

NPiS

New Plymouth
Injury Safe

APPLICATION TO THE SAFE COMMUNITIES
FOUNDATION NEW ZEALAND
CERTIFYING CENTRE OF THE WHO SAFE
COMMUNITY NETWORK

FOR **NEW PLYMOUTH DISTRICT** TO BE
ACCREDITED AS A WORLD HEALTH ORGANISATION

Safe Community



New Plymouth District, a safe community without the burden of injury

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INTRODUCTION

Like many communities in New Zealand and around the world, New Plymouth District endeavours to promote safety and prevent injuries to all who live and work in or visit our district. We work towards the vision of 'a safe community without the burden of injury' through the collaborative efforts of agencies, organisations, community groups, employers and individuals.

Over the past four years, these efforts have become more focused and co-ordinated. Several factors have contributed to this increased momentum:

- Completion of a comprehensive community injury needs assessment for the district, 2001
- Increased resourcing of community injury prevention initiatives by the Accident Compensation Corporation (ACC) through the Thinksafe Communities Programme, 2002
- Development of the New Zealand Injury Prevention Strategy (NZIPS) by government, 2003
- The establishment of the Safe Communities Foundation of New Zealand (SCFNZ), 2004.

Collectively these events have created a solid platform for New Plymouth District to continue to work towards our shared vision. The Long-term Council Community Plan (LTCCP) released by New Plymouth District Council reflects a commitment to provide *"a safe, healthy and friendly place to live, work and play."*

The World Health Organisation (WHO) Safe Communities model provides an approach to injury prevention and safety promotion that is consistent with our values of partnership and collaboration. The benefits of membership of the WHO Safe Communities Network are evident in the successes achieved by New Zealand's two existing accredited communities, Waitakere and Waimakariri.

Purpose of the document

The purpose of this document is to formally apply for WHO Safe Communities accreditation for the New Plymouth District. The application provides information about the district, its people, our injury issues and what has been done in our community to prevent injury and promote safety. The information is organised around the six WHO criteria for designation as a Safe Community.

The application has been developed by an intersectoral group, New Plymouth injurySafe (NPiS), which comprises representatives of New Plymouth District Council, Taranaki District Health Board (TDHB), New Plymouth Police, Tui Ora Ltd. Maori Development Organisation, Kidsafe Taranaki Trust and ACC. It is fully endorsed by these organisations.

Dr Alan Parsons
New Plymouth injurySafe
August 2005

Peter Tennent
Mayor
New Plymouth District
August 2005

PROFILE OF THE NEW PLYMOUTH DISTRICT

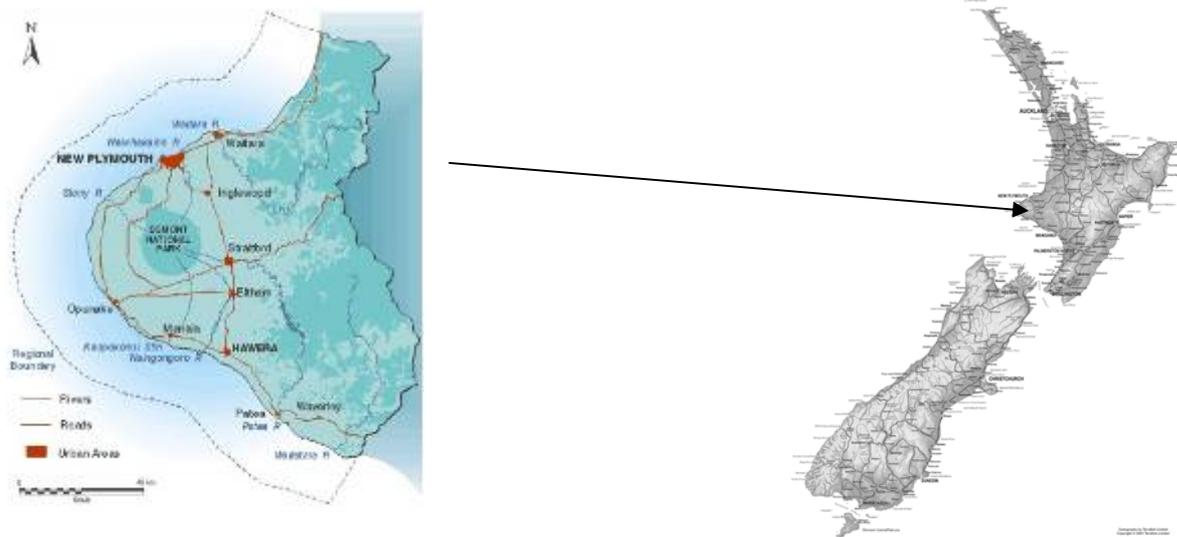
Location and demographics

New Plymouth District (NPD) is situated on the west coast of the North Island of New Zealand. It is the northernmost of three Territorial Local Authorities (TLAs) in the Taranaki region; the others being Stratford and South Taranaki Districts. The population of New Plymouth District was 66,600 at the 2001 census which is approximately two-thirds of the Taranaki regional population. There are just over 25,000 households and just under 18,000 families residing in New Plymouth District.

New Plymouth city, Waitara and Inglewood are the three largest population centres. Much of the District is rural.

Significant geographic features of the District include the coastline along its north western boundary and Mount Taranaki in Egmont National Park on the southern boundary.

The District has a relatively low proportion of young adults (aged 20-34) and a higher proportion of elderly people (aged 70+). Māori make up 13.2 percent of the population of New Plymouth District (2001 Census). Five Iwi, Te Atiawa, Ngati Tama, Ngati Mutunga, Ngati Maru and Taranaki are located in the District. There is a small Asian population (1.9%) and Pacific peoples population (1.2%) in the District.



Industries and activities

At the 1996 census, the industries in which New Plymouth District's people most often worked were:

- manufacturing
- retail trade
- agriculture / forestry / fishing.

In New Plymouth District in 1996, the three most common occupational groups were service and sales workers (15 percent), professionals (12 percent) and clerks (12 percent). In comparison with the national average, more people in the district were service and sales workers, agriculture and fisheries workers, trades workers and plant and machine operators or assemblers.

At the 2001 census, the unemployment rate in New Plymouth District was 8.6 percent, compared with 7.5 percent for all of New Zealand.

Many people in the New Plymouth District participate in a wide variety of sporting codes and recreational activities. These range from the higher level contact sports such as rugby, rugby league, netball, basketball, and touch rugby, to individual sports and recreational activities such as cycling, skiing, surfing and skateboarding. Mountain biking and motocross are also popular pursuits.

Mount Taranaki, which dominates the district's landscape, is one of the most accessible mountains in New Zealand. Partly as a result of this, there are a high number of injuries and fatalities through recreational pursuits on the mountain.

The area's other major geographic feature, the extensive coastline, is well used for a variety of water-based recreational activities, however there are fewer drownings in the district than in New Zealand as a whole.

Injury issues

Between April and December 2001, an ACC funded community injury needs assessment was undertaken by Research and Evaluation Services (New Plymouth) in association with HealthSearch (Auckland), under contract to Tui Ora Ltd¹. The process was guided and managed by NPiS.

A key aim of the needs assessment was to identify the types of injuries, population groups and injury locations that should be given priority by a community injury prevention programme in the context of existing injury prevention programmes and activities in the New Plymouth District.

All the groups and individuals who participated in the community consultation process were invited to attend a presentation of the findings on 6 December 2001. The information in the needs assessment was reported in the media and formally presented to the Mayor and Council on 28 January 2002.

The information in the report came from three main sources:

- research literature and other documentation on previous New Zealand and overseas community injury prevention programmes
- available statistical data on injuries in New Plymouth District
- consultation with key people and organisations in New Plymouth District with an interest in injury and injury prevention.

The needs assessment found that rates of injury deaths in NPD were around 15 percent less than New Zealand as a whole (age-standardised rates).

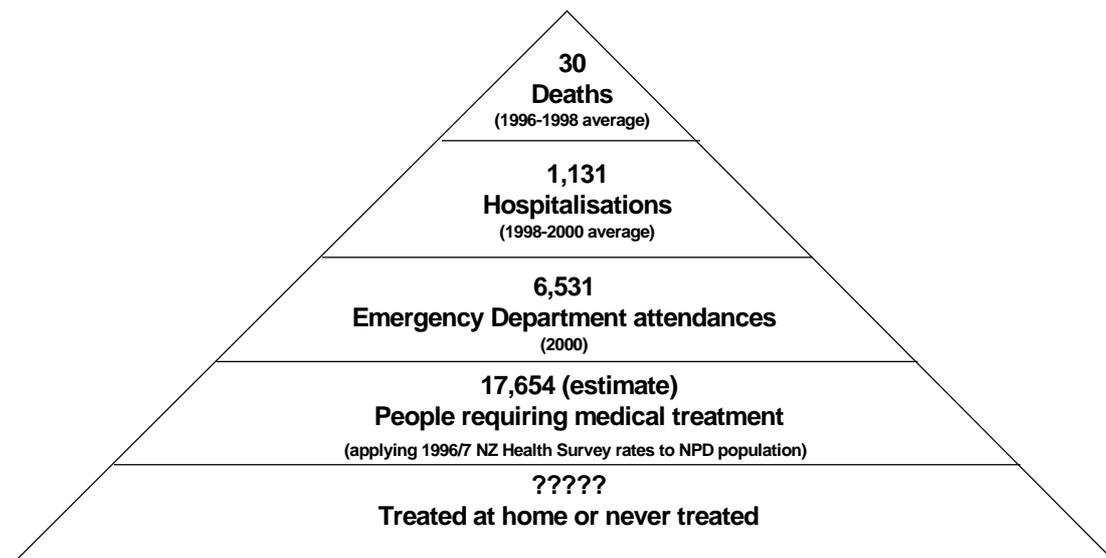
NPD residents were around 11 percent less likely than all New Zealanders to be hospitalised for injuries (age-standardised rates).

In 2000, the vast majority (92 percent) of hospitalisations for injury among NPD residents were due to *unintentional* causes. Only eight percent of hospitalisations for injury were due to *intentional* causes.

¹ A summary of *Community Injury Prevention in the New Plymouth District – Assessing the Needs* is attached as Appendix 1.

The extent of injuries in New Plymouth District was determined as follows:

INJURY PYRAMID FOR NEW PLYMOUTH DISTRICT - ANNUAL NUMBERS OF INJURIES



The community consultation² undertaken for the needs assessment identified the following population groups as perceived priorities:

- older people
- children
- adolescents and young people
- Māori
- people on farms
- people participating in sports and recreation
- people in the workplace
- people at home
- people on the roads.

At a series of planning meetings in early 2002, NPiS assessed the perceived priorities in relation to the injury data analysis and the capacity for short, medium and long-term projects. Specific injury issues for attention, linked to population groups, were identified as follows:

SHORT TERM (2002-2004)	MEDIUM TERM (2003- 2007)	LONG TERM (2005-2010)
1. Older people falls	Youth sport	Maori sport
2. Children falls	Workplace (agriculture)	Youth violence
3. Maori road	Home (middle age groups)	Maori intentional
4. Youth road		
5. Rural		
6. Sport (all ages)		

This prioritisation has guided the efforts of NPiS and its constituent members over the past three years.

² For further detail on the statistical analysis and the community consultation, see the summary of *Community Injury Prevention in the New Plymouth District – Assessing the Needs* attached as Appendix 1.

WORLD HEALTH ORGANISATION SAFE COMMUNITIES CRITERIA



- An infrastructure based on partnership and collaborations, governed by a cross-sectional group that is responsible for safety promotion in their community.



- Long-term, sustainable programmes covering both genders and all ages, environments, and situations.
- Programmes that target high-risk groups and environments, and programmes that promote safety for vulnerable groups.



- Programmes that document the frequency and causes of injuries.



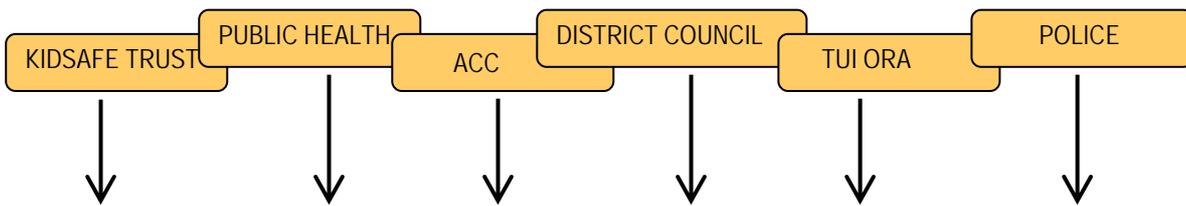
- Evaluation measures to assess programmes, processes and effects of changes.
- Ongoing participation in national and international Safe Communities networks.

CRITERIA 1: An infrastructure based on partnership and collaborations, governed by a cross-sectional group that is responsible for safety promotion in their community

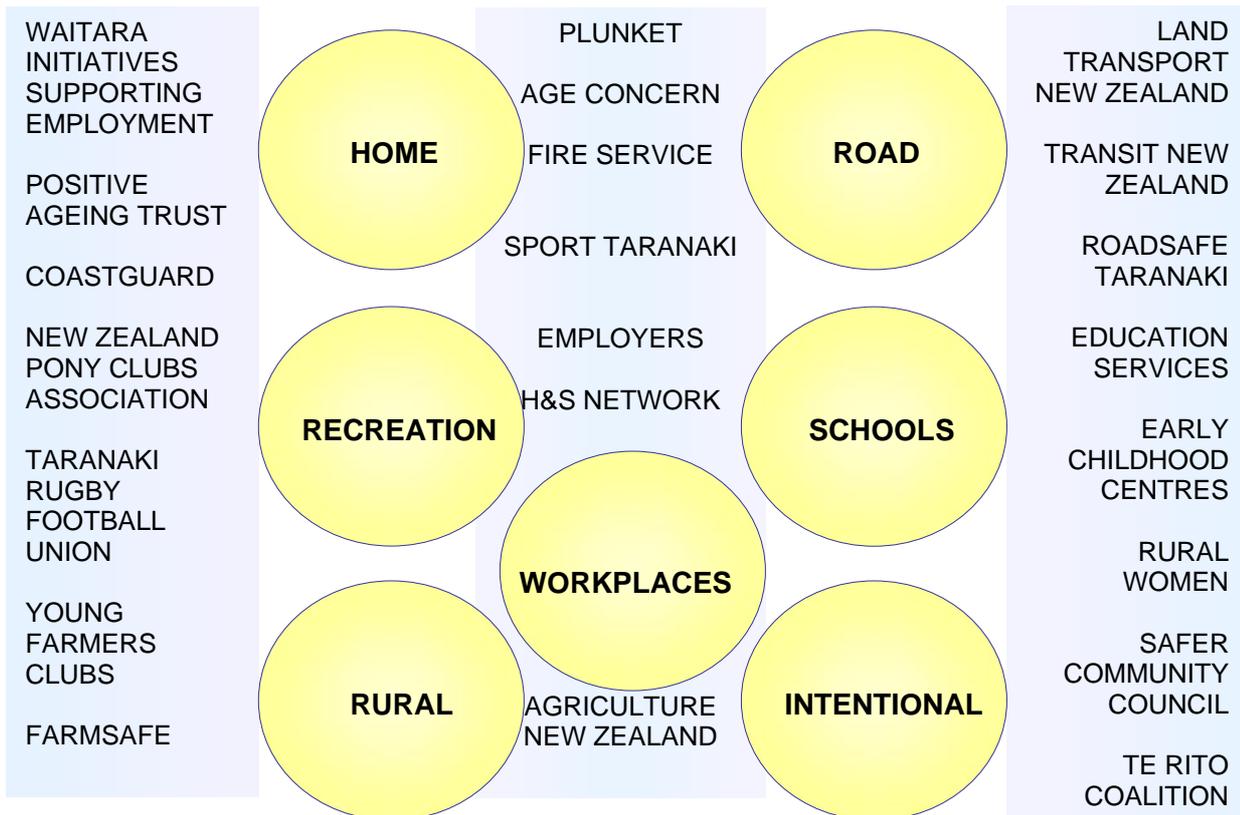
This diagram shows the partnerships and collaborations that have been established to prevent injuries and promote safety in the New Plymouth District. Many of the organisations shown in the diagram are actively involved in various projects with different areas of focus.

New Plymouth injurySafe **INFRASTRUCTURE** based on

PARTNERSHIPS



and **COLLABORATIONS**



Promoting **SAFETY** in the **NEW PLYMOUTH DISTRICT**

The organisations represented in NPiS are also involved in service delivery activities or in networks of service providers. The diagram above illustrates the means by which NPiS links directly with working groups and project teams and ensures that priorities are addressed, duplication avoided and gaps in service delivery identified.

Links with wider community

Since 2002, NPiS has endeavoured to keep the wider community informed about injury issues and projects. A brief newsletter is circulated quarterly³ to all stakeholder networks and to local media. This has been a successful strategy for increasing participation in some injury prevention activities and for generating media interest in certain projects.

In May 2004 a successful stakeholder symposium was hosted at the District Council Chambers with the aim of promoting the New Zealand Injury Prevention Strategy and highlighting the range of injury prevention activities in the district. Over 70 stakeholders attended the symposium and NPiS now plans to conduct this approach on an annual basis.

We believe that injury prevention efforts are strengthened when linkages are made between the many groups, coalitions and teams working on diverse safety projects. To this end we have specifically focused on creating cross-over channels of communication between workplace and community. Community projects are promoted to employers via a Health and Safety Managers Network and the development of the Taranaki Health Safety and Environment Centre by local industry leaders has created a resource for the entire community. Not only do these strategies create a broader understanding of safety issues within the community, but they also lead to a greater investment in community safety by employers.

In 2005, NPiS developed a three-year strategic plan and is disseminating this widely within the community. The plan outlines our commitment to continue to work collaboratively, within the NZIPS framework, towards our shared vision of New Plymouth District becoming a safe community without the burden of injury⁴.



The Taranaki Health, Safety and Environment (HSE) Centre

A training facility for workers, school leavers and tertiary students, as well as the wider community. The Centre runs an New Zealand Qualifications Authority accredited programme that uses demonstrations, practical exercises, facilitated direction and feedback to promote safety.



Taranaki businesses have committed to sending 1,000 fee-paying workers to the Centre each year. This will make the Centre self-funding so that community groups and schools can use the facility free or at nominal charge.

³ NPiS Updates – Appendix 2

⁴ NPiS Strategic Plan Incorporating Terms of Reference – Appendix 3

CRITERIA 2: Long-term, sustainable programmes covering both genders and all ages, environments, and situations

The current range of injury prevention projects in New Plymouth District were developed in response to the priorities identified in the Community Needs Assessment.

The shaded areas in the table below shows where programmes have been developed to address injury issues affecting particular age groups in specific environments or situations.

Programmes covering all ages and environments

AGE	HOME	ROAD	SCHOOL	SPORT & REC	RURAL	WORKPLACE
0 - 4						
5 - 9						
10 - 14						
15 – 24						
25 – 64						
65 +						
80+						

None of these programmes is gender exclusive, but some are targeted more towards a specific gender. For example strategies to reduce equestrian injuries in 10 to 14 year-olds are designed for young female riders whereas projects to reduce road injuries in the 15 to 24 age group primarily aim to reach male drivers.

The tables below and on the following pages list the projects in each of the shaded areas above and are followed by a selection of case studies of individual projects.

0 - 4	HOME	ROAD
	<ul style="list-style-type: none"> Falls prevention caregiver education group sessions Falls prevention caregiver education via home visits, safety checklists and group sessions Falls burns and poisons education kit for pre-schools Poison prevention via health professional advice to caregivers All injury home checks and safety device installation 	<ul style="list-style-type: none"> Child restraint caregiver education group sessions Child restraint installation clinics Child restraint road side checks Child restraint subsidised rental schemes

5 - 9	ROAD	SCHOOL	RURAL
	<ul style="list-style-type: none"> Child restraint road side checks Booster seat promotions Stepping Out Riding By Walking School Bus Bikewise 	<ul style="list-style-type: none"> Playground safety seminars for school managers Playground safety assessments 	<ul style="list-style-type: none"> Capable Country Kids school farm safety resource

10 - 14	ROAD	SCHOOL	SPORT & REC	RURAL
	<ul style="list-style-type: none"> • Safety belt campaigns • Out and About • Bikewise 	<ul style="list-style-type: none"> • Playground safety seminars for school managers • Playground safety assessments 	<ul style="list-style-type: none"> • From the Horse's Mouth riding safety resource • Horsing around rider education 	<ul style="list-style-type: none"> • Capable Country Kids school farm safety resource

15 - 24	ROAD	SPORT & REC	RURAL	WORKPLACE
	<ul style="list-style-type: none"> • Speed reduction education • Driver licensing • Safety belt campaigns • Youth alcohol programmes 	<ul style="list-style-type: none"> • Think Before You Buy Under 18s Drink Campaign • Thinksmart Sports Clubs accreditation programme 	<ul style="list-style-type: none"> • Schools agricultural safety competition 	<ul style="list-style-type: none"> • Health and Safety Induction programme – HSE Centre

25 - 64	HOME	ROAD	WORKPLACE
	<ul style="list-style-type: none"> • Slips Trips and Falls programme • Waitara Smoke Alarm project 	<ul style="list-style-type: none"> • Down with Speed campaign • Safety belt campaigns • Driver fatigue campaign • Intersection campaign 	<ul style="list-style-type: none"> • Health and Safety programmes – HSE Centre

65 +	HOME	ROAD
	<ul style="list-style-type: none"> • Falls prevention – modified tai chi programmes • Falls prevention – Age Concern home safety checks • Falls prevention awareness campaign 	<ul style="list-style-type: none"> • Driver fatigue campaign • Intersection campaign

80 +	HOME	ROAD
	<ul style="list-style-type: none"> • Falls prevention – home based exercise programme • Falls prevention – modified Tai Chi programmes • Falls prevention – Age Concern home safety checks • Falls prevention awareness campaign 	<ul style="list-style-type: none"> • Safe with Age – older drivers' programme • Driver fatigue campaign • Intersection campaign

Project Case Studies - 1

Reducing falls in the home among children aged 0 to 4 years

The Initiative	<p>In 2002, ACC and the Kidsafe Taranaki Trust developed a pilot project to deliver falls prevention information to groups of parents and caregivers. Since then, 110 sessions have been delivered reaching 1,035 caregivers. Several new educators have been trained and the project now aims to reach 300 caregivers per year.</p> <p>In general, the literature recommends that falls prevention strategies most likely to be successful focus on training and educating caregivers. The effect is enhanced when training is linked to the actual provision of safety measures. In order to do this, the sessions emphasise supervision and focus on highlighting safety precautions and devices that are linked to various developmental milestones. All participants are offered a free safety device related to an identified fall risk relevant to the developmental stage of their child(ren). A draw for a safety product voucher is held at every group session of at least six participants.</p>
Linkages	<p>Early Childhood Education Centres</p> <p>The project delivers sessions via the full range of early childhood organisations including kindergartens, play centres, parent centres and play groups. Kidsafe Taranaki has also developed educational resources for use with children and parents in these centres.</p> <p>Employers</p> <p>Several employers have hosted sessions in their workplaces and the project continues to be marketed to local employers.</p> <p>Tamariki Maori Project</p> <p>Hui were held to identify providers and strategies for delivering the project to Maori. Two Maori provider organisations are now contracted to do this and share resources and training with the mainstream project. Both the Tamariki Maori projects and this project are co-ordinated by Kidsafe Taranaki.</p> <p>Better Homes Safer Children Project</p> <p>Developed in 2004, this project aims to install safety devices in low income households. The Falls educators can make referrals to the Better Homes Safer Children project.</p>
Objectives	<ul style="list-style-type: none">• 90% of participants will have an increased understanding of the factors contributing to falls in children 0-4 years• 90% of participants will be aware of ways to prevent falls in children 0-4 years• 55% of participants will have made a change to their home environment to prevent falls in children 0-4years• 55% of participants will report increased or improved levels of supervision to prevent falls in children 0-4years.
Results	<p>Based on the 2003/04 project report using 362 participant questionnaires and 70 follow up phone surveys the following results were obtained:</p> <ul style="list-style-type: none">• 98% increased understanding of causes• 97% aware of prevention strategies• 59% made changes to home environment• 64% reported increasing or improving supervision.

Project Case Studies - 2

Reducing falls in playgrounds among children aged 5 to 9 years

The Initiative

The project aims to reduce injuries due to playground falls by providing training on key aspects of playground safety and information on NZ standards along with incentives to improve play environments and/or supervision. Training seminars have been provided to 78% of primary schools in the district over the three years 2002 to 2005. A playground assessor was trained this year and is now completing assessments and reports for those schools that have attended the seminars. To date 16 schools have had assessments and are now acting on the recommendations. It is planned to complete another 30 assessments this year.

Linkages

Schools

There are 46 primary schools in New Plymouth District and most are very receptive to the project. The seminars are hosted by schools and several have sent representatives to more than one seminar.

Kidsafe Taranaki

Provides mini-grants as incentives to schools to implement playground safety improvements.

Educating NZ

Networks with schools to deliver the ACC Curriculum Resource and promotes the project

Health Promotion Unit

Networks with schools through the Health Promoting Schools Programme and promotes the project.

Objectives

In its first year, project objectives were that:

- 20% of participants will make positive changes to playground environment or management
- 30 % of participants will complete an audit of their playground within two months of attending workshop
- 60% of participants will have increased understanding of factors contributing to injury risk for children in playgrounds
- 80% of participants will be aware of key changes in NZ Interim Playground Safety Standards.

Results

The results in year one, based on post seminar phone surveys with 22 out of 26 schools participating that year were that

- 77% had made positive changes
- 86% had assessed their playgrounds
- 100% had increased understanding of playground injury risks
- 97% were aware of key changes in the Interim Playground Safety Standards.



"Thank you! Done in a business like and informative manner." Principal, Waitara Central

"Very useful and realistic information" Trustee, Mimi School Board

"An excellent service – well worth coming" New Plymouth Montessori

Project Case Studies - 3

Reducing recreational falls among young people aged 10 to 15 years

The Initiative	<p>“Horsing Around” is an education programme directed at rider knowledge and skill, including efforts to increase the use of protective equipment and to educate parents about riding safety. The programme began in 2002 and was extended to Wanganui in 2004.</p> <p>It consists of rider education sessions delivered to junior New Zealand Pony Clubs Association members and their parents by Agriculture New Zealand tutors. Sessions focus on the importance of equine safety equipment; understanding horse behaviour and rules for safe riding.</p> <p>The project approach is based on recommendations of the Monash University Report “<i>Locking the Stable Door: Preventing Equine Injuries</i>” (Finch and Watt, 1996) and of the Injury Prevention Research Centre Fact Sheet 32, “<i>Equestrian Related Injuries New Zealand 1993 – 1998</i>” (IPRC, 2000).</p>
Linkages	<p>The Kidsafe Taranaki Trust</p> <p>Since 1994, Kidsafe Taranaki has worked on a range of initiatives to reduce injuries to children on farms and in 2000, developed an equine safety resource in conjunction with New Zealand Pony Clubs Association. The resource entitled “From the Horse’s Mouth” targets young and inexperienced riders aged 10 to 14 and is used as part of this project.</p> <p>New Zealand Pony Clubs Association</p> <p>Assisted Kidsafe Taranaki in the development of previous resources and provides access to the primary target group through its branch network. The organisation also requires its affiliated clubs to implement an injury reporting system. The national president of NZPCA is based in Taranaki and is very supportive of the project.</p> <p>Agriculture New Zealand</p> <p>Co-ordinates the project and developed and delivers the education programme.</p>
Objectives	<ul style="list-style-type: none">• 90% of participants in education sessions will have increased knowledge of techniques to prevent or minimise falls from horses• 90% of participants will have an improved understanding of the appropriate use of protective equipment• There will be an increase in self-reported or observed safety practice among at least 60% of participants
Results	<p>Four focus groups have been held to evaluate the project with</p> <ol style="list-style-type: none">1. Junior riders who had attended the safety education session2. Junior riders who had not attended the above session3. Parents who had attended the session4. Parents who had not attended the session <p>An interim report has been prepared and two further focus groups are planned.</p>



Extracts form Interim Evaluation Report

More of the post-session riders wore body protectors and had fitted their horses with safety stirrups than the pre-session riders. Both the post-session parents and riders nominated more safety measures and were more detailed about those measures compared to the pre-session groups

One of the seemingly important findings of this research exercise is the apparent inconsistency between what was said was done in terms of safety measures and what had actually been put into practice.

Evaluation of the Community Injury Prevention Programme - Horsing Around Research & Evaluation Services Limited, December 2004

Project Case Studies – 4

Reducing alcohol-related injuries among young people aged 13 to 18 years

The Initiative	<p>The “Think Before You Buy Under 18s Drink” project, launched in 2002, is an extensive media campaign combined with social marketing techniques, primarily targeted at parents and other suppliers of alcohol to youth. The initiative aims to reduce alcohol-related injuries to young people (under 18) in Taranaki by discouraging parents and other adults from supplying them with alcohol.</p>
Linkages	<p>drinkSAFE4youth project team</p> <p>Comprises community workers, youth workers, drug and alcohol educators, health promoters, Police and the Safer Community Council Co-ordinator. The project team continues to work on youth alcohol and initiated the Thinksmart Sports Clubs⁵ Project in 2003.</p> <p>The District Council Licensing Agencies</p> <p>Liased with licensees to promote their role in the project</p> <p>Licensees</p> <p>100% of licensees participated in promoting the campaign as requested and some funded additional supplies of plastic bags bearing the logo (see below). Many retained signage and promoted resources after the campaign concluded.</p> <p>Schools</p> <p>All secondary schools in the region supported the campaign. Those approached to assist in evaluation agreed to do so. All promoted the campaign within the school community.</p> <p>Employers</p> <p>All employers at a health and safety managers forum agreed to support the campaign. Six employers published advertising in support of media features. Employers also disseminated campaign resources and information to their workforce.</p>
Objectives	<ul style="list-style-type: none">• A 5% reduction in student reports of the supply of alcohol to under-18s by adults aged over 18.• A 5% reduction in student reports of the supply of alcohol by parents to under-18s for unsupervised drinking.• 10% of parents will decrease the per occasion amount of alcohol they supply to their own under-18s• 20% increase of parents with sound knowledge and understanding of the laws around the supply of alcohol to under-18s• At least 40% of the general community will be aware of the campaign• 70% of licensees will participate in distributing campaign resources• At least three community initiatives will be developed in support of the campaign by groups not directly involved in planning the campaign
Results	<p>The project achieved a very high level of public awareness and support. A random phone survey three months after the launch showed that 94% of residents were aware of the campaign.</p> <p>Eleven smaller community initiatives took place under the campaign banner and numerous funding opportunities were identified. This resulted in the campaign being very well resourced with a broad base of stakeholders.</p> <p>Pre- and post-surveys of youth showed a 2% decrease in adults over 18 supplying the respondents with alcohol. Excluding parents/guardians, the overall decrease was 4%.</p> <p>Results also indicate that there was a 5% decrease in parents supplying under-18s with alcohol for unsupervised drinking and a reduction from 4.5 to 4 standard drinks (11% less) in the average per occasion amount of alcohol young people received from their parents.</p>

⁵ Project Case Study, page 21

Project Case Studies - 5

Reducing road crash injuries among people aged 25 to 65 years

The Initiative 'Down with Speed Taranaki' is a campaign using a visual-display speed trailer at selected problem sites around the region. In 2003 the project began to involve schools in disseminating information about speed throughout the community and to increase the level and perception of enforcement. Twelve schools in high-risk areas focusing on urban 'black-spots' participated with their students designing messages for café cards and billboards. These were distributed in their local communities, supported by high levels of Police enforcement linked with deployment of the ACC visual-display speed trailer.

Linkages

Police

Advised on site selection and managed the visual display speed trailer. The Police have a commitment to increased enforcement, especially at the project sites.

The Police Education Officer liaises with schools.

The Health Promotion Unit and Manaaki Oranga

Assisted with promotional and media strategies, especially Maori focused strategies.

LTSA

Assisted with data and funding.

New Plymouth District Council and Transit New Zealand

Assisted with speed measurement and technical advice.

Schools

Participated in developing and disseminated project artwork.

Local businesses

Petrol stations, cafes and other commercial outlets distributed project resources.

Objectives

- A 10% reduction in drivers exceeding the speed limit by over 10kph at selected locations
- A 5% increase in positive attitude towards Police enforcement of speed law
- An 8% increase in drivers' perception of risk of enforcement.

Results

Public Attitudes to Speed telephone surveys have been conducted in 2001, 2002 and 2004. These show that the percentage of drivers who perceive they are likely to be caught if speeding has increased from 33% to 43%. However the percentage with a positive attitude to enforcement of speed law decreased from 77% to 66%.

Comparing speed camera data from 2002 with 2004 shows that the percentage of vehicles travelling 16 kph or more over the speed limit reduced from 41% to 30% in 50kph areas and from 49% to 21% in 100kph areas.



A selection of 12 school Down with Speed messages were produced as a calendar and 2,500 were distributed via the schools at the end of 2003.

Project Case Studies - 6

Reducing falls among adults aged over 65 years

The Initiative	<p>The project aims to contribute to a decrease in the incidence and severity of injuries due to falls of older people in Taranaki by improving lower limb muscle strength, balance, flexibility and reaction time. Tai Chi has been demonstrated in research studies to reduce the risk of falls in the older person by up to 47 % when practised on a regular basis. Tai Chi is also seen to be an effective strategy for reducing the 'fear of falling'. Now in the third year of delivery the programme is gaining expertise and coverage with two trainee instructors and is looking to extend both teaching capability and geographic reach.</p>
Linkages	<p>The programme currently delivers classes in community settings in New Plymouth and Stratford with support and promotion from various sources.</p> <p>Otago Exercise Programme (OEP)</p> <p>Participants in the OEP are advised of the tai chi classes as a further step to gaining fitness and strength.</p> <p>Age Concern</p> <p>Home visits from the field worker have included home safety checks and introduction to local tai chi classes.</p> <p>Arthritis and other health support groups</p> <p>Presentations on falls prevention to arthritis and other health support groups and promotional articles in their newsletters have resulted in enrolments for tai chi classes.</p> <p>Social and Community Groups</p> <p>Introductory classes have also been started due to local interest prompted by Falls prevention presentations at social and sporting clubs.</p>
Objectives	<ul style="list-style-type: none">• To actively promote the benefits of Tai Chi to older adults in the community• To introduce Tai Chi to 300 participants aged over 65 over the year from July 2004 – June 2005• 60% of those participating in classes show increased strength and balance• 60% of those enrolling in introductory classes continuing to attend to attend established community classes.
Results	<ul style="list-style-type: none">• Over 700 in the target audience of those aged 65+ or those involved in caring for this group have attended falls prevention presentations in the 12 months to July 05• 265 have attended Tai Chi classes over the 12 months to July 2005• 80% of those followed up as a sample group showed improved strength or balance. There were no reported falls since beginning Tai Chi in this group• 165 (60%) continue to attend Tai Chi classes with beginner groups catering for approximately 60 new participants scheduled to start quarterly through the year and a capacity to deliver more where required• Tai chi is now a widely recommended activity with health and fitness benefits featuring as a beneficial activity at local celebrations of the International Day of the Older Person.

CRITERIA 3: Programmes that target high-risk groups and environments, and programmes that promote safety for vulnerable groups

This table highlights vulnerable groups, high-risk groups and high-risk environments in New Plymouth District and the projects in place to address these issues

High risk environments	Roads	Farms	Home	High risk social environments
High risk groups	Youth Maori	Youth	Older adults Children	Youth
	<ul style="list-style-type: none"> • Speed reduction education • Driver licensing • Safety belt campaigns 	<ul style="list-style-type: none"> • Schools agricultural safety competition • Youth alcohol programmes 	<ul style="list-style-type: none"> • Older adult falls prevention programmes • Child falls prevention programmes • Child poisons project 	<ul style="list-style-type: none"> • Think Before You Buy Under 18s Drink Campaign • Thinksmart Sports Clubs accreditation programme
Vulnerable groups	Children Older adults	Children	Children Low socio-economic groups Older adults	Youth
	<ul style="list-style-type: none"> • Child restraint programmes • School road safety programmes • Safe with Age • Down with Speed project • Driver fatigue campaigns 	<ul style="list-style-type: none"> • Capable Country Kids school resource 	<ul style="list-style-type: none"> • Older adult falls prevention programmes • Child falls prevention programmes • Child poisons project • Child home checks and safety device installation • Waitara smoke alarm and community safety project 	<ul style="list-style-type: none"> • Think Before You Buy Under 18s Drink Campaign • Thinksmart Sports Clubs accreditation programme

Project Case Studies - 7

Reducing falls at home among adults aged over 80 years

The Initiative

ACC and the Physiotherapy Department at Taranaki Base Hospital prescribe and support home-based strength and balance exercise for older adults with increased risk of falling. The programme, known as the Otago Exercise Programme, aims to reach 100 people over 80 years old each year and is expected to reduce falls by 35%.

After initial assessment by the physiotherapist, participants receive five follow-up visits and intermittent phone calls to ensure they are managing the programme and exercise resistance is increased as required.

Implementation began in 2003 with 64 people embarking on the programme and 47 completing at least six months. In 2004-05, a further 75 people entered the programme.

Linkages

Positive Ageing New Plymouth

A coalition set up to implement the New Zealand Positive Ageing Strategy, supports and promotes ACC falls prevention programmes.

Age Concern

Fieldworker makes referrals to the programme and provides home safety checks.

Taranaki DHB

Has developed an older persons strategy which endorses falls prevention programmes.

General Practitioners

Key referral partners but require constant reminders.

Modified Tai Chi

Referrals are made between tai chi and the programme as appropriate.

Objectives

- Participants who complete the programme will demonstrate increased strength and balance
- Rate of falls will be 35% lower among participants than among non-participants in the same age group.

Results

Pre- and post-assessments of the first 47 participants show that 86% increased their lower limb strength and 65% improved their balance.

The number of reported falls = 18 recorded (include 5x for 1 person), nil with significant injury. This equates to 30% of participants experiencing a fall compared with 50% estimated for adults aged over 80.



Programme participant, Joyce, exercising at home with support from physiotherapist, Carla Loevendie. Joyce had fallen twice in the last two years, fracturing both arms. Since starting the programme in January 2005, she has had no more falls. Joyce says she is still building her confidence for walking but says she feels a lot better and would like to return to Tai Chi, another form of strength and balance exercise she enjoys.

Project Case Studies - 8

Reducing injuries on farms among young people aged 15 - 18 years

- The Initiative
- The ACC Thinksafe Taranaki Agricultural Team Challenge was designed to increase the safety knowledge and skills of young people entering the industry and positively influence their attitude to safety.
- A one-day competitive event focusing on farm safety knowledge and skills and open to teams of high school students aged 15 and over.
 - Developed in 1998, has run successfully for six years.
 - Teams of four students from seven schools rotate through seven *practical* safety modules and complete a quiz.
 - The purpose of the event is to promote safe farm practice.

- Linkages
- Young Farmers' Clubs**
Supports and delivers modules.
- Taranaki Secondary Schools**
Participate and promote within schools and host event.
- Agriculture New Zealand**
Delivers modules.
- Department of Labour Occupational Safety and Health**
Delivers modules.
- Police**
Delivers modules.
- Farm machinery suppliers**
Free use of tractor and farm bike.

- Objectives
- 60% of participants report an increase in farm safety awareness
 - 80% of participants report an increase in farm safety knowledge
 - 75% of participants report having adopted at least one safer practice
 - 50% of participants have discussed farm safety issues with family members/peers.

- Results
- Students were surveyed after the first competition:
- 87% of participants interviewed learned important safety information
 - 81% said they have adopted at least one safer practice
 - 56% discussed safety issues at home after participating in the competition.
- Students were surveyed again in 2003:
- 94% increased their safety knowledge (predominantly around chemical safety and first aid)
 - 69% said the event has changed the way they think about safety
 - 69% indicated they have adopted at least one safer practice.



Students' comments:

- *I'm not usually safe, usually take short cuts, but I think a bit more now.*
- *Very important. Firstly because if you injure yourself you'll be stretched financially, but it's important overall. Makes working on a farm more enjoyable.*
- *I mentioned a few things to Dad. He thought it was a good thing.*
- *The bulk of the day was practical – it gave us a chance to give things a try in a safe manner and if we did a mistake, we learnt from it.*

Project Case Studies - 9

Reducing alcohol-related injuries among young people aged 15 - 25 years

The Initiative	<p>The THINKsmart Sports Club Accreditation Programme follows on from the successful “Think Before you Buy Under 18 Drink” community campaign that ran throughout Taranaki in 2001. Feedback from that campaign highlighted the need to work with sports clubs as a way of reducing youth access to alcohol. The focus of the THINKsmart programme is to challenge the link between youth alcohol consumption and sport.</p> <p>The campaign seeks to increase responsible alcohol management in sports clubs. It also aims to reduce minors’ access to alcohol and to reduce young people’s consumption of alcohol. The programme is a formal, but easy to use two-stage accreditation plan that includes ‘hands-on’ workshops on responsible management of alcohol and a resource pack that will assist clubs to create safer social environments for young members.</p> <p>The New Plymouth District has 61 licensed clubs with approximately 13,625 members. There are 11 clubs in Stratford and 40 in South Taranaki. The project particularly targets sports codes that are known to have a high proportion of young members and where Police information and anecdotal evidence suggests that alcohol management practices in relation to youth need to be improved. These codes include rugby union, rugby league, soccer, surf-lifesaving, cricket and touch rugby.</p>
Linkages	<p>drinkSAFE4youth project team</p> <p>Comprises community workers, youth workers, drug and alcohol educators, health promoters, Maori health providers, Police, Local Authority Licensing Officers and Safer Community Council Co-ordinators. This group planned, delivers and will evaluate the project with input from Sport Taranaki, the Taranaki Rugby Football Union and representatives of other sports.</p> <p>The Alcohol Advisory Council (ALAC)</p> <p>The project will be developed under the umbrella of ALAC’s Youth Access to Alcohol project goal which is <i>to encourage and support community action targeted at reducing the illegal and/or irresponsible supply of alcohol by adults to young people.</i></p> <p>The TLA District Licensing Agencies</p> <p>Liaise with club licensees to promote their role in the project.</p> <p>The Safer Community Council</p> <p>Supports community action and provides part funding.</p> <p>The Health Promotion Unit, Alcohol Team</p> <p>Supports community action and provides part funding. In addition the HPU Alcohol Team aligns other related projects, such as Manaaki Tangata, with this campaign. The Unit’s research evaluator is conducting focus groups with members of participating clubs.</p>
Objectives	<ul style="list-style-type: none">• Reduce supply of alcohol to minors in sports clubs• Increase the number of clubs with "Responsible" alcohol policies• Increase the number of clubs implementing alcohol policies• Increase knowledge of coaches and managers about negative effect of alcohol on sports performance• Reduce the use of alcohol as a reward in clubs.
Results	<p>102 of the 112 licensed clubs in Taranaki have registered with the programme. Preliminary findings from the rugby clubs showed that they had put a number of initiatives in place. These included providing more support for the bar staff, appointing more bar staff, increasing the range of non-alcoholic drinks available and getting the police to speak to club members about alcohol usage in clubs (Research and Evaluation Services, 2004). The inaugural Thinksmart Club of the Year trophy was awarded in May 2005.</p>

Project Case Studies - 10

Reducing road injuries among young people aged 15 - 24 years

The Initiative A general population speed campaign has been delivered in Taranaki over the past three years⁶ using a combination of strategies including the ACC speed trailer, media, enforcement and community awareness raising. In 2004 new strategies specifically targeting young drivers were introduced.

These involved the Police Education Service delivering road safety training to young drivers in secondary schools promoting the use of the Practice⁷ package.

Five secondary schools hosted road safety presentations “It’s About Choice” developed by Police and Mothers in Support of Safe Driving in South Auckland which used victim impact and crash analysis to promote safer driving choices to over 2,500 students. Media was used to extend the reach of this strategy.

A district wide mail drop delivered information on how to avoid speed related crashes to 39,000 households.

Police continue to conduct restricted driver enforcement campaigns and encouraging schools to report the number of students ticketed at assemblies and in newsletters.

Linkages The project has been planned in partnership with road safety stakeholders including:

- New Plymouth Police, Strategic Traffic Unit and Youth Education
- ACC
- The Health Promotion Unit, Taranaki DHB
- Schools – five secondary schools have agreed to host the presentations. These are NP Boys High, Francis Douglas College, Inglewood High and Waitara High and Spotswood College.

It links to national road safety initiatives and other local programmes.

Objectives

- Increase community awareness of role of speed in crashes
- Improve young drivers’ compliance with licence restrictions
- Improve young drivers’ awareness of consequences of inappropriate speed.

Results Evaluation of this project is being undertaken by the Police Education Officer through student feedback. A video made at schools hosting the “It’s About Choice” programme recorded the immediate reaction of students:

- *Even though I don't know the people it's just like cool speaking to their families.*
- *It really puts the message across.*
- *People can actually witness, people of our age who are going to be driving cars, what can happen if they don't make the right choices.*
- *Yeah emotional.*



⁶ Project Case Study 5, page 16

⁷ ‘Practice’ is a national programme for learner drivers developed by ACC and LTNZ

CRITERIA 4: Programmes that document the frequency and causes of injuries

Community injury prevention in New Plymouth District: assessing the needs

This report presents the results of an injury prevention needs assessment for New Plymouth District. The needs assessment was undertaken by Research and Evaluation Services (New Plymouth) in association with HealthSearch (Auckland), under contract to Tui Ora Limited.

Tui Ora is a Māori development organisation that provides public health services to people in the Taranaki region. In 2000, Tui Ora gained funding from ACC to undertake a planning and consultation process aimed at setting up a community injury prevention programme in New Plymouth District.

A significant step in the process was the creation of New Plymouth injurySafe, an intersectoral group including representatives from a variety of organisations in New Plymouth District interested in injury prevention.

The information in the report comes from three main sources:

1. research literature and other documentation on previous New Zealand and overseas community injury prevention programmes
2. available statistical data on injuries in New Plymouth District
3. consultation with key people and organisations in New Plymouth District with an interest in injury and injury prevention.

The most serious injury events in the community result in deaths. The report provided analysis of injury mortality data for New Plymouth District and compared these data with those for all New Zealanders.

The report also examined

- New Zealand Health Information Service data relating to admissions of New Plymouth District residents to New Zealand public hospitals
- Injury data relating to attendances of New Plymouth District residents at Taranaki Health Emergency Departments
- ACC claims data for New Plymouth District for the most recent financial year (1 July 2000 to 30 June 2001). It covers all *new* “entitlements” claims, including weekly compensation, vocational and social rehabilitation, independence allowance, death benefits and elective surgery
- Injury crash statistics for New Plymouth District, taken from the most recent local *Road Safety Report* (LTSA 2001a)
- Information on reported assaults in New Plymouth District available from local Police crime statistics.

The population base for the needs assessment was 66,600.

There were an average of 30 injury deaths per year between 1996 and 1998.

There were an average of 1,131 injury hospitalizations between 1998 and 2000.

There were 6,531 emergency department attendances for injury in the year 2000.

Since the establishment of the Safe Communities Foundation of New Zealand, a number of useful resources have become available including the New Plymouth Injury Data Report which provides our community with detailed injury data as follows:

A crude injury rate of 45 deaths per 100,000 person years.

A crude injury hospitalization rate of 1,227 per 100,000 person years.

A summary of the report is attached as Appendix 1 and, as previously stated, the report was used to guide the prioritisation process on which projects in New Plymouth District have been based for the last three years. NPiS in its Strategic Plan 2005 – 08 has made a commitment to repeating the comprehensive needs assessment process every five years to monitor injury trends and measure progress.

Injuries to children

The Kidsafe Taranaki Trust, an inter-sectoral child injury prevention group, has the overall goal of preventing unintentional injury to Taranaki children. The Trust designs, implements and evaluates projects and programmes centered around priority injury issues.

In order to achieve a reduction in paediatric unintentional injuries, evidence based data is required. The Data Sub-Group of the Trust works with the objectives of collating, monitoring and analysing local data in order to gain statistical information about the status of unintentional injury in Taranaki children. Having this information enables initiatives and strategies to be tailored to these issues.

Kidsafe Taranaki has produced two statistical reports for the periods 1996-1998 and 2000-2002.⁸ The goal of these reports is to provide insight into the major causes of unintentional injury in Taranaki children aged 0 - 14. The studies were carried out by accessing the raw data collected by Taranaki District Health Board, then processing the data into a useful format for analysis. (In 1999 the classification system for admissions data was changed.)

The data was analysed by age group, mechanism of injury and location. Following this, the four major mechanisms of injury for each age group were identified and further analysed. In addition to these analyses it was decided that it would be useful to investigate ethnicity and gender in the second report. This report, through the findings and continuity with the previous report, provides direction and focus for strategies such as media campaigns, promotion and advocacy for Taranaki child unintentional injury prevention.

Safe Communities Foundation New Zealand New Plymouth injury data ACC Thinksafe Report⁹

Since the establishment of the Safe Communities Foundation a number of useful resources have become available to community coalitions such as NPiS. Among these, the New Plymouth Injury Data Report ACC Thinksafe Report provided updated injury data to guide the NPiS strategic planning process.

The report presents demographic data, mortality data, hospitalisation data, ACC claims statistics and LTNZ road injury statistics. Chronological and area by area comparisons are provided.

⁸ Analysis of Paediatric Hospital Admissions for Unintentional Injury in Taranaki 2000-2002, Petra van der Linden-Ross and Sarah Wilson

⁹ Safe Communities Foundation New Zealand, New Plymouth Injury Data, ACC Thinksafe Report Number 5, Coggan et al, December 2004

Other data sources

In planning all the projects outlined in the preceding sections of this document, project teams have used a variety of reliable data sources to help target and refine strategies and to assist with monitoring trends and effects. These include making use of national resources such as the Injury Prevention Research Centre, the Injury Prevention Research Unit, Land Transport New Zealand, ALAC, Alcolink and ACC.

Many projects routinely collect injury information as well as information about factors contributing to injury from project participants as a means of evaluating project effectiveness. Examples of these are detailed in the next section.

Criteria 5: Evaluation measures to assess programmes, processes and effects of changes

The 10 Project Case Studies provided on pages 12 to 22 refer to some of the evaluation techniques that are used in the community injury prevention programmes being delivered within the New Plymouth District. Pre and post intervention surveys and questionnaires, random telephone surveys, participant focus groups, individual interviews and injury data analysis are some of the methods that are used to collect data to determine the effectiveness of the projects.

All projects have written plans which detail the project's process and impact objectives and the method of evaluation to be used. All projects are reviewed and reported on annually. Plans and reports will be available at the site visit.

The table below lists a selection of projects and the methods of evaluation that have been applied. Some projects are externally evaluated and this is denoted by bold type.

PROJECT FOCUS	KEY STRATEGIES	DATA COLLECTION METHODS
Child falls	Group education	Post session questionnaire (process) Follow-up telephone survey (impact) Hospital data analysis (outcome)
Child falls	One to one education	Checklist (process) Follow-up telephone survey (impact) Hospital data analysis (outcome)
Child poisons	One to one education	Follow-up telephone survey (process and impact) Hospital data analysis (outcome)
Child safety	Home safety device installation	Assessment tool (process) Follow-up telephone survey (impact) Follow-up face to face interviews Hospital data analysis (outcome)
Child restraints	Group and individual education	Post session questionnaire (process) Road side checkpoints (impact) LTNZ data analysis (outcome)
Playground safety	Workshops and assessments	Post session questionnaire (process) Follow-up telephone survey (impact) Hospital data analysis (outcome)
Equine safety	Group education	Focus groups (process and impact) Club injury record analysis (outcome)
Road safety - speed	Social marketing and enforcement	Random telephone survey (impact) Police statistics (impact) LTNZ data analysis (outcome)
Road safety - fatigue	Driver reviver stops	Participant questionnaires (process and impact) LTNZ data analysis (outcome)

Road safety - belts	Enforcement	Pre and post observation surveys (impact) Police statistics (impact)
Road safety - youth	Promotion and education	Participant video interviews (process and impact) Follow-up surveys (impact)
Alcohol-related	Education and environments	Post session questionnaire (process) Focus groups (process and impact) Club self-assessments (impact) Club audits (impact)
Older adults falls	Strength and balance training	Pre and post objective measures (impact) Follow-up injury monitoring (outcome)



Parents attending a child restraint fitting clinic complete an evaluation form at the session end. Road side checkpoints are run by the police before and after education campaigns to monitor compliance and correct fitting.



Students participating in the agricultural team challenge are assessed by farming experts. Follow up interviews were held with students three months later to determine changes in safe practice.



Media interest is a strong indicator of the effectiveness of social marketing campaigns. A random telephone survey of 200 residents showed 94% were aware of the "Think Before You Buy Under 18s Drink" campaign.

Criteria 6: Ongoing participation in national and international Safe Communities networks

For a number of years, organisations and partners involved in injury prevention in the New Plymouth District have worked hard to raise community awareness of the burden of injury and to develop a culture of safety. The ever increasing number and diversity of new partners becoming involved in injury prevention activities is an indication that we are making some progress towards our shared vision.

As part of our efforts to increase participation and capacity within our own community, the groups involved in NPiS have taken every opportunity to share our experiences and learn from those of other communities throughout New Zealand.

The Injury Prevention Network of Aotearoa New Zealand (IPNANZ) has created many opportunities for us to do this. The constituent members of NPiS have participated fully in every IPNANZ conference, presenting at least three papers at each as well as poster papers and displays highlighting some of our projects. Four abstracts involving our community have been accepted for the upcoming IPNANZ national conference in November 2005.

Our project coalitions, most notably Kidsafe Taranaki, Positive Ageing New Plymouth and the Drinksafe4youth team have presented at numerous forums in New Zealand and disseminated information about projects through various newsletters and on the internet. Within the national ACC network we have been able to develop project strategies that have then been rolled out in other communities. The child falls caregiver education programme, equine safety and youth and alcohol initiatives are examples of this.

We have benefited greatly from the support and experience of New Zealand's existing Safe Communities, Waitakere and Waimakariri. Co-ordinators of these projects have assisted us immensely through sharing their ideas and resources. Their commitment to the Safe Communities philosophy provides us with a model of collaboration that we in turn are committed to following.

NPiS participated in consultation in the development of the New Zealand Injury Prevention Strategy and supports the vision of the strategy for *A safe New Zealand becoming injury free*. We believe that ongoing participation in national and international Safe Community networks is fundamental to achieving this vision.



Our district was well represented at the inaugural Community Safety Awards during Safety NZ Week (7 – 13 August 2005). Pictured with their certificates of commendation are representatives of

- Kidsafe Taranaki child safety coalition
- Western Fire Service for the Waitara Smoke Alarm and Home Safety Project
- Centre for Applied Engineering NZ for development of the Taranaki HSE Centre
- Positive Ageing New Plymouth for using the New Zealand Injury Prevention Strategy as a framework for falls prevention.

APPENDICES

Community Injury Prevention in New Plymouth District

Assessing the Needs

**Velma McClellan
Caroline Maskill
Ian Hodges**

RESEARCH & EVALUATION SERVICES Ltd

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HealthSearch

Summary of Report, December 2001

REPORT SUMMARY

This report aims to assist Tui Ora and the Injury Safe Advisory Group to identify the types of injuries, population groups and injury locations that should be given priority in the work of a community injury prevention programme in New Plymouth District.

The information in the report comes from three main sources:

- research literature and other documentation on previous New Zealand and overseas community injury prevention programmes
- available statistical data on injuries in New Plymouth District
- consultation with key people and organisations in New Plymouth District with an interest in injury and injury prevention.

What is community-based injury prevention?

Community-based injury prevention is when people and organisations located in a district, city, town or neighbourhood work together to design and implement strategies to reduce the incidence or severity of injury in their population.

Building on the social work tradition of community development (Bjaras 1992), community injury prevention emphasises the use of *intersectoral collaboration* and *community participation*. Community members define the injury problems they consider important. They then build awareness and enthusiasm amongst other local people and organisations to take ownership of the problems and their solutions (Simpson 1999; Coggan and Simpson 1999).

This contrasts with other approaches to injury prevention that rely on centralised, top-down approaches, such as laws and regulations (e.g. compulsory seat belt wearing) or national education or media campaigns (Moller 1995).

The WHO Safe Communities model

During the 1980s, in parallel with other developments such as the Healthy Cities movement and the release of the Ottawa Charter on Health Promotion, the community injury prevention approach pioneered in Falköping was further refined, evolving into what is today known as the “Safe Communities” model for community injury prevention.

Key organisations and individuals involved in this work included the World Health Organization (WHO), programme managers in the various Swedish community-based injury initiatives, public health specialists from the Karolinska Institutet at the Department of Social Medicine in Stockholm, and Dr Jerry Moller from Australia.

In 1989 in Stockholm, at the First World Conference on Accident and Injury Prevention, which included 500 delegates from 50 countries, the Manifesto For Safe

Communities was issued (Moller 1995) and, in 1991, the First International Conference on Safe Communities was held in Falköping.

The WHO has continued to take the lead in supporting the development of the Safe Communities concept internationally. Today, the WHO Collaborating Centre on Community Safety Promotion, based at Stockholm's Karolinska Institutet, sponsors the Safe Communities network. This network consists of all communities around the world designated as WHO Safe Communities. These Safe Communities are required to:

- form a cross sectoral group responsible for injury prevention
- involve the local community network
- address all ages, surroundings and situations
- address the concerns of high-risk groups (such as children and the elderly), high-risk environments and aim to ensure equity for vulnerable groups
- have a mechanism to document the frequency and causes of injuries
- take a long-term approach
- undertake evaluations that include indicators showing effects and provide information on the process as it advances
- identify relevant organisations in the community and assess their potential for participation in the programme
- ensure the participation of the health care community in both the registration of injuries and the injury prevention programme
- aim to involve all levels of the community in solving the injury problem
- disseminate information on the experience both nationally and internationally
- be willing to contribute to the overall network of Safe Communities.

To date, sustained community injury prevention programmes have been documented and evaluated in five New Zealand locations:

- Waitakere City (in the west of the Auckland metropolitan area)
- Waimakariri District (in North Canterbury)
- Kawerau (in the central North Island)
- Gisborne City (on the East Coast of the North Island)

- Ruatoria (also on the East Coast of the North Island).

The five NZ programmes have generally included all of the following key features:

- identification of a **single agency that takes legal and fiscal responsibility** for the programme
- establishment of an **intersectoral Advisory Group** made up of representatives from local organisations and community people with a stake in injury prevention
- establishment of one or more **Working Groups** that focus on identifying suitable activities for reducing particular kinds of injuries
- employment of one or more full or part-time programme **Co-ordinators**.

Demographic profile of New Plymouth District

New Plymouth District (NPD) is the northernmost of three territorial local authorities in the Taranaki region, situated on the west coast of the North Island of New Zealand.

Around 67,000 people currently live in NPD. This represents two percent of the New Zealand population and two-thirds of the population of the Taranaki region.

Compared with New Zealand as a whole, NPD has a relatively low proportion of young adults (aged 20-34) and a high proportion of elderly people (aged 70+).

Fifteen percent of the NPD population is Māori (a slightly lower proportion than New Zealand overall). A very low proportion of the population is Pacific or Asian, compared with the national average.

Patterns of injury in New Plymouth District

Deaths from injury

Each year, an average of 30 New Plymouth District (NPD) residents die as a result of injury.

Rates of injury deaths in NPD are around 15 percent less than New Zealand as a whole (age-standardised rates).

Two out of three injury deaths each year in the NPD are due to *unintentional* causes (19 per year).¹⁰ The three main causes of these unintentional injury deaths are:

¹⁰ Injuries were classified using “E-codes” as included in the International Classification of Diseases (ICD) coding system. E-codes classify various environmental events, circumstances and conditions as “external causes” of injuries and poisonings. The 9th revision of the ICD coding system applies to both the mortality and hospitalisation data included in this report.

- motor vehicle crashes (10 per year)
- falls (3 per year)
- unspecified fractures¹¹ (2 per year).

One in three injury deaths each year in the NPD are due to *intentional* causes (10 per year). Nearly all of these intentional deaths are suicides or self-inflicted injury (9 per year).

Injury death rates (intentional and unintentional injuries combined) are highest among the oldest age group (80+) and 20-29 year olds, and lowest among 0-9 year olds.

Intentional injuries (especially suicide and self inflicted injury) cause at least half of all deaths among NPD 10-19 year olds and 40-49 year olds. In all other age groups in the NPD, *unintentional* injuries are the most common cause of death.

NPD males are over two-and-a-half times more likely than NPD females to die from injuries.

NPD Māori are just over twice as likely as NPD non-Māori to die from injuries.

Injury death rates in the New Plymouth District have been reasonably similar to the national average over the period 1989-1998.

Hospitalisations for injury

In the year 2000, 1,374 New Plymouth District residents were admitted to public hospitals for injuries.

NPD residents are around 11 percent *less* likely than all New Zealanders to be hospitalised for injuries (age-standardised rates).

In 2000, the vast majority (92 percent) of hospitalisations for injury among NPD residents were due to *unintentional* causes. Only eight percent of hospitalisations for injury were due to *intentional* causes.

In 2000, there were 1,265 hospital admissions for *unintentional* injuries among NPD residents. The most common *groups* of injuries were:

- falls (367 admissions = 29 percent)
- unspecified fractures (191 admissions = 15 percent)
- motor vehicle crash injuries (132 admissions = 10 percent)
- other transport injuries (83 admissions = 7 percent).

In 2000, there were 103 hospital admissions for *intentional* injuries for NPD residents. Nearly three out of four of these hospitalisations (73 percent) were for suicide and self-inflicted injury.

¹¹ These may include some fractures caused by falls.

During the three-year period 1998-2000, 3,394 NPD residents were hospitalised for injuries. These hospitalisations were most commonly for the following six *specific* type of injuries:

- unspecified fractures (122 hospitalisations per year = 11 percent)
- falls - slipping, tripping, stumbling (114 = 10 percent)
- other falls from one level to another (88 = 8 percent)
- motor vehicle crash injuries involving drivers or passengers (68 = 6 percent)
- injuries from cutting and piercing instruments (66 = 6 percent)
- suicide attempts and self-inflicted injury (61 = 5 percent).

People from the oldest age group (80+) were by far the most likely to be hospitalised for injuries during 1998-2000. People in the middle age groups (30-69) were least likely to be hospitalised.

From 1998-2000, NPD males were 60 percent more likely to be hospitalised for injuries than NPD females (age-standardised rates). Males had higher hospitalisation rates for injury than females in all age groups except 80+.

10-19-year-olds and 20-29-year-olds were most likely to be hospitalised for *intentional* injuries.

From 1998-2000, NPD Māori were 24 percent *less* likely than NPD non-Māori to be hospitalised for injuries.

Over the past 12 years, trends in hospitalisations for injuries among NPD residents have fluctuated slightly, but current age-standardised rates (2000) are nearly the same as they were in 1989. This contrasts with average New Zealand hospitalisation rates for injury, which have steadily increased since 1989.

Emergency department attendances for injury

In the year 2000, there were 6,531 attendances for injuries among NPD residents at public hospital Emergency Department clinics (EDs).

Overall, NPD males were 56 percent more likely to visit EDs for injuries than NPD females (age-standardised rates).

10-19-year-old males and females, 20-29-year-old males, and 80+-year-old females were most likely to attend EDs for injuries.

NPD Māori were 35 percent *less* likely to visit EDs for injuries compared with NPD non-Māori.

The three leading causes of injuries for which NPD people visited EDs in 2000, were:

- falls (2,290 visits = 35 percent)
- blunt trauma (1,412 = 22 percent)
- penetrating trauma (817 = 13 percent).

The most common locations where injuries occurred among NPD people who visited EDs for injury were:

- domestic situations (e.g. people's homes) (3,318 visits = 51 percent)
- sports / recreation venues (952 = 15 percent)
- public areas (634 = 10 percent)
- vehicles (614 = 9 percent)
- work (587 = 9 percent).

In 2000, males were much more likely than females to visit EDs for injuries in all locations, but the biggest differences were for injuries that occurred at work and sports / recreation venues.

ACC injury claim statistics

In the 2000 / 2001 financial year, 2,350 new entitlement claims for injuries were made to ACC in New Plymouth District.

NPD people were 12 percent more likely to make claims than New Zealanders in general.

Males were 69 percent more likely than females to apply for ACC compensation during this time (age-standardised rates).

For males, the highest claim rates were among 15-24-year olds, whereas for females, 75+-year-olds had the highest claim rates.

Children (aged 0-4 and 5-14) had by far the lowest new ACC claim rates in 2000 / 2001.

The highest numbers of claims were made for injuries that occurred:

- in home / community situations (874 claims = 37 percent)
- at work (586 = 25 percent)
- at sports / recreation venues (461 = 20 percent).

In 2000 / 2001, NPD males were far more likely than females to make claims for injuries sustained at work, and at sports / recreation venues.

Altogether, in the 2000 / 2001 financial year, over \$11 million was spent on ACC claims in New Plymouth District.

On average, each local claim cost \$4,990, which was 54 percent less than the national average of \$7,691.

Land transport crash statistics

In 2000 in New Plymouth District, 149 road crashes and 216 casualties (injuries and deaths) were reported to the Police.

NPD had slightly higher crash and casualty rates compared with similar areas as well as New Zealand as a whole (although NPD's reporting rates are likely to be higher than average).

Local crash and casualty rates were highest on urban state highways (compared with urban and rural local roads and rural state highways) and were considerably higher than those in other similar areas and the New Zealand average.

As for the rest of New Zealand, and similar areas, New Plymouth District's crash and casualty rates have been steadily declining over the past 12 years.

Of the 886 injury crashes reported to the Police in the District during 1996-2000, most involved minor injuries (71 percent). Crashes involving serious and fatal injuries were more likely to occur on rural roads than urban roads.

Over the period 1996-2000, the most frequent types of road users involved in injury crashes were:

- car / van drivers (608 = 43 percent)
- car / van passengers (142 = 25 percent)
- motorcyclists (99 = 12 percent).

From 1996-2000, there was a significantly higher percentage of motorcyclist casualties on both urban and rural roads in New Plymouth District compared with similar areas in New Zealand as a whole.

The most common types of reported injury crashes in NPD in 1996-2000 resulted from:

- crossing / turning movements
- losing control or meeting another vehicle head-on on road bends
- rear-end / obstruction situations (such as crashing into the back of a parked or slow-moving vehicle).

Poor observation and failing to give way or stop were by far the two most frequent contributing factors to injury crashes in NPD during 1996-2000.

In a survey conducted at the beginning of this year (2001), 93 percent of adults sitting in the front seats of vehicles in Taranaki were wearing seatbelts (one percent higher than the national average).

In the latest survey of back-seat passengers in Taranaki (conducted in 2000), 66 percent were found to be wearing seatbelts (10 percent less than the national average).

In the latest survey of child-restraint use (conducted in 2000), 77 percent of Taranaki children were using a restraint (two percent less than the national average).

In another 2001 survey, 95 percent of Taranaki cyclists were wearing cycle helmets (one percent higher than the national average).

The LTSA estimates that the “social cost” of injury crashes in the year 2000 in NPD was over \$44 million, the majority of which (\$28 million) was due to crashes on urban state highways.

Police statistics

The last three years of New Plymouth area Police statistics show that there are averages of 770 violent crimes and 63 sexual crimes in New Plymouth area each year. Serious assaults (average 285 per year), minor assaults (242) and other violence (174) are the most types of violent crime (these can result in *intentional* injuries).

The rates of violent and sexual crimes in the New Plymouth area are only slightly above the average for New Zealand.

Summary of injury patterns, New Plymouth District

DEATHS	
Annual numbers (1996-1998)	30
Injury rates (overall) (1994-1998)	41 / 100,000
Unintentional injury rates (1994-1998)	26 / 100,000
Intentional injury rates (1994-1998)	14 / 100,000
Most common types of injuries (ranked)	Suicide, self-inflicted injuries Motor vehicle crashes Unspecified fractures [§]
HOSPITALISATIONS	
Annual numbers (1998-2000)	1,131
Injury rates (overall) (1998-2000)	1,590 per 100,000
Unintentional injury rates (1998-2000)	1,490 per 100,000
Intentional injury rates (1998-2000)	129 per 100,000
Most common types of injuries (ranked)	Unspecified fractures Falls Motor vehicle crashes
EMERGENCY DEPARTMENT ATTENDANCES	
Annual numbers (2000)	6,531
ED attendance rates (2000)	10,100 / 100,000
Most common types of injuries	Falls Blunt trauma Penetrating trauma
Most common injury locations	Domestic Sports / recreation Public area
ACC ENTITLEMENTS CLAIMS	
Annual numbers (2000 / 2001 financial year)	2,350
Claims rates (2000 / 2001 financial year)	3,222 per 100,000
Most common injury diagnoses	Soft tissue injuries Fracture / dislocations Lacerations / puncture wounds
Most common injury locations (ranked)	Home / community Work Sports / recreation
LAND TRANSPORT CRASHES	
Annual numbers of reported crashes (2000)	149
Annual numbers of reported casualties (2000)	216
CRIMES	
Annual numbers of violent crimes (2000 / 2001 financial year)	767
Annual numbers of sexual offences (2000 / 2001 financial year)	58

[§] These may include some fractures caused by falls.

Summary of injury patterns, New Plymouth District, by sex

	MALES	FEMALES
DEATHS		
Annual numbers (1994-1998)	21	9
Injury rates (overall)	Over twice female rate	Less than half male rate
Unintentional injury rates	Twice female rate	Half male rate
Intentional injury rates	Nearly five times female rate	Just over a fifth of male rate
Most common types of injuries (ranked)	Suicide, self-inflicted injuries Motor vehicle crashes Unspecified fractures [§]	Motor vehicle crashes Unspecified fractures [§] Suicide, self-inflicted injuries
HOSPITALISATIONS		
Annual numbers (1998-2000)	636	495
Injury rates (overall)	60 percent higher than female rate	60 percent lower than male rate
Unintentional injury rates	65 percent higher than female rate	65 percent lower than male rate
Intentional injury rates	37 percent higher than female rate	37 percent lower than male rate
Most common types of injuries (ranked)	Unspecified fractures [§] Cuts etc. Falls	Falls Unspecified fractures [§]
EMERGENCY DEPARTMENT ATTENDANCES		
Annual numbers (2000)	3,902	2,629
ED attendance rates	56 percent higher than female rates	56 percent lower than male rates
Most common types of injuries	Falls Blunt trauma Penetrating trauma	Falls Blunt trauma Strain
Most common injury locations	Domestic Sports / recreation Work	Domestic Sports / recreation Public area
ACC ENTITLEMENTS CLAIMS		
Annual numbers (2000 / 2001 financial year)	1,396	954
Claims rates	69 percent higher than female rates	69 percent lower than male rates
Most common injury locations (ranked)	Work Sports / recreation Home / community	Home / community Sport / recreation Work

[§] These may include some fractures caused by falls.

Summary of injury patterns, New Plymouth District, by age groups

	YOUNG CHILDREN (0-9)	OLDER CHILDREN AND ADOLESCENTS (10-19)	YOUNG ADULTS (20-29)	MID-AGED ADULTS (30-59)	OLDER PEOPLE (60+)
DEATHS					
Annual numbers (1994-1998)	1	4	7	10	9
Injury rates (overall)	Low	Medium	High	Medium	High-very high
Unintentional injury rates	Low	Low	High	Low-medium	High-very high
Intentional injury rates	Very low	High	High	Medium	Low
Most common types of injuries (ranked)	Motor vehicle crashes	Suicide, self-inflicted injuries Motor vehicle crashes	Motor vehicle crashes Suicide, self-inflicted injuries	Suicide, self-inflicted injuries Motor vehicle crashes	Fractures Motor vehicle crashes Falls Suicide, self-inflicted injuries
HOSPITALISATIONS					
Annual numbers (1998-2000)	210	189	143	287	302
Injury rates (overall)	Medium	Medium	Medium	Low	Medium-very high
Unintentional injury rates	Medium-high	Medium	Medium	Low	Medium-very high
Intentional injury rates	Very low	Medium	High	Medium-low	Very low
Most common types of injuries (ranked)	Falls Accidental poisoning Cuts etc.	Bicycle injuries Motor vehicle crashes Falls	Suicide, self inflicted injuries Cuts etc. Motor vehicle crashes	Suicide, self-inflicted injuries Motor vehicle crashes Cuts etc.	Falls Unspecified fractures
EMERGENCY DEPARTMENT ATTENDANCES					
Annual numbers (2000)	1,019	1,666	1,175	1,922	749
ED attendance rates	Medium	High	High	Medium-low	High
Most common types of injuries	Falls Blunt trauma	Falls Blunt trauma	Falls Blunt trauma	Falls Blunt trauma	Falls
Most common injury locations	Domestic	Domestic Sports / recreation	Domestic Sports / recreation	Domestic	Domestic
ACC ENTITLEMENTS CLAIMS					
Annual numbers (2000 / 2001 financial year)	Approx. 20	Approx. 150	Approx. 250	Approx. 700	Approx. 200
Claims rates	Very low	High	High	Medium-high	High
Most common injury locations (ranked)	Home / community	Home / community Sports / recreation	Sports / recreation Home / community Work	Home / community Work	Home / community

Summary of injury patterns, New Plymouth District, by ethnicity

	MĀORI	NON-MĀORI
DEATHS		
Annual numbers (1994-1998)	6	24
Injury rates (overall)	Over twice non-Māori rate (but note small numbers)	Just under half Māori rate
Most common types of injuries (ranked)	Suicide, self inflicted injuries Motor vehicle crashes	Suicide, self-inflicted injuries Motor vehicle crashes Unspecified fractures [§]
HOSPITALISATIONS		
Annual numbers (1998-2000)	118	1,013
Injury rates (overall)	24 percent lower than non-Māori rate	24 percent higher than Māori rate
Most common types of injuries (ranked)	Motor vehicle crashes Cuts etc. Falls	Unspecified fractures [§] Falls
EMERGENCY DEPARTMENT ATTENDANCES		
Annual numbers (2000)	708	5,494
ED attendance rates	35 percent lower than non-Māori rate	35 percent higher than Māori rate
Most common types of injuries	Fall Blunt trauma Penetrating trauma	Fall Blunt trauma Penetrating trauma
Most common injury locations	Domestic Sports / recreation Vehicle	Domestic Sports / recreation Public area
ACC ENTITLEMENTS CLAIMS		
Annual numbers (2000 / 2001 financial year)	195	1,887
Most common injury locations (ranked)	Sport / recreation Work Home / community	Home / community Work Sport / recreation

[§] These may include some fractures caused by falls.

Results from community consultation

Who and how we consulted

A total of 45 face-to-face consultation interviews were completed with representatives from a cross section of community organisations and agencies, and two focus groups (one of rural women and one of rangatahi).

Who was perceived to be most at risk of injury?

Children

Childhood injuries were generally seen to have been well-catered for in the New Plymouth District by previous community-based injury prevention initiatives. Nevertheless, interviewees saw a need to 'keep up the good work' given that children were considered highly vulnerable to injury by virtue of their inexperience, innate curiosity and innocence of the potential domestic and other environmental hazards around them.

Adolescents and young people

Adolescents and young people were also considered a group at high risk of injury. Key contributing factors were thought to include inexperience, experimentation,

particularly with drugs and alcohol and risk-taking (especially in sports and recreational activities, e.g. skateboarding, surfing and cycling, as well as driving recklessly and fast). Young Māori male unlicensed drivers were also seen as a high-risk injury group.

The risk of completed suicide in young people was considered to be relatively low and therefore not a priority to target. However, several interviewees regarded the apparent rising incidence of 'hoon-like' driving behaviour, drunkenness and drug and alcohol intoxication to be a sign that all was not well with the District's youth.

Older people

Older people were identified as a 'number one' priority in terms of future community-based injury prevention approaches. Interviewees perceived the older generation as largely overlooked in terms of past community injury prevention and health promotion initiatives. The economic and personal costs of fractures in older people, particularly fractured hips in older women, were estimated to be very high and could only worsen given the projected increase in the older population over the next 40 years.

Māori

In general, Māori injury rates were perceived to be similar to non-Māori. However, some differences were noted in the prevalence of certain types of injuries and injury risk factors. Māori were considered to be at high risk of road-related, sports and industry-related injuries (especially in industries involving a high level of manual labour).

People participating in sport or recreation

Sports were perceived to be a major cause of injury. Interviewees identified a range of sporting codes and recreational activities that they perceived as high-risk. These ranged from the higher level contact sports such as rugby, rugby league, netball, basketball, and touch rugby, to the individual level sports and recreational activities such as cycling, skiing, road cycling and skateboarding. Mountain biking was described as an 'extreme sport' with a very high injury risk among its participants.

Interviewees identified a range of causative factors influencing sports injuries including:

- failure to wear suitable protective gear
- faulty equipment
- poor judgement and limited experience
- children playing sport beyond their developmental level
- coaches failing to train with safety in mind
- individuals failing to take responsibility for their own safety.

People in the workplace

The workplace was seen as one of the more potentially fruitful sites for transferring safety and injury prevention skills.

Health and safety personnel and managers from the oil, port transport and timber industries considered that all three of these industries currently have high quality safety programmes in place. In the past, these three industries apparently had a reputation for high numbers of injuries among workers (mainly back injuries and amputations). However, in recent years there appears to have been a dramatic decrease in workplace injuries in these industries, with company health and safety programmes reported to be largely responsible for this.

People on farms

A large number of interviewees believed farming families, particularly adult male farmers and children aged two to nine years, faced a relatively higher risk of injury compared to their urban counterparts. They attributed this risk to the nature of the work undertaken by farmers, which exposed them literally on a daily basis to working with unpredictable stock, with heavy machinery and potentially dangerous equipment, and to an environment where bad weather can see them “up to the eyes in mud”.

The potential for injuries in farming children was perceived as influenced by similar factors impacting on and experienced by their parents. However, children’s ‘ignorance’ and innocence of the potential dangers in their day-to-day environment was seen to pose additional risks that urban children were rarely exposed to. These dangers included:

- unfenced swimming pools and water holes
- being run over by large machinery
- under-age driving of all terrain vehicles (ATVs) and tractors
- being left at home unsupervised (in legal terms).

People at home

The home was perceived to be the most common place where injuries occur, not just for children, but for all other population groups as well (ie. young people, adult men and women, and older people).

People on the roads

Injuries and deaths from motor vehicle crashes were reported to have ‘drastically reduced’ over the past decade, both nationally and in the New Plymouth District.

The groups perceived to remain at highest risk of death and injury from vehicle crashes were:

- children, especially cyclists
- young people, particularly young Māori males without a driver licence
- older people (car crashes and mobility scooters).

Suggested interventions

Participants in the consultation favoured various specific interventions to reduce the risk of different injuries in different population groups. These are discussed in detail in Chapter Six of this report.

Cross sector approaches to community injury prevention

Interviewees were generally enthusiastic supporters of the community-based intersectoral approach to injury prevention. Most saw this approach as the 'only way to go', as no one organisation or strategy was considered likely to succeed on its own.

Many interviewees pointed to 'successful' inter-agency initiatives already operating in the district to reduce injuries, such as Road Safety Taranaki, Plunket and the Kidsafe Trust. Interviewees also commended the industrial health and safety initiatives that have been developed through collaborative partnerships between ACC, OSH and the relevant industries involved.

Sectors and groups interested in community-based injury prevention

Groups that have already played a major role in developing injury prevention initiatives, such as Health Promotion Unit (Taranaki Health), New Plymouth District Council, Tui Ora, Kidsafe Taranaki, Plunket, the Police, Road Safe Taranaki and the ACC, indicated their continuing interest and desire for involvement in injury prevention in the district.

As well, several interviewees whose organisation had either been less involved or not involved at all in previous community-based injury prevention initiatives signalled their organisation's interest and willingness to be involved in future initiatives. These organisations included:

- The Fire Service
- St Johns Officers and the Ambulance Service
- Te Puni Kokiri
- WestpacTrust Sport Taranaki
- Rural women's groups
- The Pinnacle Independent Practitioners Association.

Other identified potential partners in the development of intersectoral, community-based injury prevention strategies included the Strengthening Families initiative and the Safer Community Council's focus groups.

Guiding principles for developing a community injury prevention programme

Other studies offer a range of advice and recommendations relating to the design and running of community injury prevention programmes. Key points made in these studies include:

- functions and responsibilities of the members of a programme's Advisory Group should be carefully and clearly defined
- Advisory Group members should have an understanding of, and commitment to, injury prevention using community development approaches

- in the early stages, it is important to undertake some kind of planning or consultation process to produce a community profile or needs assessment
- programmes that are well supported by local authorities (ie. city or district councils) are most likely to do well
- the co-ordinator role is pivotal to the success of community injury prevention. Programmes should employ at least one full or part-time paid co-ordinator. Relying on voluntary labour alone is not sufficient
- co-ordinators should have access, as a matter of course, to secretarial services and other support services and amenities to sustain their work
- there is really no set formula for easily working out which kinds of injury prevention activities a community injury prevention programme should adopt. The people involved need to weigh up many different factors when deciding which activities to choose.
- the philosophy, goals and strategies of the programme should be compatible with the prevailing values or beliefs of the target community
- the capacity of members of community and volunteer groups, as well as members of the general public, to participate in the work of designing and implementing community injury prevention activities can be highly variable. It can be particularly difficult to achieve a high degree of participation in disadvantaged communities, where a high proportion of people may be experiencing adversity in their lives.
- injury prevention programmes designed for Māori should adopt a holistic perspective; consider Māori perspectives and values; be delivered by Māori for Māori; facilitate Māori workforce development; and facilitate positive development of whanau wellbeing
- injury prevention programmes are likely to work best if the participating people and organisations are compatible with one another in terms of their overall philosophy, goals and social outlook
- developing a shared vision for the programme can be important for helping to avoiding situations where some participants end up becoming “passengers”, rather than active contributors to the programme
- co-ordinating structures and decision-making processes should be kept as simple as possible
- relationships between participants in a community injury prevention programme should be characterised by trust and respect
- a community injury prevention programme needs to be given sufficient time to properly evolve, bed-in and mature

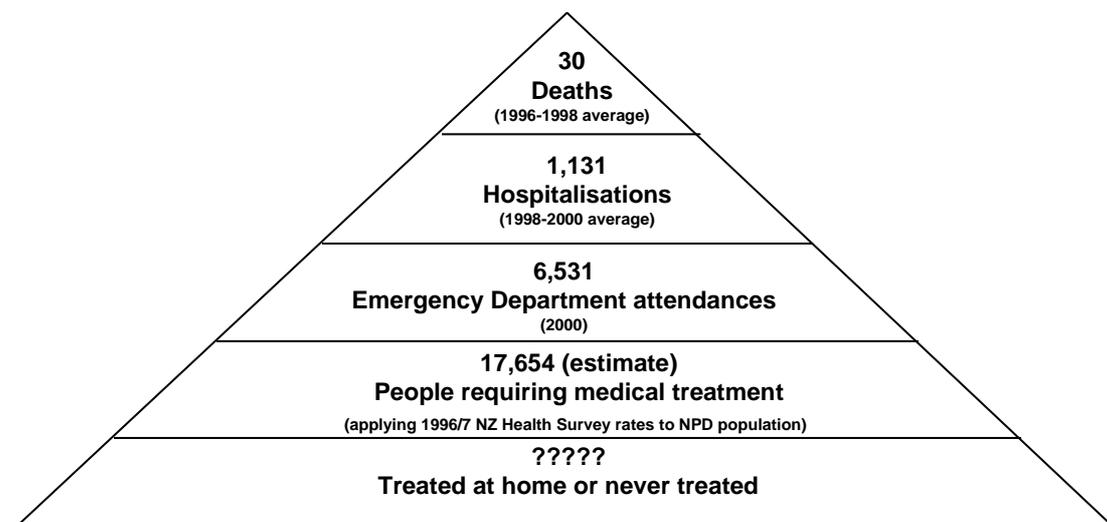
- if resources are available to evaluate injury prevention programmes, the evaluation should not dominate the programme itself
- in programme evaluations, it is often more appropriate to monitor intermediate outcomes (like changes in safety behaviour and awareness among members of the public) rather than injury incidence surveillance outcomes (like deaths, ED visits) This is because of the lack of availability of suitable surveillance data and the difficulties in causally linking these types of outcomes with the effects of the programme.

Establishing a community injury prevention programme in New Plymouth District

The challenge for the Injury Safe Advisory Group is to plan a suitable injury prevention programme for the local community, using the information in this report, together with the Group's own knowledge of the local situation and possibly further consultation with the community.

It is clear from the available statistics and the community consultation that New Plymouth District does have a problem with injuries, as summarised in the injury pyramid below:

INJURY PYRAMID FOR NEW PLYMOUTH DISTRICT - ANNUAL NUMBERS OF INJURIES



An intersectoral community injury prevention programme, based on the WHO Safe Communities model, appears to have the potential to help reduce the number and severity of these injuries.

Research suggests that there are two key pre-requisites for developing a successful community injury prevention programme:

- (1) key members of the community must accept there is a need for a programme and support its introduction.
- (2) there must be sufficient capacity and resources in the community to run the programme, including input from partner organisations and the wider general public.

There are favourable signs that New Plymouth District Injury Safe programme already meets these two pre-requisites.

There are also three important steps that a community injury prevention programme should aim to take early in its development to increase the likelihood that it will be successful.

(1) *identify priorities and strategies for action.* The community consultation undertaken for the needs assessment for the New Plymouth Injury Safe programme has already identified the following population groups as possible priorities:

- older people
- children
- adolescents and young people
- Māori
- people on farms

- people participating in sports and recreation
- people in the workplace
- people at home
- people on the roads.

(2) *develop a comprehensive programme plan* that includes descriptions of the following:

- the programme's mission, goals, objectives, targets
- specific activities, strategies, interventions planned to address priorities
- organisational structure (including a paid co-ordinator, and possibly working groups)
- clearly defined partner relationships.

(3) *plan for some degree of monitoring and evaluation* of the programme.

New Plymouth iS working towards an injury free community**Injury Needs Assessment**

Last year, New Plymouth District gained funding from ACC to investigate what types of injuries most affect the people in our community and who is most at risk. A team of researchers analysed all available data and interviewed a cross-section of people in the community. The results of the research were published in December 2001 and provide a solid base of information to guide community coalitions working to prevent injuries.

New Plymouth Injury Safe Advisory Group

The needs assessment project was managed by representatives of key organisations. Led by Tui Ora Ltd, it included New Plymouth District Council (Community Development), Taranaki Health (Health Promotion), the Kidsafe Taranaki Trust and ACC. This group has used the research to identify priorities for injury prevention action and has been networking in the community to initiate projects addressing the top priorities.

Priority Issues

- Falls among older adults
- Children's falls
- Youth, in relation to roads and violence
- Injuries to Maori
- Farm injuries

Move It or Lose It

For most people interviewed by the researchers, preventing older people from falling was a major concern. New Plymouth Injury Safe has liaised with Arthritis Taranaki to develop a regular exercise programme into an exciting falls prevention initiative, with funding from ACC Thinksafe.

The class will now include specific exercises to improve balance and increase lower limb strength and participants will be able to measure and record their own progress. Guest speakers will highlight how things like impaired vision or medication can affect the risk of falling – and what can be done to reduce this.

Around 30 New Plymouth residents are now participating in this project.

Farm Safety – Thinksafe Team Challenge

On 7 June, teams of secondary school agriculture students from around Taranaki will compete at Francis Douglas College.

The students, mostly fifth and sixth formers, will test themselves in a range of practical farming activities. The safety modules all relate to high risk activities such as riding farm bikes, handling stock and mixing chemicals and the event is being planned and delivered by farm training providers supported by Young Farmers Club.

New Plymouth iS - Preventing Childhood Falls

Falls are the reason for more than half of all child injury hospital admissions and two great initiatives, developed by Kidsafe Taranaki and funded by ACC Thinksafe, are now underway to try to reduce fall related injuries.

The first project aims to reduce injuries to babies and pre-schoolers by highlighting to parents and caregivers how fall risks relate to a child's stage of development and various ways to avoid falls will be examined. Fifteen falls prevention workshops are planned to take place over the next two months at early childhood centres around the district.

The focus of the second project is on playground safety. Twenty-six of the district's schools attended playground safety and risk management workshops hosted by Oakura and Puketapu Schools

In the Pipeline....

A recently formed coalition, Drinksafe4Youth, is currently planning an initiative to reduce the supply of alcohol to under eighteens. New Plymouth iS - keen to support this approach.

Tui Ora Maori Development Organisation is scoping initiatives to address priority injury issues for Maori.

Further information

If you would like to know more about NPiS, contact:

- Kath Forde, ACC, 759 0730, fordek@acc.co.nz
- Ngamata Skipper, Tui Ora, 759 4064, ngamata@tuiora.co.nz
- Brenda Archer, Health Promotion, 753 7799, brenda.archer@thcl.co.nz
- Dr Alan Parsons, Kidsafe Taranaki, 753 6139 alan.parsons@thcl.co.nz
- Rene Laan, NPDC, 759 6060, laan@npdc.govt.nz

NPiS

New Plymouth
Injury Safe

COMMUNITY PROJECTS UPDATE

#2 JULY 2002

New Plymouth's Injury Prevention projects are supported by ACC Thinksafe

New Plymouth is working towards an injury free community

Priority Injury Issues in New Plymouth

- Falls among older adults
- Children's falls
- Youth, in relation to roads and violence
- Injuries to Maori
- Farm injuries

Results so far...

Preventing Childhood Falls

Sixteen parent/caregiver education sessions were delivered over the past ten weeks to point out the most common factors contributing to falls and provide suggestions for preventing them. The sessions, developed by Kidsafe Taranaki, were held at a variety of early childhood education centres and attended by 148 people. 93% rated the sessions useful and 97% were able to give examples of how to prevent falls after the session. Participants were shown a variety of safety devices available from local retailers, and each received a set of corner cushions to fit on sharp furniture edges. NPiS will be following up with participants to see if they have made any changes around the home and to evaluate evidence for continuing the project this year.

Move It or Lose It

One of several popular exercise classes run by Arthritis Taranaki was "customised" to include additional strength and balance exercises to help older people avoid falls. The class held in Fitzroy also included guest speakers with fall prevention information. Participants noted their progress over a ten-week period in personal record books. Plans are underway to continue and expand the project based on positive early indicators from the Fitzroy group. After ten weeks 58% of the group had improved their balance and 81% demonstrated gains in lower limb strength.

Key messages included in the project are:

- Falls are the most common cause of injury in older people
- Falls are preventable. They are not a natural aspect of getting older.

Farm Safety – Thinksafe Team Challenge

Francis Douglas College hosted teams of agriculture students from seven Taranaki secondary schools in the fifth annual farm safety competition on 6 June. Students were scored on safety knowledge and practice in relation to hazards including tractors, ATVs, chemicals, stock handling, firearms and electrical equipment as well as dealing with an injury scenario. The event was a learning experience with one student saying it had opened his eyes to the need for protection of children when around ATVs. Martin, a sixth former, said "I drove an ATV first at the age of six. I wouldn't let any young kid on a farm do that now."

Note on ATV Safety

All Terrain Vehicles (ATVs) have been involved in a number of serious injuries in New Zealand, particularly in the agricultural sector. A New Zealand Standard with specifications for a helmet suitable for use with ATVs has finally been developed. This Standard is now available for sale

If you wish to order a copy from Standards NZ the web address is:

<http://www.webstorefront.co.nz/Standards/default.asp>

Think....before you supply under 18's drink

NPiS is one of a host of community organisations involved in a major push to reduce the supply of alcohol to youth. Alcohol plays a significant role in injuries to young people and this high-profile campaign aims to get parents thinking about the quantity and circumstances in which they provide alcohol to their teens. Taranaki secondary schools and several leading employers are right behind the campaign which is being launched in September.

Further information

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NPiS

New Plymouth
Injury Safe

COMMUNITY PROJECTS UPDATE

#3 OCT 2002

New Plymouth's Injury Prevention projects are supported by ACC Thinksafe

New Plymouth iS working towards an injury free community

Think....before you supply under 18's drink

It was almost impossible to miss this campaign message in Taranaki during September!

NPiS secured significant funding from ACC to support the multi-agency project to reduce alcohol-related harm to young people. Support from all sectors of the community was overwhelming and this was reflected in the enormous media interest the issue generated. A follow up survey with teens and their parents is being conducted this month. In the meantime, thanks to everyone who promoted the message. The project team is planning follow-up strategies.



Move it or Lose it!

After a successful pilot project earlier this year, NPiS has contracted Arthritis Taranaki to integrate falls prevention into six more of its popular community exercise classes for older people. The ACC Thinksafe project is currently rolling out at venues in Westown and Waitara. The focus on falls prevention will be part of the classes for twelve weeks and participants can expect to develop lower limb strength and improved balance as well as gaining useful information on ways of reducing their fall risk.

Increased safety belt use

Over the past two years regular safety belt campaigns run in the District by the Police, ACC and Health Promotion have contributed to a gradual increase in the observed rate of safety belt compliance from 85% to 91%. In the latest campaign, extra effort went into making a difference in Waitara where previous campaigns had failed to have much impact. Maori providers, Manaaki Oranga and Otaraua Hapu Management Committee joined the team to successfully promote the message in Waitara where compliance increased from 71% to 79%.



Waitara students spread the message

Kidsafe Week 18 – 25 October

Themes: Pedestrian Safety and Water Safety

Without a doubt the highlight of this year's Kidsafe Week will be the visit of celebrity Pio Terei to Taranaki on 23 October. As a national Kidsafe Week Ambassador, Pio will be attending events all round Taranaki. These will include a picnic lunch with schools who have established Walking School Buses and comparing a pedestrian safety drama presented by Waitara High School students to an audience of the three Waitara primary schools. Pio will also be in Centre City to announce the winner of a water safety quiz. Check the press for details.

Priority Injury Issues in New Plymouth

- Falls among older adults
- Children's falls
- Youth, in relation to roads and violence
- Injuries to Maori
- Farm injuries

Further information

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NPiS

New Plymouth
Injury Safe

COMMUNITY PROJECTS UPDATE

#4 JAN 2003

New Plymouth's Injury Prevention projects are supported by ACC Thinksafe

New Plymouth is working towards an injury free community

Wishing you a happy injurySafe 2003

Roadsafety efforts showing results

The new year has got off to a great start with latest LTSA statistics showing a spectacular drop in road fatalities in the New Plymouth District during 2002.

Deaths on our roads have decreased by 43% from 2001 and were 47% lower than the average number for the previous three years.

A variety of factors have contributed to this positive trend not least of which is the concerted ongoing efforts of our road safety partners. The Police, Health Promotion, the District Council and ACC will continue to target speed, alcohol and safety belt wearing throughout 2003 with renewed vigour:

- The latest safety belt campaign is coming up next month and will be followed with a focus on child restraints in conjunction with Kidsafe Taranaki.
- The ACC speed trailer and related enforcement will also be back in the District early in the new year as part of Roadsafes Taranaki's Down with Speed campaign.
- The ACC Stop Bus is never far away.

Are You Safe?

"Recognise the Risk"

2003 Taranaki
Health and Safety Expo
Yarrow Stadium - 6 and 7 May

Stay safe at work, at home, on the farm, at play and in the community – supported by Taranaki Industries and including:

- Exciting celebrity guests
- Interactive displays
- Practical demonstrations
- Competitions and prizes

To exhibit, contact Con Brouwers
Taranaki Industries HSF Workshop 2003

Diary Now!

Move it or Lose it!

Arthritis Taranaki will shortly be introducing falls prevention techniques at two more of its community exercise classes for older people.

Falls are one of the major injury issues for older people, especially older women. Between 30% and 50% of adults aged 65+ fall each year, the proportion increasing with age. This can result in serious consequences such as pain, loss or reduction in function, physical and psychological trauma (ie, loss of confidence and fear of further falls), loss of independence and perhaps even death. Falls can happen more often the older we get, but falls are NOT a natural part of ageing.

It is commonly believed that carpets, cords, rugs or suchlike cause falls in older people. This is not quite true. Usually there is more than one reason for a fall: for example, leg muscle weakness, poor balance, medication use, low blood pressure, inactivity, or poor eyesight.

The NPiS and Arthritis Taranaki programme addresses these issues and participants can expect to improve their balance and lower limb strength as well as gaining information and support to help reduce their risk of falling.

For information about falls prevention exercise classes call Cathy Morgan at Arthritis Taranaki on 06 759 0068.

Further information about NPiS

If you would like to know more about NPiS, contact:

- Kath Forde, ACC, 759 0730, fordek@acc.co.nz
- Ngamata Skipper, Tui Ora, 759 4064, ngamata@tuiora.co.nz
- Brenda Archer, Health Promotion, 753 7799, brenda.archer@thcl.co.nz
- Dr Alan Parsons, Kidsafe Taranaki, 753 6139 alan.parsons@thcl.co.nz
- Leighton Littlewood, NPDC, 759 6060, littlewoodl@npdc.govt.nz

NPiS

New Plymouth
Injury Safe

COMMUNITY PROJECTS UPDATE

#5 APR 2003

New Plymouth's Injury Prevention projects are supported by ACC Thinksafe

New Plymouth is working towards an injury free community

Come celebrate with us!

It's just over a year since NPiS presented the results of a comprehensive injury needs assessment of our district. Since then numerous projects have been initiated to address the priority issues. Some have been so promising that they are now being picked up by other communities around the country. To profile what's been happening we're inviting everyone interested in injury prevention to join us for an informal afternoon tea at New Plymouth District Council Chambers on Wednesday April 30 at 3.30pm. For catering, please RSVP to Leighton Littlewood, NPDC, Phone 769 5248, email: littlewoodl@npdc.govt.nz

Injuries at Home

Injuries are three times more likely to happen at home than at work and the majority of home injuries are slips, trips and falls. The latest New Zealand Hospital data shows that falls are the number one cause of injury hospitalisation across all age groups and, after road crashes, are the most common cause of accidental death in the New Plymouth District. Falls accounted for 41.2% of all injury hospitalisations in 2000.

In early childhood, falls are linked to stages of development and NPiS and ACC are continuing to support information sessions for caregivers run by Kidsafe Taranaki. The sessions highlight how to anticipate and manage situations that can put babies and children at risk and will be delivered to at least 200 parents by June.

In later years falls are most often related to loss of lower limb strength and balance. Arthritis Taranaki community exercise classes address these factors and plans are afoot to support modified Tai Chi as another option for older people wanting to reduce their fall risk.

People in the 25 to 55 age-group are by no means exempt from falls. The current ACC TV ads highlight that falls can happen to anyone - but many falls can be easily prevented.

The Taranaki *Are You Safe* Expo will highlight some of the simple things that all of us can do to prevent falls at home.

Are You Safe?

2003 Taranaki
Health and Safety Expo
Yarrow Stadium - 6 and 7 May

Stay safe at work, at home, on the farm, at play and in the community – supported by Taranaki Industries and including:

- *Exciting celebrity guests
- * Interactive displays
- * Practical demonstrations
- * Competitions and prizes

Visit the NPiS stand!

Health and Safety Expo a must-see!

The addition of a 'Beyond Industry' area and a rural safety field day to the Taranaki Industries' Expo is an exciting innovation. There will be entertaining, interactive stands providing information and safety tips. Heaps of prizes to be won – don't miss out!

Sports injury prevention

Sport Taranaki has been contracted by ACC to deliver a new Sportsmart initiative. Called *Sideline Management of Sprains and Strains* (SMOSS) the aim is to train 5,000 sports coaches and managers on how to deal with common soft tissue sports injuries. Sport Taranaki personnel will be on hand at the Expo to demonstrate the key points. To find out about SMOSS courses phone John Broadhurst at Sport Taranaki 06 759 0930.

Further information about NPiS

If you would like to know more about NPiS, contact:

- Kath Forde, ACC, 759 0730, fordek@acc.co.nz
- Pania Ruakere, Tui Ora, 759 4064, pania@tuiora.co.nz
- Brenda Archer, Health Promotion, 753 7799, brenda.archer@tdhb.org.nz
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- Leighton Littlewood, NPDC, 769 5248, littlewoodl@npdc.govt.nz

NPiS

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COMMUNITY PROJECTS UPDATE

#7, SEPT 2003

New Plymouth's Injury Prevention projects are supported by ACC Thinksafe

New Plymouth iS working towards an injury free community

THINK ...again!

The hugely successful **Think before you buy under 18s drink** campaign is back. The planning team, which involves a host of organisations, says the focus on reducing alcohol-related harm to youth needs to be maintained. This time sports clubs will be supported and encouraged to ensure that young members are not exposed to or involved in unsafe drinking behaviours. Parents are still the most likely source of alcohol for minors, and the campaign aims to remind them - and other adults to **Think before you buy them drink.**

Congratulations Inglewood High School!

Four senior students from Inglewood outscored Waitara High School by the narrowest of margins (1 point!) to come first in the eight-team Thinksafe Agricultural Team Challenge. The sixth formers consistently performed well in chemical safety, stock handling, hazard ID, firearms, ATV, tractor and machinery safety as well as first aid. Teacher, Ross Redpath will be presenting this innovative Taranaki approach to teaching farm safety at this year's national "Ag and Hort" teachers' conference. Organisers say that over the six years the event has been running they can see a marked improvement in students' safety knowledge and skills.

Fewer Under Fives Hospitalised for Falls

Kidsafe Taranaki is now taking the New Plymouth pre-school falls prevention project Taranaki-wide. The project involves two educators facilitating parent workshops at early childhood centres. 36 sessions have been delivered between February 2002 and July this year with excellent results. 99% of the 238 parents who attended the last twenty sessions reported having increased their awareness of ways to reduce falls. 62% made changes to their home environment and 64% increased or improved their level of supervision. **But the best result of all is that 23 fewer pre-schoolers ended up in Taranaki Base Hospital as a result of a fall in 2002 compared with 2001**

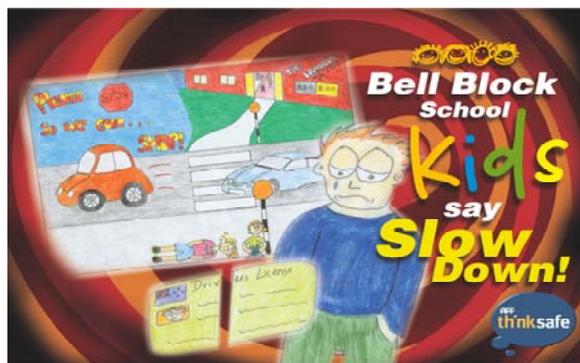
NP District Council Safer Homes Project

New Plymouth District Council is taking innovative steps to reduce the risk of falls for older tenants in the Council's rental housing. A representative sample of properties has recently been audited by an occupational therapist to identify any potential fall hazards. Council will incorporate recommendations into their property management plan and the Housing for the Elderly Officer will follow up with visits to provide falls prevention information to tenants.

The main risk factor for falls in older people continues to be loss of strength and balance. Plans are underway to address this with a range of proven exercise options to suit differing needs including Tai Chi and an individually tailored home exercise programme for the over 80s.

Kids say 'Slow Down!'

Four local schools have been distributing café cards featuring students' artwork promoting the slow down message to motorists in their communities. The Down with Speed project team is planning to involve another eight schools situated close to speed problem areas in the next two months. Billboards reinforce the children's artwork and the ACC Speed trailer is being used by Police in the vicinity of the schools. The Down with Speed campaign is now in its third year and, along with national campaigns and increased police enforcement, seems to be paying off. There has been a 23% decrease in speed related crashes in Taranaki in 2002 compared with 2001.



Further information about NPiS: Kath Forde, ACC, 759 0730, kath.forde@acc.co.nz - Pania Ruakere, Tui Ora, 759 4064, pania@tuiora.co.nz - Brenda Archer, Health Promotion, 753 7799, brenda.archer@tdhb.org.nz - Dr Alan Parsons, Kidsafe Taranaki, 753 6139 alan.parsons@tdhb.org.nz - Leighton Littlewood, NPDC, 769 5248, littlewoodl@npdc.govt.nz

NPiS

New Plymouth
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COMMUNITY PROJECTS UPDATE

#8, JAN 2004

New Plymouth's Injury Prevention projects are supported by ACC Thinksafe

New Plymouth is working towards an injury free community

Wishing you a happy injurySafe 2004

Going From Strength to Strength

The Otago Exercise Programme is rapidly gaining international recognition as a way of reducing falls in older people by as much as 35 percent. It is being used to prevent falls among older adults in South London, India, Toronto and Melbourne as well as here in Taranaki! While the programme is helpful for those over 75 years of age, it is particularly well suited to those 80 and over living at home. An Otago Exercise Programme researcher, Dr Clare Robertson, says the programme offers benefits, even to people in their nineties. According to international fall prevention research, poor leg strength and balance are significant factors in most falls in the older age group. This can be counteracted by the New Zealand designed programme which is delivered in Taranaki by the District Health Board Physiotherapy Department. The aim is to have 50 over eighty-year-olds participating by March. Currently 25 are enrolled.

Self Defence Against Falls

For older adults able to participate in community strength and balance classes, the ancient eastern martial art of Tai Chi is one of the most effective activities available to help prevent falls. There is a level of scientific evidence that Tai Chi modifies important fall risk factors. Classes for the over 65s began at St Chad's, Westtown in October and are so popular that two new classes will be starting in the Beach Street Hall, Fitzroy, from 9 February. To find out more, call the instructor, Anne Quinlan, on 06 751 1600.

NPDC leads way in Positive Ageing

The New Plymouth District Council has been commended for being the first local government authority to contribute to the national Positive Ageing Action Plan. The Housing for Older People Falls Prevention project with ACC is highlighted in the centre of the document which can be viewed at www.osc.govt.nz.

All in all, a positive start to the year for our senior citizens!

Kidsafe Child Falls Programmes Expanded

Kidsafe Taranaki is now running three programmes aimed at preventing babies and pre-schoolers from falling. Last year's successful series of parent education sessions held in early childhood centres continues and aims to reach another 400 caregivers by June. Each participant takes away a small safety device, such as non-slip strips for the bath or safety catches for windows. In addition, two Maori health providers, Piki Te Ora Nursing Services in north Taranaki and Ruanui Health in the south, are taking the falls safety messages into homes as part of their Tamariki Ora visiting programmes. Participants in all of these initiatives also have the chance to win vouchers for child safety equipment from the Baby Factory.

THINK smart Sports Clubs

The latest campaign to reduce alcohol-related injuries to young people kicks off in February with a series of host responsibility workshops for sports club bar staff. The workshops are being launched to help licensed clubs meet legal requirements. At the same time an accreditation programme is being set up as an incentive for clubs to meet the challenge of developing a positive club culture in which alcohol does *not* have a prominent role. The initiative is welcomed by the Taranaki RFU who will be promoting the Thinksmart message to rugby clubs as part of their pre-season roadshow in March.

Road Safety Gains Continue in Taranaki

Despite a disappointing national increase in road fatalities in 2003 compared with 2002, Taranaki has maintained its downward trend with the lowest regional road toll recorded in many years. The ten fatalities in the region represent a 23% decrease on last year's figure (13) and a 36% reduction on the average for the previous five years (15.6). There were two fewer road deaths per 100,000 population in Taranaki than in New Zealand as a whole (9.7 cf 11.6). It's no coincidence that our safety belt wearing rates have increased to 95%, the best rate in the country, and our average speeds, both in town and on the open road, are lower than New Zealand as whole. Let's all keep it up!

Further information about NPiS: Kath Forde, ACC, 759 0730, kath.forde@acc.co.nz - Pania Ruakere, Tui Ora, 759 4064, pania@tuiora.co.nz - Brenda Archer, Health Promotion, 753 7799, brenda.archer@tdhb.org.nz - Dr Alan Parsons, Kidsafe Taranaki, 753 6139 alan.parsons@tdhb.org.nz - Leighton Littlewood, NPDC, 769 5248, littlewoodl@npdc.govt.nz

NPIs

New Plymouth
Injury Safe

COMMUNITY PROJECTS UPDATE

#9, May 2004

New Plymouth's Injury Prevention projects are supported by ACC Thinksafe

New Plymouth is working towards an injury free community

A Safe Community - Something to Strive For

District Council Hosts Symposium

Deputy Mayor, Lynn Bublitz welcomed around 70 partners, providers and interested parties to the NPIs Community Injury Prevention Symposium at council chambers on 18 May. It was an opportunity for us to review how far we have come since receiving the District Injury Needs Assessment report in 2001. Margaret Devlin provided some inspiration from the Waitakere experience. Megan Bly spoke of the NZIP Strategic Action Plan and the framework it offers local communities. With ongoing support from ACC Thinksafe and commitment from all who attended the symposium, WHO accreditation may be the next step. We would welcome your views on this – you can contact us at the addresses below.

Better Homes – Safer Children

Annually around 10,000 children under 15 are hospitalised in New Zealand because of unintentional injuries. Between a third and a half of injuries to under 5s are caused by falls in the home. Other leading causes of injury to pre-schoolers are poisoning, cutting and burns.

The Better Homes – Safer Children project is a small pilot which aims to address the most common injury causes by offering simple in-home safety checks to families with young children along with safety information. The safety checks will be made available to families qualifying for subsidised 'Better Homes' energy audits and retrofits. On completion of the check, free safety devices will be installed as required to reduce home hazards by WISE (*Waitara Initiatives Supporting Employment*). The project will be piloted in twenty homes and if successful be offered to around 200 families over the next year.

Housing NZ Help Older Tenants Avoid Falls

Housing New Zealand has responded enthusiastically to the opportunity to collaborate with ACC in delivering a joint older-adults falls prevention initiative in Taranaki. The intervention will be based on the project recently completed with the New Plymouth District Council and aims to provide home safety assessments and falls prevention information to approximately 200 Housing NZ tenants aged over 65. Advice provided at the home visit will promote other ACC falls prevention activities such as Tai Chi.

Kidsafe Taranaki Trust Turns Ten

On 27 May 1994, the Child Accident Prevention Group, initiated by paediatrician Alan Parsons several years earlier, gained charitable trust status and began to operate as Kidsafe Taranaki. We would like to acknowledge the hard work and dedication of everyone who has been part of Kidsafe Taranaki over the past ten years and no-one more so than Alan, whose tireless commitment has never waned. Alan also served on the working party to establish the Injury Prevention Network of Aotearoa New Zealand (IPNANZ) and was a member of its first committee. Kidsafe projects are too numerous to mention them all, but here are a few highlights:

- 1995** – Laurie O'Reilly, Commissioner for Children opened the Waitara Kidsafe demonstration safety house
- 1996** – Kidsafe Taranaki joins in New Zealand's first national Kidsafe Week – hugely successful campaign
- 1997** – New Plymouth District Council appoints first Child Advocate councillor
- 1998** – Workshop with researcher Dr Ruth Houghton on rural safety – rural sub-group formed
- 1999** – Kia Tupato Tamariki/Junior Kidsafe Kit distributed and Capable Country Kids published for use in schools – view at www.acc.co.nz/injury-prevention/ruralsafe/children/capable-country-kids/
- 2000** – Cycle helmet amnesty in Centre City – 200 substandard helmets exchanged for new helmets
- 2001** – Round the Mountain Car Seat Clinic Roadshow ensured highest number of child restraints checked in New Zealand during Kidsafe Week
- 2002** – Launch of the first child falls parent education sessions – now happening nationally
- 2003** – Piloted poisons prevention project at two New Plymouth Health Centres – moving to Hawera this year
- 2004** – Successful falls and poisons projects continuing – big push on child restraints and new focus on burns.



**Congratulations to everyone involved with
Kidsafe Taranaki over the past ten years**

THANK YOU!

Further information about NPIs: Kath Forde, ACC, 759 0730, kath.forde@acc.co.nz - Pania Ruakere, Tui Ora, 759 4064, pania@tuiora.co.nz - Brenda Archer, Health Promotion, 753 7799, brenda.archer@tdhb.org.nz - Dr Alan Parsons, Kidsafe Taranaki, 753 6139 alan.parsons@tdhb.org.nz - Leighton Littlewood, NPDC, 769 5248, littlewood@npdc.govt.nz

NPIs

New Plymouth
Injury Safe

COMMUNITY PROJECTS UPDATE

#10, Sep 2004

New Plymouth's Injury Prevention projects are supported by ACC Thinksafe

New Plymouth is working towards an injury free community

Public Attitudes to Speeding

Over the past three years Roadsafes Taranaki has run campaigns with the aim of reducing speed-related crashes in the region. Each year, random telephone surveys of the region's drivers have been carried out to monitor changing attitudes. This year's survey of 400 drivers shows that 62% (248) of participants strongly disagreed or disagreed with the statement "it's okay to speed if you're careful." This represents a decrease of 7% (69% to 62%) when compared to the 2002 survey results. 43% thought it "likely or very likely" that someone would be caught by Police if speeding. 78% had seen the ACC speed trailer in the past 12 months. 84% of this group said that seeing the speed trailer would make them slow down if they were speeding. Police speed camera statistics show that the percentage of vehicles photographed in Taranaki exceeding the speed limit by more than 15kph in 100kph areas has decreased from 49% in 2001/02 to 21% in 2003/04. In 50kph zones there was a decrease from 41% to 30%.

NZ Injury Prevention Strategy Workshop

New Plymouth was well represented at a forum in Wellington organised by the New Zealand Injury Prevention Strategy secretariat. The aim of the forum was to determine how best to integrate injury prevention activity through effective collaboration and co-ordination. It was a great opportunity to hear from communities where injury prevention is well established within the local council, such as Waitakere and Waimakariri and also to hear about the challenges facing communities just starting out towards creating a culture of safety. The Injury Prevention Research Centre at Auckland University is a World Health Organisation safe community resource centre and has a large on-line database of publications and research on a wide range of injury prevention topics.

They can be found at <http://www2.auckland.ac.nz/ipc/>

Words of welcome

New Plymouth injurySafe is very pleased to welcome Matiu Julian as Tui Ora's representative on the group and Elaine Jamieson, Community Development Adviser who is now representing New Plymouth District Council. We'd also like to acknowledge the contributions made by Pania Ruakere and Leighton Littlewood and particularly thank Leighton for his great work on the Council tenants' falls prevention project.

Tai Chi steps up

Two more modified Tai Chi classes have started in the past couple of months taking the number of regular participants to over 150. Tai Chi, modified to suit older adults, combats falls by strengthening lower limbs and improving balance. Many of the group members report a variety of other health gains as well. To celebrate International Day of the Older Person, on 1 October, a Tai Chi demonstration is being organised for Puke Ariki. Our other older adults falls prevention project, home based exercise for people aged over 80, is also expanding thanks to joint funding coming from Taranaki DHB. The programme is delivered by DHB physiotherapists and with the additional funding, will now reach 100 people this year, twice as many as last year.

Child falls projects update

Last year's child falls projects have again delivered some very positive results. The general project delivered 39 parent education sessions to a total of 396 people, 97% of whom said it increased their knowledge of how to prevent childhood falls. In follow-up contact with a sample of 70 participants, 64% said they had increased or improved their supervision and 59% had made changes to the home environment. The Tamariki Maori projects, delivered by Piki te Ora Nursing Services in the North and Ruanui Health in the South reached a combined total of 167 participants through a mix of group sessions and one to one discussion. 96% became more aware of ways to prevent falls and reported changes to the environment and supervision were also very similar to the general project results. All three projects are continuing again this year with a combined target of reaching 500 more parents and caregivers. The ongoing focus on childhood falls reflects the marked prevalence of falls as the leading cause of hospital injury admission aged under five.



Participants at a child falls workshop for kohanga reo whanau at Wharepuni Marae delivered by Rita Snooks, Ruanui Health

Further information about NPIs: Kath Forde, ACC, 759 0730, kath.forde@acc.co.nz - Matiu Julian, Tui Ora, 759 4064, matiu.julian@tuiora.co.nz - Brenda Archer, Health Promotion, 753 7799, brenda.archer@tdhb.org.nz - Dr Alan Parsons, Kidsafe Taranaki, 753 6139 alan.parsons@tdhb.org.nz - Elaine Jamieson NPDC, 769 5248, jamiesone@npdc.govt.nz

NPIs

New Plymouth
Injury Safe

COMMUNITY PROJECTS UPDATE

11, Feb 2005

New Plymouth's Injury Prevention projects are supported by ACC Thinksafe

New Plymouth is working towards an injury free community

New Plymouth District – A Safe Community?

NPIs is spearheading the drive towards New Plymouth District making an application for accreditation as a safe community.

“Safe Communities” is a World Health Organisation (WHO) concept that recognises “safety as a universal concern and the responsibility for all”. The WHO model was initiated in Sweden and is administered from the Karolinska Institute for Social Medicine in Stockholm. Last year (2004) the Safe Communities Foundation of New Zealand (SCFNZ) was established to support the development of injury prevention and safety promotion here.

SCFNZ can assist the New Plymouth District to achieve WHO accreditation as a Safe Community and you can help too.

Demonstrate your support

Find out more about SCFNZ and WHO Safe Communities at www.safecommunities.org.nz
If you would like to add your weight to the application you can write a letter of support. For more information contact any of the NPIs team – details at the foot of the page. We would very much appreciate your support.

Driver Reviver Stops

The latest road safety collaboration between the police and ACC is a series of “driver reviver” stops designed to alert motorists to the danger of driving for long periods without a break. Between 2000 and 2002, driver fatigue was identified as a contributing factor in 132 fatal crashes and 1,486 injury crashes (approximately 12% of fatal crashes and 6% of injury crashes each year).

Driver Reviver stops have been held at Mokau at Labour weekend and Auckland Anniversary Day and, with the help of mums from the local Tainui Playgroup, information packs with tips for recognising and dealing with fatigue have been distributed to motorists along with a voucher for the two local cafes to encourage a proper break.

Most drivers spoken to recognised that it's important to take a break at least every two hours on a long drive.

ACC has produced a driver fatigue brochure that can be ordered at www.acc.co.nz/acc-publications/#ip or by calling 0800 THINKSAFE

Taranaki HSE Centre a first for NZ

The soon to open Taranaki Health, Safety and Environment Centre is a training facility for workers, school leavers and tertiary students as well as the wider community.

The NZQA accredited programme presents safety training through practical interactive modules that involve exercises; hands-on facilitated direction; and feedback. It has the support of major Taranaki businesses that have committed to sending 1000 fee-paying workers to it each year. Their financial contribution will make the centre self-funding so that community groups and schools can also use the facility, either free or at nominal charge.

The HSE Centre is on track for a high profile launch at its newly customised premises in Constance Street, Waiwhakaiho, next month.

Older adults programmes update

The Otago Exercise Programme to prevent falls in the most vulnerable age group of 80+ is now into its second year. The programme is delivered by TDHB physiotherapists and aims to reduce falls by improving participants' strength and balance. It's never too late to do this and results from the first 47 people to complete the six month programme show that 86% improved their strength and 65% their balance. More importantly, although it is estimated that 50% of people aged over 80 will fall in a 12 month period, only 29% of the exercise group experienced a fall. People over 80 can request an assessment for the Otago Programme by calling the Physiotherapy Department (753 6139) directly or asking their GP for a referral.

Encouraging results have also been reported in a follow up survey with 50 New Plymouth District Council tenants aged 65+ who received falls prevention advice and home safety checks. Over half have taken some action to reduce their fall risk. The incidence of falls experienced by tenants aged over 80 was slightly lower than would be expected within the same age group of the general population and was considerably lower among those aged 65 to 79. The survey was conducted by WITT nursing students.

Finally, demand for the Tai Chi falls prevention classes for over 65s continues to grow. Nine classes are now established in New Plymouth and Stratford. These include two beginners courses from which people can “graduate” to more advanced classes. A tenth class is planned to start in Waitara soon.

Further information about NPIs: Kath Forde, ACC, 759 0730, kath.forde@acc.co.nz - Matiu Julian, Tui Ora, 759 4064, matiu.julian@tuiora.co.nz - Brenda Archer, Health Promotion, 753 7799, brenda.archer@tdhb.org.nz - Dr Alan Parsons, Kidsafe Taranaki, 753 6139 alan.parsons@tdhb.org.nz - Elaine Jamieson NPDC, 769 5248, jamiesone@npdc.govt.nz Snr. Sgt. Fiona Prestidge, New Plymouth Police, 759 5050 fiona.prestidge@police.govt.nz

NPIs

New Plymouth
Injury Safe

COMMUNITY PROJECTS UPDATE

12, June 2005

New Plymouth's Injury Prevention projects are supported by ACC Thinksafe

New Plymouth is working towards an injury free community

Thinksmart Sports Club of the Year Chosen

The Thinksmart Sports Clubs project was developed by a coalition aiming to reduce alcohol related harm to young people and launched in February 2004. The project challenges the links between sport and alcohol and works to support licensed sports clubs to achieve better host responsibility practices. To date 101 clubs have signed on to the two-level accreditation programme and ten nominees for the first Thinksmart Club of the Year were recently externally assessed by TOSHA. All the clubs were commended for the efforts they have made to adopt Thinksmart principles. The winners, **Inglewood United Rugby Football and Netball Club**, were presented with the trophy and \$2000 on 6 May. Since introducing Thinksmart, the club has swapped alcohol prizes for meal and petrol vouchers and bar staff have been trained to keep a closer eye on patrons. The Thinksmart Clubs project is a follow on from the Think Before You Buy under 18s Drink campaign.

It's All About Choice

Students at five Taranaki secondary schools had an opportunity to see first hand the devastating impact that excessive speed, combined with inexperience, can have when a trailer containing the wreckage of the vehicle in which four young boys died last year visited their schools. Poster boards introduce the boys and describe their achievements and dreams, then go on to analyse the stages and results of the crash that took their lives. The boys' mothers and a group of young friends were present at the schools to deliver a performance promoting safer driving. The wreck was also on display to the public at The Warehouse car park, Bell Block.



Taranaki HSE Centre



The Taranaki Health, Safety and Environment Centre was officially opened by the Prime Minister in March. The centre is the venue for regular meetings of the Taranaki H&S Network, an informal forum for occupational health and safety professionals. If you would like to join this group, contact Alison Pitman at ACC, 06 759 0728 for details of the next meeting.

Thinksafe Taranaki Agricultural Challenge

The eighth annual inter-school farm safety competition was held on 10 June. Congratulations to the winning team, **Francis Douglas Memorial College 5th Formers** who scored particularly well in the Working at Heights module and aced the Chemical Handling module to pip the school's 7th form team by one point.

The event was, as always, well supported by Agriculture New Zealand, Eltham Young Farmers' Club, New Plymouth Police and Occupational Safety and Health.

Child Restraints

An opportunity is available to parents & caregivers of babies & children aged under 7 years to have a free child restraint check carried out by qualified technicians.

The checking clinics will take place on

Thursday 23rd June, between 10am – 12pm, at New World Supermarket Courtenay Street car park and again on Friday 24th June, between 10am – 12pm, at The Warehouse Bell Block car park.

Child restraints can be tricky to fit & secure, so the free checks aim to ensure they are fitted correctly and age-appropriate.

Vouchers for tether strap and bolt fitting will be given to those who require them and three new child restraints will be given away at each location.

Further information about NPIs:

759 4064, matiu.julian@tuiora.co.nz -

Dr Alan Parsons, Kidsafe Taranaki, 753 6139 alan.parsons@tdhb.org.nz -

jamiesone@npdc.govt.nz

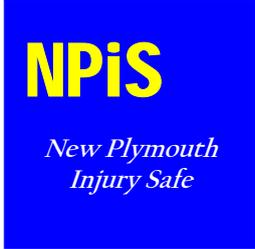
Kath Forde, ACC, 759 0730, kath.forde@acc.co.nz

Brenda Archer, Health Promotion, 753 7799, brenda.archer@tdhb.org.nz

Elaine Jamieson NPDC, 759 6060,

Snr. Sgt. Fiona Prestidge, New Plymouth Police, 759 5500 fiona.prestidge@police.govt.nz

Matiu Julian, Tui Ora,



NEW PLYMOUTH INJURY SAFE STRATEGIC PLAN 2005 – 2008 INCORPORATING TERMS OF REFERENCE



New Plymouth District, a safe community without the burden of injury

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INTRODUCTION

Background

Injuries are a substantial cause of hardship across the lifespan. They are due to a wide range of different risk factors at different ages, for different genders and for different socio-economic groups. It is estimated that, nationally, the social and economic cost of injuries is in excess of \$6 billion per year, yet most injuries are preventable.

Many injuries occur in settings which are challenging to reach, or where environmental factors are non-regulated, such as homes and recreation areas. Therefore the likelihood of any one approach effecting reductions in injury is low.

A variety of strategies are necessary to reduce injuries including public awareness, training and education, enforcement of laws and regulations, engineering and environmental interventions, advocacy and policy development. These strategies can be implemented in many settings such as workplaces, schools, local communities, and sports organisations, as well as on the road and in the home.

In September 2000, recognising the increasing evidence that a community based approach is effective in contributing to injury reduction, ACC invited communities throughout New Zealand to conduct feasibility studies to examine injury and injury prevention in their communities.

A small group of New Plymouth based health and community professionals joined in a successful bid for ACC funding to conduct an injury prevention needs assessment in the New Plymouth District. The original Community Injury Prevention Advisory Group, now known as New Plymouth injurySafe, (NPiS) consisted of Tui Ora Ltd., Health Promotion (Taranaki Healthcare Ltd., later Taranaki District Health Board), Kidsafe Taranaki Trust, New Plymouth District Council and Plunket representatives.

New Plymouth District

New Plymouth District is situated on the west coast of the North Island of New Zealand. It is the northernmost of three Territorial Local Authorities (TLAs) in the Taranaki region; the others being Stratford and South Taranaki Districts. The population of New Plymouth District is around 67,700 which is approximately two-thirds of the Taranaki regional population.

New Plymouth, Waitara and Inglewood are the three largest population centres in New Plymouth District. Much of the District is rural.

Significant geographic features of the District include the coastline along its northwestern boundary and Mount Taranaki and Egmont National Park on the southern boundary.



The District has a relatively low proportion of young adults (aged 20-34) and a higher proportion of elderly people (aged 70+). Māori make up approximately 15 percent of the population of New

Plymouth District. Five iwi, Te Atiawa, Ngati Tama, Ngati Mutunga, Ngati Maru and Taranaki are located in the District.

NPiS TERMS OF REFERENCE

Shared Vision

The organisations represented in the NPiS group are each committed to a shared vision of community safety.

New Plymouth District, a safe community without the burden of injury

Roles, Responsibilities and Relationships

These Terms of Reference describe the broad purpose and role of NPiS.

The group has no legal basis or authority. New Plymouth injurySafe is a voluntary collaboration of key personnel from partner agencies committed to providing overall strategic direction for injury prevention in the district.

The responsibilities of the members of NPiS are based on their goodwill and intentions to improve safety within the district. The Community Injury Prevention Needs Assessment, completed in 2001, continues to provide a platform for this work which is further supported by the development of the New Zealand Injury Prevention Strategy (NZIPS) in 2003.

NPiS has participated in consultation for the development of the New Zealand Injury Prevention Strategy and uses it as a strategic framework (see page 8). The group maintains links with the Safe Communities Foundation of New Zealand (SCFNZ) and the Injury Prevention Network of Aotearoa New Zealand (IPNANZ).

Most of the organisations represented in NPiS are also involved in service delivery activities or in networks of service providers. By this means, NPiS links directly with working groups and project teams and is able to ensure that priorities are being addressed, duplication avoided and gaps in service delivery identified.

NPiS exercises a collegial approach to decision making and decisions are based on consensus among the group.

It is anticipated that, in order to sustain gains made through the World Health Organisation Safe Community accreditation process, a more formal governance structure may become necessary.

NPiS: Membership

The group was established through the common interest in conducting the needs assessment.

NPiS is an informal collaboration with no elected office bearers and can add members to its group as it determines.

Membership of NPiS changed slightly after the proposal for the needs assessment was approved. Plunket, although still supportive, withdrew from active participation and the local ACC Injury

Prevention Consultant was asked to join the group. The group expanded in late 2004 when an invitation to provide a representative was accepted by the New Plymouth Police.

NPiS meets monthly.

Current Members

Tui Ora Ltd

Tui Ora Ltd, established in July 1998, is a Māori Development Organisation (MDO) representative of six of the eight Taranaki Iwi and owned jointly by their member providers and Iwi of Taranaki. Tui Ora currently manages injury prevention contracts with the Ministry of Health and ACC. Tui Ora was elected by NPiS to act as lead agency for the needs assessment contract with ACC. The representative of Tui Ora Ltd on NPiS is the Public Health Contracts Manager.

Health Promotion Unit, Taranaki District Health Board

The Health Promotion Unit is the main public health provider in the region and has a contract with the Ministry of Health to deliver programmes addressing unintentional injury throughout Taranaki. The Unit has 1.6 full time equivalent staff (three health promoters) dedicated to injury prevention programmes. Other programmes delivered by the Health Promotion Unit, such as Alcohol-related Harm and Health Promoting Schools may also contribute to injury reduction.

The representative of Health Promotion, Taranaki District Health Board is the Health Promotion Manager.

New Plymouth District Council

The District Council supports injury prevention through its membership of the Kidsafe Taranaki Trust, the Taranaki Suicide Prevention Group and the Regional Road Safety Management Committee. Council supports the Safer Community Council's focus groups which include families at risk, youth alcohol, community wellbeing and Maori. It is increasingly becoming aware of its role in community injury prevention.

New Plymouth District Council is represented by a Community Development Advisor.

The Kidsafe Taranaki Trust

Established in 1994, Kidsafe Taranaki has a primary objective of reducing the incidence and severity of unintentional injuries to children. Membership is open to all individuals or organisations who share that goal. Kidsafe Taranaki has developed a range of projects and resources over the years and has gained experience and credibility in the field of child injury prevention.

Kidsafe Taranaki is represented by its Chairman, Head of Department - Paediatrics, Taranaki District Health Board.

ACC

The Accident Compensation Corporation (ACC) administers New Zealand's accident compensation scheme and is a Crown entity responsible for injury prevention. The NPiS needs assessment was one of eleven funded by ACC in 2000. New Plymouth District is one of twenty-three communities currently supported by ACC Thinksafe.

ACC is represented by its local Injury Prevention Consultant.

Police

The New Plymouth Police are key partners in road safety programmes, programmes to reduce intentional injury relating to violence and programmes to reduce alcohol-related injury. The representative of New Plymouth Police is the Senior Sergeant in charge of road policing who also contributes in the areas of family violence and violence in public places.

Framework

NPiS is guided by the following two documents: *Community Injury Prevention in the New Plymouth District – Assessing the Needs* and the *New Zealand Injury Prevention Strategy*.

Community Needs Assessment

Between April and December 2001, the ACC funded community injury needs assessment was undertaken by Research and Evaluation Services (New Plymouth) in association with HealthSearch (Auckland), under contract to Tui Ora Ltd¹². The process was guided and managed by NPiS.

A key aim of the needs assessment was to identify the types of injuries, population groups and injury locations that should be given priority by a community injury prevention programme in the context of existing injury prevention programmes and activities in the New Plymouth District.

All the groups and individuals who participated in the community consultation process were invited to attend a presentation of the findings on 6 December 2001. The information in the needs assessment was reported in the media and formally presented to the Mayor on 28 January 2002.

The information in the report came from three main sources:

- research literature and other documentation on previous New Zealand and overseas community injury prevention programmes
- available statistical data on injuries in New Plymouth District
- consultation with key people and organisations in New Plymouth District with an interest in injury and injury prevention.

The report made a number of suggestions aimed at assisting NPiS with the process of:

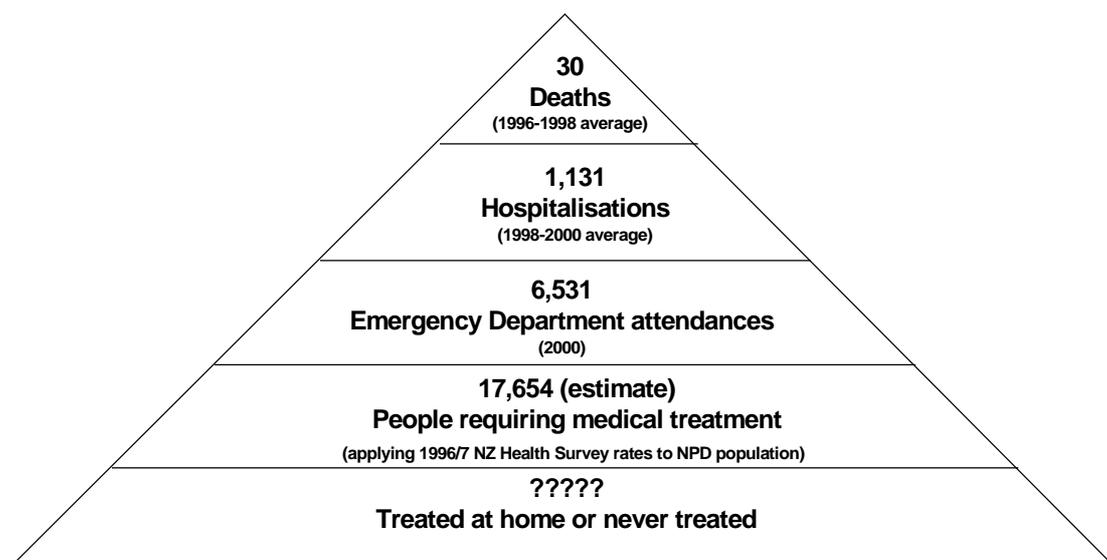
- identifying and agreeing on the types of injuries, population groups and injury locations that should be given priority in the work of the programme
- selecting suitable intervention strategies and activities
- setting up the Injury Safe programme in the best way.

The members of NPiS have made an ongoing commitment to working together to achieve improvement in safety in the district based on the information and recommendations provided by the needs assessment. There is also a commitment to repeating the needs assessment process every five years.

¹² A summary of *Community Injury Prevention in the New Plymouth District – Assessing the Needs* is attached as Appendix 1.

Priority Issues

INJURY PYRAMID FOR NEW PLYMOUTH DISTRICT - ANNUAL NUMBERS OF INJURIES



The community consultation undertaken for the needs assessment for the New Plymouth Injury Safe programme identified the following population groups as possible priorities:

- older people
- children
- adolescents and young people
- Māori
- people on farms
- people participating in sports and recreation
- people in the workplace
- people at home
- people on the roads.

At a series of planning meetings in early 2002, NPiS reassessed the priorities in relation to the injury data analysis and the capacity for short, medium and long-term projects. The group's initial assessment of priorities for action was as follows:

SHORT TERM (2002-2004)	MEDIUM TERM (2003- 2007)	LONG TERM (2005-2010)
------------------------	--------------------------	-----------------------

7. Older people falls	Youth sport	Maori sport
8. Children falls	Workplace (agriculture)	Youth violence
9. Maori road	Home (middle age groups)	Maori intentional
10. Youth road		
11. Rural		
12. Sport (all ages)		

New Zealand Injury Prevention Strategy (NZIPS)

The purpose of the New Zealand Injury Prevention Strategy, published in June 2003, is “to establish a framework for the injury prevention activities of government agencies, local government, non-government organisations, communities and individuals.”

NPiS participated in consultation in the development of the New Zealand Injury Prevention Strategy and supports the vision of the strategy for

A safe New Zealand becoming injury free

NPiS also reflects the goals and objectives of the New Zealand Injury Prevention Strategy and endeavours to uphold the principles that underpin the development of the strategy. The group recognises a shared responsibility with Government and the community for achieving the results in the current 2005/08 Implementation Plan.

Monitoring and Review

Through the involvement of its constituent organisations in project delivery teams, NPiS maintains an overview of injury prevention interventions in the district and collaborates to encourage the development and implementation of plans that meet World Health Organisation criteria for Safe Communities as follows:

- Long term sustainable programmes covering both genders and all ages, environments and situations.
- Programmes that target risk groups and environments and programmes that promote safety for vulnerable groups.
- Programmes that document the frequency and causes of injury.

NPiS, through the work of its member organisations, supports evaluation measures to assess programmes, processes and effects of change.

Overall progress towards making New Plymouth District a safe community will be measured through repeating the needs assessment process every five years.

These Terms of Reference will be reviewed annually by 30 June.

NPiS STRATEGIC PLAN 2005 – 2008

Purpose of NPiS

To achieve a positive safety culture and create safer environments for all people within the New Plymouth District.

1 NPiS Objectives

- 1.1 To monitor injury issues in New Plymouth District and provide information on needs, priorities and programmes
- 1.2 To establish effective partnerships with others working towards improving safety in New Plymouth District
- 1.3 To raise awareness, commitment and motivation to improve injury prevention within organisations and throughout the community
- 1.4 To guide and support the development of plans for effective injury prevention interventions at a community level within the framework of the New Zealand Injury Prevention Strategy
- 1.5 To assist New Plymouth District to meet the WHO criteria for Safe Communities

2 Criteria for a WHO Safe Community

- 2.1 An infrastructure based on partnership and collaborations, governed by a cross-sectional group that is responsible for safety promotion in their community.
- 2.2 Long-term, sustainable programmes covering both genders and all ages, environments, and situations.
- 2.3 Programmes that target high-risk groups and environments, and programmes that promote safety for vulnerable groups.
- 2.4 Programmes that document the frequency and causes of injuries.
- 2.5 Evaluation measures to assess programmes, processes and effects of changes.
- 2.6 Ongoing participation in national and international Safe Communities networks.

3 Objectives of the New Zealand Injury Prevention Strategy

- 3.1 Raise awareness and commitment to injury prevention
- 3.2 Strengthen injury prevention capacity and capability
- 3.3 Design and develop safe environment systems and products
- 3.4 Maintain and enhance the legislative and policy framework supporting injury prevention
- 3.5 Integrate injury prevention activity through collaboration and coordination
- 3.6 Advance injury prevention knowledge and information

- 3.7 Develop and implement effective injury prevention interventions
- 3.8 Ensure appropriate resource levels for injury prevention
- 3.9 Develop, implement and monitor national injury prevention strategies for priority areas
- 3.10 Foster leadership in injury prevention

The following tables set out the strategic objectives of NPiS and how they relate to WHO Safe Community criteria and the objectives of the New Zealand Injury Prevention Strategy. Each NPiS objective is then linked to the key activities required to meet it.

Table of Strategic Goals and Objectives

GOAL		
To achieve a positive safety culture and create safer environments for all people within the New Plymouth District.		
OBJECTIVES	LINK TO WHO SAFE COMMUNITY CRITERIA	LINK TO NZIPS
1.1 Monitor injury issues in New Plymouth District and provide information on needs, priorities and programmes	Programmes that document the frequency and causes of injuries (2.4) Programmes that target high-risk groups and environments, and programmes that promote safety for vulnerable groups. (2.3)	Advance injury prevention knowledge and information (3.6)
1.2 Establish effective partnerships with others working towards improving safety in New Plymouth District	An infrastructure based on partnership and collaborations, governed by a cross-sectional group that is responsible for safety promotion in their community (2.1)	Integrate injury prevention activity through collaboration and coordination (3.5)
1.3 Raise awareness, commitment and motivation to improve injury prevention within organisations and throughout the community	Long-term, sustainable programmes covering both genders and all ages, environments, and situations. (2.2)	Raise awareness and commitment to injury prevention (3.1)
1.4 Guide and support the development of plans for effective injury prevention interventions at a community level within the framework of the National Injury Prevention Strategy	Programmes that target high-risk groups and environments, and programmes that promote safety for vulnerable groups (2.3)	Develop and implement effective injury prevention interventions (3.7)
1.5 Assist New Plymouth District to meet the WHO criteria for Safe Communities	Evaluation measures to assess programmes, processes and effects of changes (2.5) Ongoing participation in national and international Safe Communities networks (2.6)	Strengthen injury prevention capacity and capability (3.2) Foster leadership in injury prevention (3.10)

STRATEGIES

OBJECTIVE 1.1	LINK TO WHO SAFE COMMUNITY CRITERIA	LINK TO NZIPS
1.1 Monitor injury issues in New Plymouth District and provide information on needs, priorities and programmes	<p>Programmes that document the frequency and causes of injuries (2.4)</p> <p>Programmes that target high-risk groups and environments, and programmes that promote safety for vulnerable groups (2.3)</p>	Advance injury prevention knowledge and information (3.6)
<p>Strategies:</p> <ul style="list-style-type: none"> • Disseminate injury data from the Safe Communities Foundation New Zealand, the Injury Prevention Research Centre, the Injury Prevention Research Unit, ACC, Taranaki District Health Board, Land Transport New Zealand and New Zealand Police • Review and disseminate the New Plymouth District community needs assessment every five years (due 2006) • Utilise and disseminate Alcolink¹³ data (system currently being developed) • Utilise and disseminate Taranaki DHB Emergency Department injury data annually • Analyse and disseminate Taranaki DHB paediatric injury admission data every three years (due 2007) • Use all available data to determine injury priorities for the district and publicise these • Establish links to partners' websites • Establish an injury prevention resource centre which can be accessed by the community • Distribute a quarterly injury prevention newsletter (NPiS Update) • Use local media to publicise injury incidence and issues • Ensure that Tui Ora Ltd and all Maori providers have access to Maori injury data • Actively disseminate best practise injury prevention information to ensure that partner organisations and other providers have access to the best available information on which to base their intervention approaches 		

¹³ Alcolink – a project establishing systematic collection of alcohol related police offence data to identify the impact of alcohol in communities and who the high risk establishments are.

OBJECTIVE 1.2	LINK TO WHO SAFE COMMUNITY CRITERIA	LINK TO NZIPS
1.2 Establish effective partnerships with others working towards improving safety in New Plymouth District	An infrastructure based on partnership and collaborations, governed by a cross-sectional group that is responsible for safety promotion in their community (2.1)	Integrate injury prevention activity through collaboration and coordination (3.5)
<p>Strategies:</p> <ul style="list-style-type: none"> • Deliver presentations to community stakeholder groups to engage them in injury prevention safety promotion • Seek to increase the network of injury prevention partners and collaborators and to strengthen existing linkages • Facilitate an annual seminar to highlight injury issues and profile interventions. This event may also be used to review and plan for New Plymouth District's contribution to NZIPS • Establish a co-ordinator's role for NPiS • Identify Council Champions • Encourage NPDC to take a lead role in community safety through expressed commitment in the Long Term Council Community Plan (LTCCP) 		

OBJECTIVE 1.3	LINK TO WHO SAFE COMMUNITY CRITERIA	LINK TO NZIPS
1.3 Raise awareness, commitment and motivation to improve injury prevention within organisations and throughout the community	Long-term, sustainable programmes covering both genders and all ages, environments, and situations (2.2)	Raise awareness and commitment to injury prevention (3.1) Strengthen injury prevention capacity and capability (3.2)
<p>Strategies:</p> <ul style="list-style-type: none"> • Increase the commitment to injury prevention and community safety within the partners' organisations (e.g. develop an injury awareness programme with Tui Ora Ltd as an extension of its health and safety forum) • Seek long- term sustainable funding for community safety programmes • Support the development of community groups able to undertake intervention projects • Provide training to providers through constituent organisations and support attendance at national training • Collaborate with a wide range of stakeholders to ensure that current programmes address priorities for both genders, all ages, environments and situations in the community • Deliver presentations to community stakeholder groups to engage them in injury prevention/safety promotion • Increase the circulation of the NPiS Update and ensure it is distributed each quarter • Use local media to promote and increase access to the range of community safety programmes (seek NZIPS support to develop a media plan) • Use Safety NZ Week and Community Safety and Injury Prevention Awards annually to highlight injury prevention and safety promotion within the wider community • Facilitate an annual seminar to highlight injury issues and profile interventions. This event may also be used to review and plan for New Plymouth District's contribution to NZIPS 		

OBJECTIVE 1.4	LINK TO WHO SAFE COMMUNITY CRITERIA	LINK TO NZIPS
1.4 Guide and support the development of plans for effective injury prevention interventions at a community level within the framework of the National Injury Prevention Strategy	Programmes that target high-risk groups and environments, and programmes that promote safety for vulnerable groups (2.3)	Develop and implement effective injury prevention interventions (3.7)
<p>Strategies:</p> <ul style="list-style-type: none"> • Use community needs assessment approach to ensure that vulnerable or high risk groups and environments are identified • Develop and monitor annual implementation plans based on the current strategic plan. • Ensure that partner organisations and other providers have access to the best available information on which to base their intervention approaches • Facilitate an annual seminar to highlight injury issues and profile interventions. This event may also be used to review and plan for New Plymouth District's contribution to NZIPS • Ensure priorities based on data and the community needs assessment are being addressed by a range of evidence based/best practice projects • Ensure interventions are targeted to prioritised vulnerable groups 		

OBJECTIVE 1.5	LINK TO WHO SAFE COMMUNITY CRITERIA	LINK TO NZIPS
1.5 Assist New Plymouth District to meet the WHO criteria for Safe Communities	<p>Evaluation measures to assess programmes, processes and effects of changes (2.5)</p> <p>Ongoing participation in national and international Safe Communities networks. (2.6)</p>	Foster leadership in injury prevention (3.10)
<p>Strategies:</p> <ul style="list-style-type: none"> • Develop and circulate draft strategic plan for community feedback • Develop annual implementation plans based on the current strategic plan. Annual plans will include performance indicators and evaluation mechanisms and will be reviewed each year • Use regular data monitoring (see 1.1) to assist partner organisations and other providers to assess the effects of interventions • Develop an application proposal for accreditation as a WHO Safe Community that incorporates evaluation results of current programmes • Report and disseminate information on the achievements of project teams to stakeholders, locally, nationally and internationally • Encourage local participation in the annual Community Safety Awards • Maintain links with NZIPS, IPNANZ and SCFNZ • Encourage presentation of local projects at national conferences 		

IMPLEMENTATION TIMEFRAME FOR KEY MILESTONES

GOAL			
To achieve a positive safety culture and create safer environments for all people within the New Plymouth District.			
OBJECTIVES	2005 - 2006	2006 - 2007	2007- 2008
1.1 Monitor injury issues in New Plymouth District and provide information on needs, priorities and programmes	New Plymouth District community needs assessment reviewed and disseminated	Community injury prevention resource centre established	DHB paediatric injury admission data analysed and disseminated
1.2 Establish effective partnerships with others working towards improving safety in New Plymouth District	Co-ordinator's position for NPIS established Council Champions engaged Expressed commitment to community safety in NPDC Long Term Council Community Plan	Annual seminar to highlight injury issues and profile interventions	2005 – 08 Strategic Plan reviewed and programme evaluated Consultation completed for new three year strategic plan
1.3 Raise awareness, commitment and motivation to improve injury prevention within organisations and throughout the community	Annual seminar to highlight injury issues and profile interventions Safe NZ Week and Community Safety Awards supported Media plan developed	Provider capacity and training opportunities reviewed Commitment to community safety stated in NPDC Long Term Council Community Plan	Sustainable funding mechanisms in place Media plan reviewed
1.4 Guide and support the development of plans for effective injury prevention interventions at a community level within the framework of the National Injury Prevention Strategy	Partner organisations and other providers have access to the best available information on which to base their intervention approaches	Full range of projects aligned to priorities identified in needs assessment established	Annual seminar to highlight injury issues and profile interventions
1.5 Assist New Plymouth District to meet the WHO criteria for Safe Communities	Strategic plan approved Application for WHO accreditation forwarded to SCFNZ	Report on the achievements of project teams to stakeholders, locally, nationally and internationally	Report on annual implementation plan circulated to stakeholders

CURRENT AND RECENT INJURY PREVENTION PROJECTS AND PARTNERS

CHILDREN (0 – 14)

	New Plymouth injurySafe						
	Kidsafe Taranaki	ACC	Taranaki DHB Health Promotion	NP District Council	Tui Ora Ltd	New Plymouth Police	
PROJECTS							OTHER GROUPS
Child Falls							Falls educators
Safer children							WISE
Kia Tupato Kit							
Capable Country Kids							Education Advisory Service Rural schools
Tamariki falls							Ruanui Health
Child poisons							Ruanui Health Health Centres
Child restraints							Ruanui Health Plunket
Playgrounds							Playground Assessor
Child pedestrian							Road Sense Transit NZ
Child cycle safety							Road Sense

CURRENT AND RECENT INJURY PREVENTION PROJECTS AND PARTNERS

YOUNG PEOPLE (15 – 24)

	New Plymouth injurySafe						
	Kidsafe Taranaki	ACC	Taranaki DHB Health Promotion	NP District Council	Tui Ora Ltd	New Plymouth Police	
PROJECTS							OTHER GROUPS
Young drivers							LTNZ
Secondary School s Agricultural Team Challenge							Department of Labour, Agriculture NZ, Schools, YFC
Youth and alcohol							NP Safer Community Council, Taranaki RFU, Sport Taranaki, South Taranaki District Council, Stratford District Council, ALAC
Young horse riders							NZ Pony Clubs Association, Agriculture NZ

CURRENT AND RECENT INJURY PREVENTION PROJECTS AND PARTNERS

OLDER ADULTS

	New Plymouth injurySafe						
	Kidsafe Taranaki	ACC	Taranaki DHB Health Promotion	NP District Council	Tui Ora Ltd	New Plymouth Police	
PROJECTS							OTHER GROUPS
Otago Exercise Programme							Taranaki DHB Physiotherapy
Modified Tai Chi							Tai Chi Instructor
Older Tenants Project							WITT, Positive Ageing New Plymouth
Home safety checks							Age Concern, Positive Ageing New Plymouth HNZC
Safe With Age							LTNZ, Age Concern

CURRENT AND RECENT INJURY PREVENTION PROJECTS AND PARTNERS

ADULTS

	New Plymouth injurySafe						
	Kidsafe Taranaki	ACC	Taranaki DHB	NP District Council	Tui Ora Ltd	New Plymouth Police	
PROJECTS							OTHER GROUPS
Speed							Roadsafe Taranaki
Safety Belts							
Fatigue							Tainui Playcentre Mokau Cafes
Motorcycles							Ulysses MC
Water safety							Coastguard, Port Taranaki
Family Violence Funding Circuit Breaker							MSD, MOJ, Corrections, DIA, CYF
Family Violence Te Rito Phase 2							Te Rito Coalition

CURRENT AND RECENT INJURY PREVENTION PROJECTS AND PARTNERS

ADULTS continued

	New Plymouth injurySafe						
	Kidsafe Taranaki	ACC	Taranaki DHB	NP District Council	Tui Ora Ltd	New Plymouth Police	
PROJECTS							OTHER GROUPS
Workplace Safety							Dpt. of Labour, HSE Centre, H&S Managers' Network
Farm Safety							Dpt. of Labour, Farmsafe, Rural Women

ALL AGES

	New Plymouth injurySafe						
	Kidsafe Taranaki	ACC	Taranaki DHB	NP District Council	Tui Ora Ltd	New Plymouth Police	
PROJECTS							OTHER GROUPS
Road environment							Transit New Zealand
Waitara Smoke Alarm and Community Safety Project							Fire Service, Taranaki Electricity Trust, MSD, State Insurance

FUNDING, RESOURCING AND COMMUNITY CAPACITY

Direct Funding

Unintentional injury prevention activities in New Plymouth District are directly funded from two main sources, the local ACC injury prevention budget and funding from the Ministry of Health for injury prevention contracts delivered by the Health Promotion Unit of Taranaki District Health Board. The MOH also funds an injury prevention contract with Tui Ora provider, Manaaki Oranga. In addition to this there is funding available for road safety initiatives from Land Transport New Zealand.

The total amount of direct funding for unintentional injury prevention expended annually in the district is in the region of \$210,000.

Additional Funding

While many injury prevention activities rely substantially on this funding, a number have been able to attract additional financial support from a variety of other sources. These include partner organisations, such as the Safer Community Council and the District Council Community Development Team. Funds have also been obtained through application to other sources such as the TSB Community Trust, the Taranaki Electricity Trust, the Road Safety Trust and Lottery Grants. The funding obtained from these other sources varies from year to year and is directly linked to specific projects. The New Plymouth District Council has produced a useful guide to all local and national funding agencies.

In-kind Contributions

A third important source of funding is in-kind contributions from partner organisations and stakeholders. This also varies from year to year and is generally directly related to specific projects. Examples of this type of contribution include an annual school farm safety competition where the venue, a school farm, is provided free as are the services of the organisations running the competition modules, including Agriculture New Zealand and a local Young Farmers Club. Essential equipment, including a new tractor and farm bike are lent at no cost. It should be noted that it is increasingly challenging to sustain this type of community support.

Intentional Injury Funding

In relation to intentional injury prevention, an exercise is currently underway to establish the level of funding available for family violence prevention in Taranaki. The Family Violence Funding Circuit Breaker project also seeks to simplify the funding process for providers. As well as this, a coalition of providers has obtained additional funding in 2005 for a collaborative project to implement elements of Te Rito, the New Zealand Family Violence Strategy. It is expected that the All Ages New Zealand Suicide Prevention Strategy will be a catalyst for the development of initiatives and support funding to address that issue.

Dedicated Injury Prevention Personnel

Personnel resourcing for delivery of injury prevention projects involves a mix of dedicated staff, contracted providers and in-kind contributions from partner organisations and from within the community who contribute to projects despite injury prevention not being their core business.

There are staff equivalent to 4.2 FTE dedicated to injury prevention in ACC, the Health Promotion Unit, NPDC Community Development and Tui Ora. A component of Police hours is allocated to road safety. A road safety co-ordinator position for Taranaki is funded by LTNZ and there are two Fire Safety Officers operating in the region. In addition to these positions, agencies such as Plunket integrate some injury prevention into their work as do other teams within Health Promotion, such as the programme to reduce alcohol related harm and the health promoting schools team. A component of the work undertaken by the Department of Labour, Occupational Safety and Health is preventative. Many large employers in the district also have safety management positions and a network of health and safety managers exists in New Plymouth with an interest in supporting community safety.

Contracted Providers

In line with NZIPS objective 2, to strengthen injury prevention capacity and capability, a range of new providers has been identified and these providers are currently contracted to deliver injury prevention programmes in child falls, older adults falls, child restraints, equine safety and playground safety. In some cases the providers are selected for their expertise in the field (e.g. child restraints, equine safety) in others it has been necessary to support and develop the providers through the provision of specific training. The

constituent members of NPiS are committed to seeking opportunities to provide ongoing support and professional development for contracted providers.

Community Capacity

As the tables on pages 17 to 21 show, many projects are delivered and or supported by groups within the community and organisations for whom injury prevention is not core business. The process of encouraging these groups to be actively involved in injury prevention contributes to NZIPS objectives 1, 2, 5, 6, 7 and 10. This strategic plan recognises the importance of these objectives and NPiS is committed to strengthening community capacity by the following actions:

- Deliver presentations to community stakeholder groups to engage them in injury prevention safety promotion
- Seek to increase the network of injury prevention partners and collaborators and to strengthen existing linkages
- Ensure that partner organisations and other providers have access to the best available information on which to base their intervention approaches
- Facilitate an annual seminar to highlight injury issues and profile interventions. This event may also be used to review and plan for New Plymouth District's contribution to NZIPS
- Encourage local participation in the annual Community Safety Awards
- Maintain links with NZIPS, IPNANZ and SCFNZ
- Encourage presentation of local projects at national conferences
- Support the development of community groups able to undertake intervention projects
- Provide training to providers through constituent organisations and support attendance at national training
- Deliver presentations to community stakeholder groups to engage them in injury prevention safety promotion
- Increase the circulation of the NPiS Update and ensure it is distributed each quarter
- Establish an injury prevention resource centre which can be accessed by the community

MONITORING AND REVIEW

This strategic plan will form the basis of an annual implementation plan which will be completed in each of the three financial years covered by the strategic plan. The annual plans will include targets and indicators which will be monitored and reviewed by NPiS.

NPiS intends that this strategic plan will be evaluated in mid 2008 and another three year strategic plan will be developed in consultation with the community at that point.



NEW PLYMOUTH DISTRICT COUNCIL
newplymouthnz.com

Office of the Mayor

File Ref: A 08 10 03 24

22 June 2005

NPiS
C/-Kath Forde
ACC
Private Bag
NEW PLYMOUTH

Dear New Plymouth Injury Safe

“WHO” SAFE COMMUNITY ACCREDITATION

I am delighted to offer support of the New Plymouth Injury Safe’s drive to obtain Who Safe Community Accreditation for the New Plymouth District.

The New Plymouth District has a population of approximately 68,000, encompassing the main population centres of New Plymouth, Waitara and Inglewood. The district is locally governed by an elected local authority comprising of 14 Councillors of which I am the Mayor. We also have four Community Boards which serve the Inglewood, Kaitake, Waitara and Clifton communities.

Community outcomes identified in our Community Plan include providing a secure and healthy district, and injury prevention fits within this community goal. Through provision of safe and reliable services to its community, the council takes direct responsibility for ensuring the safety of residents. They are also directly involved in collaborative approaches to community safety through their Community Development Team who have been actively involved in a range of community safety organisations including New Plymouth Injury Safe.

The New Plymouth District Council recognises and values the range of injury prevention programmes currently being implemented by a variety of groups in our district. We see many benefits to the community in achieving accreditation including continued awareness in raising of the importance of community safety , endorsement , encouragement and ever-increasing participation in collaborative efforts to maintain and improve community safety and the development of new and innovative initiatives to further benefit the wellbeing of the district.

Yours sincerely

PETER TENNENT
MAYOR
Ref: 144818

05 April 2005

TO WHOM IT MAY CONCERN

I am pleased to write this letter in support of New Plymouth Injury Safe (NPiS) endeavours for the district to be accredited as a safe community, according to the World Health Organisation's concept – 'safety as a universal concern and the responsibility for all'

NPiS is a cooperation of community focused professionals who originally formed NPiS to bid for an ACC contract to conduct an injury needs assessment for the New Plymouth District.

As Member of Parliament for New Plymouth, I am keenly interested in all community initiatives, and consider that NPiS offers a positive national profile for New Plymouth within the development of injury prevention and safety promotions.

I consider that any initiative that encourages better awareness of safety and injury prevention is worthy of the recognition of accreditation, and NPiS demonstrates all the requirements set down by WHO.

Yours sincerely



Hon Harry Duynhoven
MP for NEW PLYMOUTH

HON HARRY DUYNHOVEN Member of Parliament for New Plymouth

Offices: - 158 Tukapa Street, New Plymouth
Phone 06 753 3211, Fax 06 753 2711
35 Queen Street, Waitara
Phone/Fax 06 754 4333

E-mail - harry.duynhoven@parliament.govt.nz

Parliament Buildings
Wellington, New Zealand
Phone +64-4-471 9321
Fax +64-4-472 8052



24 June 2005

New Plymouth injurySafe (NPiS)
C/o Dr Alan Parsons

Dear Alan

RE: New Plymouth District – Safe Community

Further to our discussions I am very pleased to be able to confirm my support and that of the Taranaki District Health Board (DHB) for the drive of New Plymouth to be recognized by the World Health Organisation (WHO) as a "Safe Community".

The WHO concept that recognizes safety as a universal concern for all is one that fits naturally with the philosophy of the DHB. As well as the direct provision of specialist hospital and community services, the DHB is responsible for the planning and funding of health and disability services throughout Taranaki.

As you will be aware we are currently developing our revised strategic plan, and will shortly be consulting with the people of New Plymouth and Taranaki over this. Our vision for the future is of "Taranaki, Together A Healthy Community", and we clearly see our role as an organisation in *improving, promoting, protecting and caring for the health and wellbeing of the people of Taranaki.*

Having a safe environment for everyone to live in and enjoy is a critical component of our vision of a healthy community. We can not fulfill our role alone, and must work together in partnership with the local District Council, ACC, the local Police and many other agencies, as well as local iwi and the general public, as we collectively strive for our vision.

I believe accreditation by the WHO as a Safe Community would be a timely and appropriate recognition of the collective initiatives that are already in place to target injury prevention and safety promotion. Recognition in this way would also give a tremendous boost to the various stakeholders and be a source of pride for the community, which would only serve to increase all our efforts further.

The District Health Board is proud to be associated with the New Plymouth injurySafe Group (NPiS), and intends to continue supporting its work, particularly through our Health Promotion Team. I wish the NPiS every success in its drive towards accreditation and will be happy to be of further assistance in this. In the meantime thank you to the group for their ongoing commitment to making New Plymouth a Safe Community!

Yours sincerely

A handwritten signature in black ink, appearing to be 'Tony Foulkes', written over a large, stylized circular scribble.

Tony Foulkes
CHIEF EXECUTIVE



2nd March 2005

Re: NPIS application for Safe Community accreditation

The Kidsafe Taranaki Trust was formed in 1994 by a group of people out of concern for preventing unintentional injuries to children in Taranaki. Membership to this group is open to groups or individuals who share these concerns, and currently includes representatives from ACC Thinksafe, Paediatrics Department and the Health Promotion Unit of the Taranaki District Health Board, Plunket and Community Development from the New Plymouth District Council.

The core goal of Kidsafe Taranaki is to work collaboratively to prevent unintentional injuries to Taranaki children. We do this by monitoring and analysing local data, such as paediatric hospital admissions. We then use this information to identify priority injury issues, and develop project teams to plan, implement and evaluate these projects.

Some recent projects undertaken by Kidsafe Taranaki include the preventing falls in the home ongoing programme for under five year olds, the paracetamol poisoning prevention project, child restraints initiatives and support for the Safekids Campaign locally. We also undertake an lobbying role where appropriate, endorsing policies and practices which are conducive to injury prevention and community safety.

Kidsafe Taranaki was also a key group involved in the establishment of the New Plymouth injury Safe (NPIS) coalition, with Trust chairman Dr Alan Parsons being a core member.

As a group, we see that there are multiple benefits to be gained from becoming an accredited 'Safe Community'. Firstly, we see that the Safe Communities model has been internationally recognised as effective in promoting community safety and reducing injuries.

The philosophy of Safe Communities is consistent with Kidsafe Taranaki's goal of raising awareness around the concern and shared responsibility of child unintentional injury prevention, which is an integral part of the broader concept of community safety. We also demonstrate and endorse working collaboratively and inclusively, to achieve our goals.



Kidsafe Taranaki Trust
C/o The Health Promotion Unit
Taranaki Health
Private Bag 2016
NEW PLYMOUTH 4620
PH: (06) 753 7799
FAX: (06) 753 7788

We can also see the potential for increased collaboration and involvement from various sectors within New Plymouth in the promotion of community safety issues, ultimately resulting in a safer and healthier community.

As a group, Kidsafe Taranaki fully supports the application for Safe Communities accreditation, and is willing to provide any necessary support and resource where appropriate, including participating in the proposed site visit.

Sarah Wilson
Coordinator
On behalf of Kidsafe Taranaki Trust



11 April 2005

NPiS

c/- ~~Brenda Archer~~

Health Promotion Unit

Taranaki District Health Board

David Street

NEW PLYMOUTH

WHO Safe Community Accreditation

The New Plymouth Area of New Zealand Police aligns with New Plymouth District boundaries, but also includes Mokau to the north. I command 110 sworn officers based in Police Stations at New Plymouth, Waitara, Mokau, Inglewood and Okato.

NZ Police's Mission is "To serve the community by reducing the incidence and effects of crime, detecting and apprehending offenders, maintaining law and order and enhancing public safety". Two Police Outcomes, as stated in the NZ Police Statement of Intent 2004-05, contribute directly to injury prevention. These are Violence Reduction, and Enhance Road Safety.

Examples of violence reduction strategies in New Plymouth are targeting of repeat locations of public place disorder and violence and the effective use of the CBD CCTV. Family violence strategies include effective inter-agency partnerships to support victims to reduce the risk of revictimisation and the targeting of high risk repeat offenders through risk assessment models.

Strategies for reducing road trauma are primarily through providing a visible road safety presence with enforcement focussed on reducing excessive speed, drink driving and non-wearing of safety restraints. Community road safety partnerships, primarily through Roadsafes Taranaki and ACC, target identified local road safety issues, and aim to bring education and enforcement together for maximum effect.

Senior Sergeant Fiona Prestidge, Officer in Charge of Road Policing, and one of the New Plymouth Police management team, is a member of NPiS.

I see WHO Safe Community accreditation as assisting local collaboration, especially by formalising local government commitment to injury prevention.

An increase in general safety and injury prevention awareness throughout the population would help the Police achieving reductions in violent crimes and road trauma. That is, if people become safer in their behaviours, for example,

Safer Communities Together

NEW PLYMOUTH POLICE STATION

95 Powderham Street, P O Box 344, New Plymouth
Telephone: 06 759 5500 Facsimile: 06 759 1600

don't drink alcohol to excess, or never take risks when overtaking, the number of crashes and crimes occurring will reduce.

I am willing to have a site visit at the New Plymouth Police Station. Suitable activities may be the viewing of the CBD CCTV, the ACC Speed Trailer and Booze Bus, and a discussion with the officers responsible for family violence strategies and road policing.

Yours faithfully



VA KNOX
AREA COMMANDER



New Plymouth Injury Safe Coalition WHO Accreditation

Letter of support July 2005

Tena koutou

Tui Ora Ltd would like to submit this letter to support the proposed application for the Safe Community accreditation. As part of the New Plymouth Injury Safe coalition, Tui Ora Ltd is very supportive of this positive initiative which we believe will enable the whole community to focus on itself with a commitment to reducing injury to all our community members.

Tui Ora is a Maori Development Organisation established in 1998 by Taranaki iwi, Maori health providers and the Health Funding Authority part of the Ministry of Health at the time. Tui Ora Ltd subcontracts to a range of providers affiliated to a Maori health provider forum. Tui Ora have a vision which is committed to enhancing health and wellbeing, achieving this by actively promoting the principles of tikanga, leadership and quality. The range of services offered is comprehensive including, nursing services, health promotion, mental health, traditional Maori healing, cessation programmes, dental enrolments, homebase support, disability services, residential care, kuia kaumatua support, youth transition services, social services and much more.

Tui Ora contributes to community safety by being actively involved in community forums that promote health and wellbeing. We seek to foster relationships with a broad range of community and government organisations that encourage wellness and community development. Our focus is kaupapa Maori based and we are guided by the trustees who are made up of our Maori health providers and iwi representatives from all eight iwi.

In our view, a successful accreditation process would demonstrate a real commitment from the people of the New Plymouth District, enhancing a collaborative effort to strategically address the concept of safer communities. The alignment of our community to the WHO Safe Communities concept is in my view an acknowledgement of the effort and readiness of our community. Tui Ora Ltd is keen to contribute to the efforts already made and it is hoped that New Plymouth will be successful in its bid to demonstrate our commitment.

Tui Ora Ltd is keen to support this application for a range of reasons. Firstly the work that is being done within our provider network can be more effective by working across the community with people who have the resources and a collaborative mentality to resolving safety issues. The accreditation acknowledges the work already achieved and gives focus for future decisions and priorities. It adds to the credibility of our initiatives as being properly researched and reflective of the local issues. It validates the inter-sectorial approach we have with each other and will provide an environment that creates innovation.

If the accreditation process involves meeting with community groups such as Tui Ora Ltd, we would welcome the opportunity to share with you the work we do for our community.

Kia ora

Matiu Julian
Public Health Contracts/Relationship Manager
Tui Ora Ltd



DEPARTMENT
OF CORRECTIONS

New Plymouth Injury Safe
C/- Kath Forde
Accident Compensation Corporation
Private Bag
NEW PLYMOUTH

Community
Probation
Service
New Plymouth
Service Centre

192 Devon Street West
P O Box 395
New Plymouth
Tel +64-6-759 0600
Fax +64-6-759 0601

Dear Kath

The Family Violence Funding Circuit Breaker (FVFCB) project aims to take a more coordinated approach to funding of family violence prevention services and to reduce compliance costs and duplication of reporting for FV providers whose services are funded by more than one government agency. The project involves the Department of Internal Affairs, Ministry of Justice, Department of Child, Youth and Family, Department of Corrections and ACC and was established by the Ministry of Social Development in order to:

- work with other community funders to determine the total amount of funding available for FV prevention in their region and the range of crisis intervention, prevention and rehabilitation services currently funded;
- identify funding gaps for family violence service providers;
- share information with service providers and communicate with them about regional needs and priorities;
- introduce the new integrated government approach to quality assurance and audit.

In these ways we aim to enhance the range and effectiveness of family violence services provided in the community thereby contributing to community safety.

At our meeting on 24 February 2005, you outlined to the group the range of community injury prevention initiatives that are currently being implemented in the New Plymouth District. This included both intentional and unintentional injury. You also informed the group of the establishment of the Safe Community Foundation of New Zealand and the World Health Organisation criteria for designation as a Safe Community.

The collaborative nature of the community injury prevention work being undertaken locally is consistent with the operating model of the FVFCB group and the goals of the Safe Community project are also in line with the objectives of our group. We can see synergy and benefits in supporting an application from New Plymouth for accreditation as a Safe Community and are pleased to provide that support by means of this letter.

On behalf of the Taranaki FVFCB group I fully endorse the efforts of New Plymouth injurySafe coalition to attain Safe Community accreditation.

Yours sincerely

Ann Kensington
Chairperson, Taranaki Family Violence Funding Circuit Breaker

ACC NEW PLYMOUTH

16 JUN 2005

Reducing Re-offer

Dow AgroSciences (NZ) Limited
89 Paritutu Road
Private Bag 2017
New Plymouth 4620,
New Zealand
Phone 06-751 2400
Fax 06-751 0442
06-751 2858



14th June 2005

Ms Kath Forde
Injury Prevention Consultant
ACC
Private Bag
NEW PLYMOUTH

Dear Kath,

Re: New Plymouth Injury Safe – Letter of Support

The Taranaki H&S (Health & Safety) Network is an informal group of health and safety professionals working in industry in and around the Taranaki region. As a member of the Taranaki HS Network this letter has been prepared on the group's behalf.

We, the Taranaki H&S Network support the application by NPiS (New Plymouth Injury Safe) to become an accredited Safe Community. The Safe Community brand is about a partnership in working together to prevent injuries and promote safety in entire community which we believe is being achieved in the New Plymouth District by NPiS. This aligns to our profession and reinforces the importance of safety –at work, at home and in the community.

With the Taranaki region being relatively small, generally most people know each other or know someone who knows someone. Therefore when there is a serious accident or fatality in the workplace or in the community the consequences have a far reaching effect and impact many people.

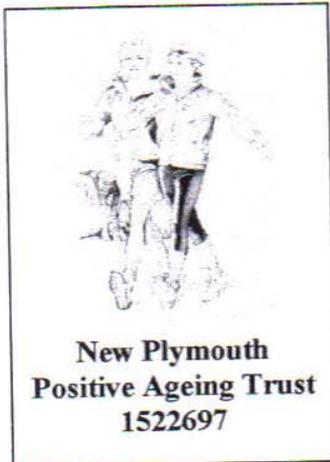
At our bimonthly meetings, we are advised by NPiS representatives of what is being promoted in the area of injury prevention in the community and discuss how this may be applied to the workplace. For example, the Kidsafe Taranaki Trust had a promotion for safety under 5s. Hearing about this I arranged for a presentation to be given to employees at the company I work for who are parents and grandparents. The feedback from the participants was overwhelmingly positive, and the experience was shared at the next Taranaki H&S Network meeting.

The assessors for the accreditation are welcome to attend a Taranaki H&S Network meeting to meet and talk with the members. Alternatively if you would like to contact the undersigned, please do so.

Regards,

A handwritten signature in black ink that reads "Marie Gibbs".

Marie Gibbs
EH&S / Responsible Care Leader



SUPPORTED BY

NEW PLYMOUTH
DISTRICT COUNCIL
newplymouthnz.com

22B Doralto Road
NEW PLYMOUTH
06 753 2911

February 2005

Kath Forde
ACC
New Plymouth Branch
NEW PLYMOUTH

Dear Kath

Re: The New Plymouth injurySafe Group (NpiS)

I wish to inform you that New Plymouth Positive Ageing Trust fully supports your proposed application for Safe Community accreditation without any reservations whatsoever.

The Positive Ageing Trust, supported by New Plymouth District Council, has been established with a specific purpose, which is:

“To work closely with the agencies, organizations and community in New Plymouth to create a District where older people are able to live positive lives”.

The Trust therefore supports your application as your aim to the development of injury prevention and safety promotion will be especially beneficial to the older person.

Yours sincerely

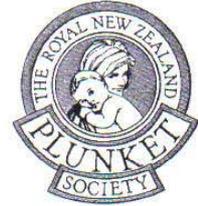
David Showler
Secretary Positive Ageing Trust

Royal New Zealand Plunket Society (Inc.)

PO Box 8051
New Plymouth

1 April 2005

NPiS
C/o ACC
22 – 28 Molesworth Street
Private Bag
New Plymouth
Attention: Kath Forde



Dear Kath: Re Safe Community Accreditation

Plunket is the lead provider of Well Child Services in New Zealand. 'Well Child care' is a term used to describe the child health service offered to all NZ children from birth to five years and their family or whanau. The primary objective for Well Child / Tamariki Ora service providers is to support families/whanau to maximise their child's development and health from birth to five years, establishing a strong foundation for ongoing health as a school age child and adult.

The primary purpose of my role is to provide clinical leadership to area staff through coaching and performance management to enhance clinical effectiveness. This includes supervision and overseeing performance.

Injury prevention and safety promotion is part of the core business of Plunket Well Child service; that is - every Plunket client contact covers a safety item in some way; Plunket Volunteer committees include a Safety Officer position and all Plunket clinics are subject to an annual safety audit process.

I have an awareness of NPiS as I was involved in several of the first meetings. Plunket believes in and supports the World Health Organisation (WHO) concept that recognises "safety as a universal concern and the responsibility for all". For instance we know that the major cause of hospitalisation for under 5 year old children is from falls. However, this is not work that one agency can do alone. It makes good sense to work together with other agencies and the community to make homes and communities safer places to work and play.

Plunket offers mums with young babies contact with the service by way of groups at different times. Safety in the home and accident prevention for baby is one of the topics that is included at these times. We would welcome a site visit if appropriate.

Yours sincerely

Maria Turner
Clinical Leader
Taranaki

Plunket

Caring for Young Families - Whanau Awhina



New Plymouth District Safer Community Council

PO Box 475, New Plymouth, Tel/Fax 06-758 7911
Email: scnp@xtra.co.nz

1 March 2005

New Plymouth Injury Safe
C/- Kath Forde
Accident Compensation Corporation
Private Bag
NEW PLYMOUTH

Dear Kath

The New Plymouth Safer Community Council 'drinkSAFE4youth' would like to support the New Plymouth injury safe team in becoming accredited as a safe community.

The 'drinkSAFE4youth' team is comprised of youth workers, drug and alcohol educators, health promoters, police, ACC, three district councils district licensing inspectors, other community organisations, Maori health providers and the Safer Community Council Co-ordinator and has been working to address issues relating to youth and alcohol since September 2001. A project team was established and developed the "Think Before You Buy Under 18s Drink" project which was implemented in 2002.

Currently the THINKsmart sports clubs accreditation programme is in operation, aiming to address issues relating to alcohol in sports clubs.

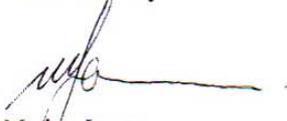
The Safer Community Council aims to work with the community to provide a safer community, with a focus on crime reduction. The drinkSAFE 4youth group was set up in an attempt to achieve this and a broader goal in relation to all alcohol related harm to youth.

New Plymouth District would greatly benefit by Safe Communities Accreditation. Supporting strategies, projects and tasks that are appropriate to our community is in line with the goals of the Safer Community Council. Working together collaboratively with the safety of our community in mind would be complimentary to our objectives.

Meetings of the drinkSAFE4youth group are open to the public and a representative of the accreditation panel would be welcome to attend any of these meetings if this is appropriate. Alternatively we would be happy to inform them of planned activities such as training workshops, which may be more beneficial for them to view. These may occur throughout the coming year and you could advise them of these dates when confirmed.

Thank you for this opportunity to extend our support.

Yours sincerely



Marion James
Coordinator



In partnership with

NEW PLYMOUTH DISTRICT COUNCIL
newplymouthnz.com



Western Fire Region

165 Fairs Road
PO Box 148
Palmerston North
New Zealand

Phone +64 6 356 5222, Fax +64 6 356 1192

6 July 2005

Kath Forde
Injury Prevention Consultant
ACC - New Plymouth
Private Bag
NEW PLYMOUTH

Dear Kath

Reference for WHO accreditation application

Please find attached evidence to act as a reference for the New Plymouth injurySafe Group application for accreditation to the World Health Organisation.

1. The New Zealand Fire Service represents paid and volunteer staff that respond to emergency incidents in urban and rural areas of New Zealand. We have 2000 paid staff and around 8000 volunteer staff throughout the country.

Whilst we are tasked with a wide range of emergency response incidents to assist at, our primary focus is that of Fire Safety and the protection of the community from fire. A significant amount of our work pre incident and response is to ensure we reduce the incidence and consequence of fire.

As the Assistant Fire Region Commander for the Western Fire Region, I am tasked to manage and oversee the Fire Safe strategy and project delivery for the reduction of risk of fire and subsequent consequence in 167 communities throughout the western side of the North Island.

2. The New Zealand Fire Service is committed to fire risk reduction in our communities that we serve and protect. To achieve this we must partner with kindred organisations to invest in strategies and projects that are mutually effective for injury and accident prevention and reduction. Part of the mission of the Fire Service is to reduce the incidence and consequence of such occurrences from fire.

The Waitara Home Safety Project is a tangible demonstration of such partnerships giving rise to the goals of the organisations involved as well as the New Plymouth injurySafe Group.

3. Accreditation will give support to this project and further projects which support injury and risk reduction strategies in other communities by benchmarking against international best practice.

Working with communities to protect what they value.

4. Our reason for supporting this application is simple. To demonstrate world class best practice in action in communities targeted for injury and accident incidence and consequence reduction in line with our Fire Service mission statement.

5. We would also hope that the accreditation will demonstrate world class benchmarking for the application of this project to other communities. We will also assess behaviour and incidence change through the initial Canterbury University - Centre for Advanced Engineering appraisal and assessment of the outcomes of the Waitara Home Safety Project over the next year.

6. We would welcome a site visit to the community of Waitara and attestation from any of the occupants of the 2500 homes we have visited that have participated in the Waitara Home Safety Project.

I hope this helps with your accreditation application and we would welcome any further contact to assist with this process.

Yours sincerely



Mitchell Brown
Assistant Fire Region Commander
Western Fire Region

25 August 2005

Safe Communities Foundation New Zealand,
PO Box 90640
Auckland Mail Service Centre,
Auckland 1030.

Dear Safe Communities Foundation,

LETTER OF SUPPORT FOR NEW PLYMOUTH DISTRICT TO BE ACCREDITED AS A WHO SAFE COMMUNITY

This letter is in support of New Plymouth District to be accredited as a World Health Organisation (WHO) safe community.

The Accident Compensation Corporation (ACC) administers New Zealand's accident compensation scheme, which provides personal injury cover for all New Zealand citizens, residents and temporary visitors to New Zealand. Our goals are to prevent injury, to provide the best treatment and care if injury occurs, and to quickly rehabilitate people back to work or independence at a price that offers high value to levy payers and all New Zealanders.

ACC has a network of 31 branch offices throughout New Zealand. The New Plymouth branch serves the Taranaki Region including three local authorities of which New Plymouth District is the largest. Each year staff at the New Plymouth branch deal with close to 2,000 new entitlement claims from within the New Plymouth District. The cost of these claims in 2003 – 2004 was in excess of \$8 million. Not surprisingly, injury prevention is therefore of primary importance to ACC. Our goal is to reduce the incidence of serious injuries, their severity and their costs to all New Zealanders.

To this end, ACC introduced the ThinkSafe programme in 2002 to develop a national 'safety culture'. Our two Injury Prevention Consultants in the branch have been working in collaboration with community groups, employers, other agencies and organisations to achieve this. I am aware that strong relationships focussed on community safety have existed for many years in Taranaki and see that these have been extended and strengthened both by ACC's increased commitment to injury prevention and by the community's goal of achieving World Health Organisation accreditation as a safe community. The New Plymouth injurySafe coalition represents key agencies with responsibility for public safety and as a group are successfully providing leadership and co-ordination for collaborative injury prevention activity.

It has been particularly pleasing to note the increased profile of injury prevention within the ACC branch. Case managers are now actively introducing injury prevention resources into workplaces. They are liaising proactively with the industry injury prevention consultant to identify and support employers with effective return to work strategies and improved workplace safety. The uptake and promotion of community safety messages by employers has also noticeably increased as has the range of stakeholders participating in cross-sectoral strategies. In my view, membership of the international safe community network is likely to consolidate the gains already achieved in the district and provide further motivation for the many dedicated groups already working to promote safety.

On behalf of ACC, New Plymouth I fully support and applaud the effort to gain WHO Safe Community accreditation for the district.

Yours sincerely

Janet Tinson
Branch Manager
ACC New Plymouth