none"> - All injury - Motor vehicle accidents - Road deaths due to alcohol consumption - Bicycle-related deaths - Injuries in rural areas
Stabilised	<ul style="list-style-type: none"> - Children's falls - Burns and scalds - Adults' falls - Children's drowning - Suicides
Increasing rates	<ul style="list-style-type: none"> - Poisoning and ingestion - Occupational injuries
Difficult to tell	<ul style="list-style-type: none"> - Sports injuries - Child abuse - Iatrogenesis - Domestic violence - Other forms of intentional injury