

VSCN 2004 Conference







Nicola Rabot Senior Project Manager, Injury Prevention Department of Human Services

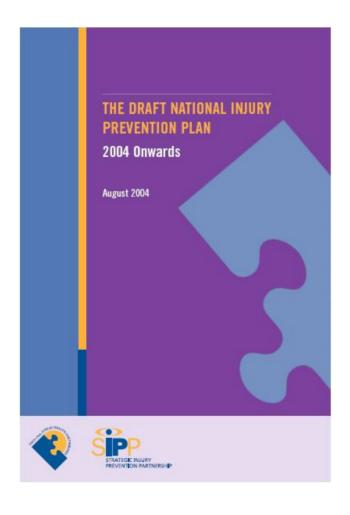


National Injury Prevention Plan

- Background
 - Injury has been a national health priority since 1986
 - Several national strategy documents / programs
 - -Most recent:
 - National Injury Prevention Plan Priorities for 2001-2003 (and Implementation Plan)
 - Priority topics: falls (young, old); drowning; child poisoning

Draft of new National Injury Prevention Plan





Draft of new National Injury Prevention Plan

- Mechanics
 - Prepared under the direction of the Strategic Injury Prevention Partnership (SIPP)
 - Draws on existing sources
 - NZ and Canadian injury prevention strategies
 - NISU Discussion paper
 - SIPP sub-committee and secretariat worked with a contractor, Jane Elkington & Assocs.

Draft of new National Injury Prevention Plan

- Context
 - Being prepared by Strategic InjuryPrevention Partnership (SIPP) for endorsement by NPHP & health ministers
 - National (States, Territories & Australia)
 - Developed in the health sector
 with recognition that injury prevention is inter-sectoral

A living Plan

- National Injury Prevention Plan (NIPP)
 - Brief, accessible, overview, long period in effect
- NIPP Implementation Plan
 - More detailed and specific: what, when, who
- Periodic progress reports to NPHP & Ministers
 - Likely frequency: each 2 years
 - What has been achieved, with what methods, resources, etc
 - What remains to be done, and how this can be achieved

Framework

- To be revised as result of consultation but currently:
- Populations
 - Stages of life
 - Children; emerging & young adults; older people
 - Location
 - Rural and remote
 - Cultural affiliation
 - Aboriginal and Torres Strait Islander peoples
- Risk factor
 - Alcohol

Children

- 0 to 14 years
- Dependent and susceptible to injury
- Injury is leading cause of death
- 17% of hospitalised injury, 4% of injury deaths
- Some issues:
 - Infants: abuse
 - Early childhood: drowning
 - Middle childhood: falls
 - Late childhood: sports

Emerging & Young Adults

- 15 to 24 years
- Transition to adulthood: work, roads, alcohol, etc
- 16% of hospitalised injury, 14% of injury deaths
- Some issues:
 - Road injury
 - Suicide and self-harm
 - Inter-personal violence
 - Occupational injury
 - Sports injury

Older people

- 65 years and older
- Increased vulnerability and lower resilience
- Growing part of Australia's population
- 24% of hospitalised injury, 28% of injury deaths
- Major issue:
 - -Falls and fractures

Aboriginal & Torres Strait Islander

- Much higher rates of injury death and hospitalisation than the overall population
- Distinct cultural affiliation, history and circumstances
- Little targeted injury prevention
- Some issues:
 - Transport
 - Suicide and self-harm
 - Inter-personal violence

Rural and Remote

- Risks associated with distance, occupations, etc
- 35% of hospitalised injury, 34% of injury deaths
- Some issues:
 - Transport injury
 - Suicide and self-harm
 - Occupational injury

Alcohol and injury

- A major risk factor for injury
- Much attention to drink-driving ...
- ... but also:
 - Inter-personal violence
 - Drowning
 - Burns
 - -etc.

State Consultation

- Workshop held on 27 September 2004
- Issues identified by participants:
 - Need for holistic approach
 - -Concern over omission of 25-64 yr olds
 - Confusion on focus of plan intentional or unintentional?
 - Intersectoral engagement
 - CALD populations

National Consultation

- A National Consultation Workshop was held in Canberra on 5 November 2004
- An issues paper was discussed based on State Consultation feedback
- Plan will undergo revision and further development as a result of consultation

Timeline for the new plan

- First draft of document
 - -commenced early 2004
 - -completed June 2004
- Endorsed by NPHP for public consultation
 - -July 2004
- Initial public consultation
 - -September 2004

Timeline for the new plan

- Issues paper
 - to be completed by end October 2004
- National Reference workshops
 - -5 November 2004
 - -SIPP Meeting 25-26 November 2004
- Final draft
 - Endorsement by SIPP January 2005

Timeline for the new plan

- Submission for endorsement
 - -by AHMAC: February 2005
 - -by AHMC: March 2005
- Release and distribution
 - -April 2005

Contact information

- First draft of documents is available from injury prevention pages on www.nphp.gov.au
- Nicola Rabot, Victorian SIPP representative on (03) 9637 4251

SafeStart

- Program focus
 - to prevent unintentional injury to children aged 0-8 years
- Major program aims
 - to support local government and communities to respond more effectively to identified child injury issues
 - to strengthen the focus on child injury prevention in council policies and internal partnerships

Background

- Program design:
 A flexible model to accommodate diversity
- Three demonstration sites chosen:
 - Site A: Outer urban LGA diverse CALD population groups
 - Site B: Regional LGA (large rural city & environs) low income parents
 - Site C: Urban-rural fringe LGA (dispersed communities) community development model

Evaluation and Support

- Dual role of the SafeStart Evaluation and Support component :
 - -To develop the full potential of the local initiatives
 - -To evaluate the process and impact of the program

Implementation Tips

- Engage the Community
 - Community consultation and involvement in planning and implementation of strategies vital to success
 - Tailor safety session to age of children and needs of community groups
 - Maintain flexibility when dealing with community groups (ie. Be prepared to adapt session to suit the group)

Implementation Tips

- Maternal and Child Health Nurses
 - Encourage M&CH nurses to conduct one full session of child safety with all First Time
 Parent Groups
 - Support this by providing a standard safety session for use by M&CH nurses to use with first time parents.

Information Session Engagement Strategies

- Use of safety quiz
- Small group brainstorm activities
- Hands on demonstration of safety products.
- Use of peer educators for CALD communities

Incentives

- Provision of child care during safety sessions
- Kits and tools to assist the delivery of education sessions
- High Quality Speakers
- Giveaways (safety products)

Promotional Activities

- Media time consuming but useful for raising community and worker awareness
- Displays can be useful but time consuming
- Partnerships with local businesses

Summary

- Engage your local community
- Engage service providers
- Build relationships
- Target interventions:
- " child injury is a very broad area with numerous causes and risk factors for each age group. When planning a program it is important to prioritise interventions based on community/worker receptiveness, community risk profile and availability of time and other resources. Selecting fewer, more targeted interventions is likely to be more effective" (D. Greenslade)