COMMUNITY
SAFETY PROMOTION NETWORKS:
FROM METAPHOR TO
METHODOLOGY

Dr Dale William Hanson, BMBS, MPHTM, Dip RACOG, FRACGP, FACEM

School of Public Health, Tropical Medicine and Rehabilitation Sciences
Faculty of Medicine, Health and Molecular Sciences
James Cook University
Townsville, Australia

Date: February 2007
APPENDIX ONE

PROJECT PLAN: MACKAY WHITSUNDAY SAFE COMMUNITIES PROJECT – MARCH 2000

Outcome Area: Injury

Project Title: Mackay / Whitsunday Safe Community Project

Date developed: November 1998

Last updated: March 2000

1.0 PROJECT DEFINITION AND CONTEXT

1.1 Project Summary

This project aims to reduce the incidence of non-intentional injury in Mackay City and Whitsunday Shire through the establishment of an intersectoral working group and the development of sectoral safety plans. The project will be guided by the criteria and processes of the World Health Organisation’s (WHO) Safe Communities program with the view of establishing a formally designated safe community within 5 years of the commencement of this project. The Mackay / Whitsunday Safe Community Project is multisectoral in scope, collaborative in strategies and ecological in perspective.

1.2 Project Rationale

Injury as a Health Issue

Injury is a leading cause of premature mortality in Australia and is the predominant threat to life for children and young adults. While injury accounted for 5.7% of all deaths in Australia in 1994, it accounted for 62% of deaths at ages 1 - 24 years (males 72%; females 48%) (AIHW 1996: 87). Each year in Australia, over 7,000 people die from injury and between 350,000 - 400,000 people are admitted to hospital. The lifetime cost of injury in 1995/96 was over 13 billion dollars (NIPAC 1998: 3).

Target at-risk groups

There are significant differences in injury rates within the Australian population. Males, particularly young males, experience far greater levels of mortality and morbidity than females. The death rate ratio for males to females being 3:1 in 1996 (Queensland Health 1998).

Differences also occur in the types of injury experienced by different age and ethnic groups in the community. Falls are primarily experienced by young children and older people, injury due to transport accidents effect mainly young adult males and homicides and injury due to interpersonal violence is disproportionately experienced by indigenous people. Indigenous Australians also experience high levels of mortality and morbidity compared to all other Australians at approximately three times the non-indigenous rate (Queensland Health 1998). Similarly people who reside in rural and remote areas have higher rates of death and hospitalisation due to injury than do urban residents (Queensland Health 1998).

National Trends

Injury related death rates have declined substantially over the past two decades. Between 1986 and 1994, the age - standardised death rate for all injuries in the total population declined by an average 3.4% per year. Much of the decline, however, took place between 1988 and 1994, see Graph 1 below.
About 40 hospital separations occur for every death due to injury. Between 1991-92 and 1992-3, the aged standardised hospital separation rates for all injuries in the total population increased by 2.7%. Hospital separations are a reasonable indicator of acute injuries, but are not a precise measure of injury incidence or prevalence (AIHW 1996: 94).

**Interstate Comparisons**

A large variation, more than two-fold, occurs in the death rate for injury and poisoning among States and Territories. As detailed in Table 1 below, the Australian Capital Territory and the Northern Territory, respectively, had the lowest and the highest injury deaths rates, over both periods (1986-1988 and 1992-94). Between the two periods, mortality from injuries declined in all States and Territories. Greater rates of decline in death rate were recorded for the Australian Capital Territory (36.2%), Victoria (28.6%) and the Northern Territory (26.2%). Rates of decline substantially lower than the national average occurred for Tasmania (5.0%), Western Australia (6.7%) and South Australia (9.6%) (AIHW 1996: 93).

Queensland rates are significantly higher than the Australian average for both periods. Rates for the second period (1992 - 1994) were closer to the national average than during the first period although this remained above by 5.5 deaths per 100,000 population. The decline, however, is only marginally below the national average, which is significantly better than the comparable state of Western Australia.
Table 1: Number of deaths per 100,000 population

<table>
<thead>
<tr>
<th>State/Territory</th>
<th>Average 1986-88</th>
<th>Average 1992-94</th>
<th>Per cent change</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW</td>
<td>48.7</td>
<td>39.0</td>
<td>-19.9</td>
</tr>
<tr>
<td>VIC</td>
<td>48.4</td>
<td>34.6</td>
<td>-28.6</td>
</tr>
<tr>
<td>QLD</td>
<td>56.3</td>
<td>45.6</td>
<td>-19.1</td>
</tr>
<tr>
<td>WA</td>
<td>45.7</td>
<td>42.6</td>
<td>-6.7</td>
</tr>
<tr>
<td>SA</td>
<td>46.1</td>
<td>41.7</td>
<td>-9.6</td>
</tr>
<tr>
<td>TAS</td>
<td>53.2</td>
<td>50.6</td>
<td>-5.0</td>
</tr>
<tr>
<td>ACT</td>
<td>43.4</td>
<td>27.7</td>
<td>-36.2</td>
</tr>
<tr>
<td>NT</td>
<td>117.8</td>
<td>87.0</td>
<td>-26.2</td>
</tr>
<tr>
<td>Australia</td>
<td>49.9</td>
<td>40.1</td>
<td>-19.6</td>
</tr>
</tbody>
</table>

Source: AIHW mortality database

**Prevention**

Primary prevention is the most effective means of injury control. Causal mechanisms and risk factors for many types of injury are now understood well enough to enable sound preventative measures to be designed. ‘Injury’ encompasses diverse conditions and circumstance of occurrence. A characteristic shared by them all is that a physical or chemical object or substance, external to the body of the person concerned, is a direct cause of the condition (AIHW 1996: 87).

From the point of view of primary prevention, classes of injury which arise in similar circumstances are of interest because they are amenable to the same preventative intervention. Examples of such classes are toddler drowning in swimming pools, injuries resulting from house fires, poisoning by pharmaceuticals, and neck injuries in rugby. Successful prevention generally depends on intersectoral collaboration, involving sectors which have responsibility for, or special interest in, which a particular type of injury occurs (AIHW 1996: 88).

The application of a community based approach to “all age all injury prevention” has been applied increasingly in various parts of the world, following the first successful pilots in Sweden during the 1980’s. Controlled evaluations of these programs have identified varying degrees of success with respect to the intended health outcomes with significant decreases in injury relative to control communities being reported in Sweden and Norway.

**The ‘Safe Communities’ Approach**

The ‘Safe Community’ approach is an important strategy in the National Institute of Public Health’s national injury prevention program and the World Health Organisation’s international injury prevention program and provides a model for injury prevention work in local areas. One of the fundamental principles is that the work should have a long term perspective and be incorporated into daily work schedules.

In order to be accredited as an international ‘Safe Community’ the target community must comply with the following specific criteria and achieve an overall reduction in all injury of 20%:

- Formation of a cross sectoral group that is responsible for injury prevention.
- Involvement of the local community network.
- The program will address all ages, surroundings and situations.
- The program will address the concerns of high-risk groups, high risk environments and aim to ensure equity for vulnerable groups.
- The program should have a mechanism to document the frequency and causes of injuries.
- The program must be a long term approach, not one of brief duration.
- Program evaluation should include indicators which show effects and provide information on the process as it advances.
- Each community will analyse its organisations and their potential for participation in the program.
participation of the health care community in both the registration of injuries and the injury prevention program is essential
be prepared 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 (WHO 1997).

Mackay / Whitsunday as a pilot site.

Injury prevention and control activities in the Mackay and Whitsunday areas have been extensive in the last five years but largely uncoordinated. Previous areas of injury addressed include: farm safety with adults and children (Tropical Public Health Unit, Mackay Division of General Practice and FarmSafe Queensland), falls prevention in people over 60 years of age (Home and Community Health Unit, Mackay District Health Services), water and alcohol and safety in licensed premises (Alcohol, Tobacco and Other Drugs Services, Mackay District Health Services), toddler drowning and child scalds prevention (Tropical Public Health Unit and Child Health Services, Mackay District Health Services), road and vehicle safety (Queensland Transport and Home and Community Health Unit), electrical safety (Mackay Electricity Board) and pedestrian safety (Mackay City Council). Mackay and Proserpine Hospital’s Emergency Departments are currently two of the five non-metropolitan hospital sites that is collecting injury context data for the Queensland Injury Surveillance Unit (QISU).

With many of the above programs based on similar principles and strategies a co-operative, systematic and intersectoral approach would be more productive.

As a potential pilot site for such a developmental and collaborative project Mackay City has a long history of achievements in community development and citizen participation programs that dates back to the Australian Assistance Plan (AAP) of the mid 1970’s.

A precipitating and catalysing issue for the Mackay / Whitsunday Safe Community Project was a report by the Mackay Division of General Practice (MDGP 1998: 21-24) which cited standardised hospital admissions for accidents and injuries in the Mackay Health District during 1995/96 at more than twice the Queensland rate for both males and females. This pattern is the continuation of a trend which commenced in 1993 (EHIB 1995: 116) and may be the result of SLA boundary changes, improved coding practices, decreasing rates of private health insurance or a real increase in injury events. Further investigation and analysis of hospital activity data and comparisons with the Queensland Injury Surveillance Unit information will be incorporated into the evaluation component of this project.

References

MDGP Mackay Division of General Practice Ltd. , (1998) Community Needs Analysis, Mackay
NIPAC National Injury Prevention Advisory Council (1998), National Strategic Plan for Injury Prevention and Control, Strategic Framework (Draft), Canberra

1.3 Scope

This project is designed to reduce the incidence and severity of unintentional injuries in the City of Mackay and Shire of Whitsunday. It will not directly address intentional injury (violence and suicide). The project will encourage cooperation to eliminate duplication, increase public awareness of injury as a preventable
health issue and foster participation in community based responses. It will also serve as a pilot project to evaluate the process, impact and outcomes of implementing the Safe Communities approach within a Queensland provincial centre.

1.4 Target Group/s

*Primary:* Community members of all ages, gender and ethnicity, within the City of Mackay and Whitsunday Shire.

*Secondary:* Agencies encountering high rates of injury in their professional field, workplace or environments.

1.5 Key partners/stakeholders

Mackay City Council  
Whitsunday Shire Council  
Mackay District Health Service  
Queensland Transport  
FarmSafe Queensland  
Education Queensland  
Mackay Division of General Practice  
Division of Workplace Health and Safety  
Mackay Regional Council for Social Development  
Queensland Housing  
Queensland Ambulance Service  
Building Designers Association of Qld Inc.  
Queensland Master Builders  
Queensland Building Professionals Ptd Ltd.  
City Heart Association Inc.  
Canelands Shoppingtown  
Mt Pleasant Shopping Centre  
Office of Sport and Recreation  
Queensland Police Service  
Queensland Injury Surveillance Unit  
James Cook University

1.6 Geographical Reach

This project is a pilot being conducted in the City of Mackay (SLA’s 4726 & 4765, approximate population 77,000) and the Whitsunday Shire (SLA’s ?, approximate population 15,000)

1.7 Related Activities/Projects

DrinkRight/Safe  
Health Promoting Schools  
- Giddy Goanna  
- Kidpower  
- Rural Injury Prevention Program Education Resource (RIPPER)  
Safety Action  
Hot Water Burns like Fire  
Pool Drownings  
Falls in people over 60 Years  
BP Bike Education Program
2.0 PROJECT DETAILS

2.1 Goal

To reduce the incidence of non-intentional injuries, using the World Health Organisation’s Safe Communities Framework, in the City of Mackay and the Shire of Whitsunday.

Performance Indicator/s (Target/s): Reduction of 20% in all injury over 5 years as indicated by Queensland Injury Surveillance Unit (QISU) data.

2.2 Objectives and related strategies

1. To provide baseline data on non-intentional injury in the City of Mackay and Shire of Whitsunday

Performance Indicator/s (Target/s): Completion of a Mackay & Whitsunday Injury Profile report.

Strategies

1.1 Collect and analyse data from a variety of relevant sources (QISU, Mackay Base Hospital, Proserpine Hospital, Queensland Transport, Worksafe Queensland).

1.2 Identify and confirm priority areas to be addressed by the program.

1.3 Conduct survey, focus group research and/or ‘phone in’ to identify community perceptions of injury as a significant issue.

1.4 Develop a presentation of the findings.

2. To negotiate the participation of a primary target community to support the Mackay / Whitsunday Safe Community Project.

Performance Indicator/s (Target/s): Target community involvement established within identified project timeframes.

Strategies

2.1 Develop a presentation and briefing of the concept of Safe Communities and the Injury Profile of Mackay City and Whitsunday Shire.

2.2 Negotiate an ongoing and lead support role by the Mackay City Council and Whitsunday Shire Council.

2.3 Submission of application for Mackay City & Whitsunday Shire to become a member of the WHO Safe Community Network.

3. To ensure that the project is effectively planned and managed.

Performance Indicator/s (Target/s): Establishment of an intersectoral Project Management Team.

Strategies

3.1 Negotiate roles with committed key partners.

3.2 Establish a project management team.

3.3 Establish a research and evaluation working group.

3.4 Provide ongoing resources and support role for the Project Management Team.
3.5 Project Management Team to establish Injury Sector Working Groups for each area of injury in each community.

3.6 Project management team to initiate a community capacity and resources audit

4. To comprehensively and systematically respond to causal factors and contexts of injury in the City of Mackay and Shire of Whitsunday.

Performance Indicator(s) (target/s): Completion of action plans for each sector of injury to be addressed.

Strategies

4.1 Provide background information and project management proformas for each area of injury.

4.2 Project Management Team to assist injury sector working groups to develop objectives, strategies and evaluation plans.

4.3 Plans to be forwarded for best practice assessment by the Injury Prevention Research Unit, University of Queensland.

5. To increase community awareness of injury as a preventable health issue.

Performance Indicator(s) (target/s): Pre and post survey of community agencies identifying injury as a major health issue with a 20% increase from pre to post states.

Strategies

5.1 Project Management Team to develop and implement a project media / communications plan with Communications Officer - TPHU.

5.2 Obtain input from marketing consultant/s where appropriate

5.3 Assist TPHU Graphic Artist to develop promotional resources.

5.4 Project Management Team to identify existing communication pathways and negotiate access to them (e.g. 60 & Better monthly newsletter)

5.4 Distribute resources through channels identified by the Project Management Team.

6. To promote community ownership and involvement of the program.

Performance Indicator(s) (target/s): 70% of all identifiable sector groupings participating in the program by 2001.

Strategies

6.1 As necessary, conduct public forums to encourage community involvement and ownership

6.2 Injury Sector Working Groups to develop strategies that will promote community ownership.

6.3 Explore corporate and community promotion of innovative concepts that result in injury reduction.

6.4 Design the media campaign to encourage maximum community support and participation.
3.0 DATA COLLECTION AND ANALYSIS REQUIREMENTS

- Collection, analysis and dissemination of data from QISU, Queensland Health, Kid Power, Worksafe and Mackay Division of General Practice.
- Pre and post surveys of community agencies nominating injury as a major health issue.
- Survey and focus group research to identify community perceptions of injury as a significant issue.
- Monitoring of community individuals and groups participating in various activities of the project.

4.0 BUDGET

**Description**

<table>
<thead>
<tr>
<th>Description</th>
<th>Item</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base labour-related costs&lt;br&gt;PHS staff base salaries (incl. oncosts) working directly on the project&lt;br&gt;(estimate of FTE equivalent from all relevant PHS staff involved in the project - excl. temp staff specifically funded by this project)</td>
<td></td>
<td>46,000.00</td>
</tr>
<tr>
<td>Project specific costs (including temporary project staff)&lt;br&gt;Presentation resources&lt;br&gt;Promotional resources&lt;br&gt;Refreshments&lt;br&gt;Telephone&lt;br&gt;Travel&lt;br&gt;Office supplies, postage &amp; photocopying&lt;br&gt;Motor vehicle</td>
<td></td>
<td>3950.00</td>
</tr>
<tr>
<td>subtotal - project specific costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Cost</td>
<td></td>
<td>49,950.00</td>
</tr>
</tbody>
</table>

**Budget Justification**

The majority of the budget (92%) has been allocated to salaries. The remainder covers general running costs. A Coordinating Project Officer is required for this project due to its size, scope and the timeframe identified for its establishment.

5.0 PROJECT MANAGEMENT

**Management Structure**

**Project Coordinator**

- Paul Vardon, Health Promotion Officer, TPHU - Mackay

**Accountabilities**

- Manage the various components of the project.
- Monitor project cost centre monthly.
- Collate and forward monthly reports to the Health Promotion Coordinator, and major stakeholders.
- Ensure State and Regional injury prevention programs are addressed within the framework of this program.
App 1: Project Plan Mackay Whitsunday Safe Communities Project – March 2000

Project Evaluation and Research Working Group

- Dr Dale Hansen, Emergency Physician, Accident and Emergency Department, Mackay Base Hospital
- Dr John McIntosh, Mackay Division of General Practice Ltd
- Mr Adrian Horth, Manager of Queensland Injury Surveillance Unit
- Dr David Farlow, Medical Superintendent, Proserpine Hospital
- Paul Vardon, Health Promotion Officer, TPHUN - Mackay
- Dr Reinhold Muller, James Cook University

Accountabilities

- To collect, collate and analyse injury data from relevant sources.
- To develop an injury profile of Mackay City and Whitsunday Shire.
- To monitor injury trends.
- To report findings and recommendations to Project Management Team.
- To assist with the overall evaluation of the project.
- To evaluate the process of implementation.

Project Management Team

- Paul Vardon, Health Promotion Officer, TPHU - Mackay
- Nicole O'Bryan, Road Safety Consultant, Queensland Transport
- Dr Dale Hansen, Emergency Physician, Accident and Emergency Department, Mackay Base Hospital
- Jan Kilbourne, Senior Community Development Officer, Mackay City Council
- Peter Day, Manager of Environmental Health Unit, Whitsunday Shire Council
- Peter Driemel, Environmental Health Officer, Whitsunday Shire Council
- Kevin Harrigen, Officer in Charge, Proserpine Police

Accountabilities

- To ensure relevance and appropriateness of the strategies developed.
- To review direction of project regularly.
- To support and advise the program Co-ordinator.

Injury Sector Working Groups

- Community members and agencies with an interest in reducing injury within a specific environment.

Accountabilities

- To identify existing injury control activities where appropriate promote their integration into the safe community framework through development of partnerships
- Using a collaborative approach, apply health promotion and good practice principles to develop, implement and evaluate child safety strategies
- To inform the project management team of working group progress
- Maintain commitment to the working group and its goal
- To consult with the broader community to promote the project and encourage involvement.

6.0 DISSEMINATION OF RESULTS AND RECOMMENDATIONS

- Project final report (copy to the WHO Collaborating Centre on Community Safety Promotion, Karolinska Institutet, University of Stockholm, Sweden).
- Community and local government feedback sessions.
- Conference presentation/s on process and implementation issues with the Safe Communities concept in a Queensland rural centre
WELCOME TO THE NETWORK SUPPORT GROUP

Your membership on this overall steering committee is appreciated, given your interest and/or your organisation’s core business involving safety. Your contribution will assist in the establishment of Queensland’s first internationally recognised Safe Community.

Why the Safe Communities Approach?

1. From the available injury data it is evident that there is a need for safety promotion / injury prevention activities in the Mackay / Whitsunday area.

2. The World Health Organisation Safe Communities Program has been proven to be effective in reducing injury by up to 50 per cent. It has been identified by other ‘Safe Communities’ that the key to success of ‘Safe Communities’ is community participation and the working together of many local organisations. Inter-sectoral working groups provide such an opportunity.

Goal / aim of the Network Support Group

- To operate within the World Health Organisation’s Safe Communities framework which states that Safe Communities have:
  1. An infrastructure based on partnership and collaborations, governed by a cross-sectorial group that is responsible for safety promotion in their community;
  2. Long-term, sustainable programs covering both genders and all ages, environments, and situations;
  3. Programs that target high-risk groups and environments, and programs that promote safety for vulnerable groups;
  4. Programs that document the frequency and causes of injuries;
  5. Evaluation measures to assess their programs, processes and the effects of change;
  6. Ongoing participation in national and international Safe Communities networks.

(Stockholm, May 2002)

- To develop and maintain sustainable processes to ensure a community response to causal factors and contexts of injury in the City of Mackay and Shire of Whitsunday.

- To increase community awareness of injury as a preventable health issue.

- To promote community ownership of and involvement in the project.

- To achieve World Health Organisation accreditation.

- To increase and sustain working group processes.

Roles / Functions of the Network Support Group:

- To increase community awareness of injury as a preventable health issue.

- To be advocates for the project.

- To regularly evaluate the Network Support Group and Working Groups.

- To support and advise on local safety issues.

- To review identified strategies to relevant working groups.

- To share organisational expertise.

- To work collaboratively on safety promotion.

- For a minimum of one Network Support Group member to be involved on each working group to provide direction and communication between PMT and working groups. If appropriate to work area, each PMT member will be involved on a Working Group.

- To provide six monthly progress updates to the progress update editor by 1st April and 1st October to ensure the continual profile of the project in the community.

- Maintain commitment to the Network Support Group and its goal.
WHY THE MACKAY / WHITSUNDAY SAFE COMMUNITIES PROJECT?

The Mackay / Whitsunday Safe Communities Project was prompted by a report by the Mackay Division of General Practice which showed that hospital admissions for injuries in the Mackay Health Service District (which includes the Whitsunday area) during 1995/96 that were above the state average for both males and females.

WHAT IS THE MACKAY / WHITSUNDAY SAFE COMMUNITIES PROJECT?

The Mackay / Whitsunday Safe Communities Project is a World Health Organisation supported approach to community injury control, that aims to reduce injuries in the Mackay-Whitsunday area by 30% over the next four to five years. It will be guided by the criteria and processes of the World Health Organisation’s Safe Communities framework, which has been proven to be an effective means of reducing injury throughout the world, including Australia.

OPERATING STRUCTURE OF MACKAY / WHITSUNDAY SAFE COMMUNITIES PROJECT

The operating structure of the Mackay / Whitsunday Safe Communities Project consists of a Network Support Group and a number of Project Working Groups.

Network Support Group - includes representatives from Mackay City Council, Whitsunday Shire Council, Queensland Transport, Queensland Police Service, Queensland Health, James Cook University, Department of Emergency Services and the Mackay Bulk Sugar Terminal.

Currently, these representatives are:

Ms Jan Kilbourne (Senior Community Development Officer with Mackay City Council);
Mr Peter Day (Manager of Environmental Health Unit at Whitsunday Shire Council);
Mr Bruce Green (Community and Youth Officer with Whitsunday Shire Council);
Ms Jenny Hocken (Road Safety Consultant with Queensland Transport);
Mr Steve O'Connell (Officer in Charge of Proserpine Police Station);
Dr Dale Hanson (Emergency Physician, Mackay Hospital, James Cook University representative);
Ms Kathryn McFarlane (Senior Health Promotion Officer with Tropical Public Health Unit, Queensland Health);
Mr Ray Bohlsen (Area Director with Queensland Fire and Rescue Service);
Mr Peter Warrener (Area Manager with Queensland Ambulance Service);
Mr Rod Usher (Occupational Health and Safety, Mackay Bulk Sugar Terminal);
Ms Colleen Gunning (Prevention Officer with Alcohol Tobacco and Other Drug Services, Queensland Health) and Ms Kelly Hart (Senior Project Officer Child Injury Prevention with Tropical Public Health Unit, Queensland Health)

Project Working Groups - there are several project working groups currently involved in the Mackay / Whitsunday Safe Communities Project including Senior Safety, Whitsunday Child Safety, Mackay Alcohol and Injury, Whitsunday Alcohol and Injury, Road Safety, Child Safety 0-4 years of age and a Collaborative Research Working Group. Given that this is a long-term initiative, further project working groups are planned.

- **Senior Safety Working Group**: This working group is currently based in Mackay and is addressing falls prevention in seniors 60 years and above. For further information contact Ms Jan Kilbourne, Senior Community Development Officer with Mackay City Council (phone: 4968 4433)

- **Collaborative Research Working Group**: Injury data is collected from Mackay, Proserpine, Sarina, Moranbah, Clermont, Dysart and the Mackay Mater Hospital. The data collected and analysed by this working group will guide the direction of injury control activities, as well as assist in the evaluation of the Mackay / Whitsunday Safe Communities Project by providing an ongoing injury profile for Mackay and Whitsunday. For further information contact Dr Dale Hanson, James Cook University (phone: 4968 6000)

- **Whitsunday Child Safety Working Group**: This working group is based in Whitsunday and is addressing bicycling injuries in primary school aged children. For further information contact Mrs Laura Brown, Coordinator of Whitsunday Community Health Centre (phone: 4946 5633)
• **Mackay Alcohol and Injury Working Group:** This working group is based in Mackay and is addressing alcohol-related injury. For further information contact Ms Colleen Gunning, Alcohol Tobacco and Other Drugs Service (phone: 4968 3858)

• **Whitsunday Alcohol and Injury Working Group:** This working group is based in Whitsunday and is addressing alcohol-related injury. For further information contact Mr Steve O’Connell, Proserpine Police Service (phone: 4945 1333)

• **Road Safety Reference Group:** This working group has identified the following areas for strategic action – driver fatigue, data collaboration and coordination, driver education, train crossings, target groups (especially young males), cyclists, alcohol, footpaths / bicycle paths and drug driving. Specific action groups have been formed in the areas of Fatigue and Bike Ed. For further information contact Ms Jenny Hocken, Queensland Transport (phone: 4951 8330).

• **Child Safety Working Group 0-4 years:** This project is a 3-5 year trial funded by the Department of Emergency Services and Queensland Health. A Project Officer has been employed to facilitate a local working group to address the priority injury areas occurring in this age group in Mackay/Whitsunday including falls, drowning, poisoning and burns. For further information contact Ms Kelly Hart, Tropical Public Health Unit, Queensland Health (phone: 4968 3961).

• **Andergrove Neighbourhood Watch Project:** This project looked at using the crime prevention strategies of neighbourhood watch groups to also include home safety in relation to injury prevention. For further information contact Mr Peter Warrener, Queensland Ambulance Service (phone: 4967 1044).

**Linked Projects** - As the Mackay/Whitsunday Safe Communities Project focuses on unintentional injury links have been made to other projects and strategies in the region to keep informed of all injury strategies.

• **Building Safer Community Action Teams:** This is a whole of government crime prevention strategy involving collaboration with the community to address local crime issues. Jan Kilbourne and Bruce Green are the Network Support Group members who informs the Safe Communities Project of Mackay and Whitsunday strategies respectively, of interest to MWSCP. For further information on this project contact Mr John Mallet, Department of Premier and Cabinet (phone: 4967 1020).

• **Healthy Island Resorts Project:** This project is a public health risk management approach aimed at isolated resorts, in particular island resorts. For further information on this project contact Ms Kathryn McFarlane, Tropical Public Health Unit, Queensland Health (phone: 4968 3840).
GOOD PRACTICE - WHAT IS IT & WHY IS IT IMPORTANT?

Good practice is best described as the process used in order to achieve quality. Quality is important, as it not only effects functioning but performance as well. Good practice has a research basis. Further, good practice is demonstrated by the achievement of a number of key principles / criteria (which will be further elaborated on).

GOOD PRACTICE IN SAFETY PROMOTION & INJURY PREVENTION

Using an approach based on good practice, the Australian Injury Prevention Network uses two sets of established health promotion principles to rate / assess injury prevention programs. When developing, implementing and evaluating your injury prevention strategies, it is expected that each working group will utilise the following two sets of principles. It is important to realise that not all these principles may be relevant / appropriate at all times, but it is equally important to recognise that these principles provide essential benchmarks that indicate effective and successful strategies. These principles will now be further outlined in terms of safety promotion.

These are based on the following five action areas:
GOOD PRACTICE PRINCIPLES

- **Evaluation** – Programs should aim to have process, impact and outcome evaluation integrated into its practice where appropriate. This requires the development of clear, measurable and achievable goals, objectives and strategies.

- **Equity** – Programs should promote equity in health, to raise the level of safety needs or greatest risks to injury (e.g. Aboriginal, Torres Strait and South Sea Islander people, women, older persons, unemployed, persons from lower socio-economic background)

- **Multi-strategy** – Programs should use a range of approaches and strategies, including working in parallel to develop the environments and structures supporting safer communities (structural approach) and educating people to make choices to prevent / reduce injury (behavioural approach)

- **Working across sectors** – Programs should bring together those sectors or parts of a sector that have strategic roles to play in addressing injury issues

- **Consultation with target groups** – Programs should ensure that all stages of development, implementation and evaluation, involves real consultation with the target group. This is vital in promoting relevance, effectiveness, efficiency, community ownership and personal development which lead to a greater likelihood of program outcomes being achieved and action being sustained

- **Needs and priorities** – Programs should ideally be based on thorough needs assessment so that sub-groups in the population with greatest needs are targeted using the most suitable strategies documented

- **Clear design** – Programs should always be set out in a clear strategic plan which identifies the context, purpose, strategies and other key aspects of the program

- **Cost effective** – Programs should be cost-effective to outweigh economic and human costs (such as time and effort)

- **Sustainable programs for effects** – Programs should work towards sustainability. Sustainability has a number of aspects:
  - sustainability of change structures which support safety promotion, but which can be adapted to suit the changing needs of the population;
  - sustainability of the effects of programs; and
  - sustainability of the programs themselves

- **Adequately funded and supported** – Programs should be funded adequately to achieve both short and long term goals and be consistent with best practice

- **Consistency of content** – Programs should check where possible that clear and consistent safety messages are used

Project Proforma

Project title / description:

Rationale – why is this project being undertaken:

Date created:
Planned completion date:

Team members:

Goal / purpose:

Who are you targeting?

Activities (tasks):

Partners / Stakeholders:

How do you plan to measure the success of your project?
APPENDIX FOUR

WORKING GROUPS

Safe Communities Working Groups

A Working Group is a group of people brought together to undertake a specific set of activities. The members of working groups are selected for their specific knowledge, skills, and abilities relative to the activities to be undertaken.

Safe Communities Working Groups are formed to address specific injury-related areas and report regularly to the Network Support Group.

A Safe Communities Working Group should have:
- Terms of reference which clearly explain the purpose of the Working Group and which are reviewed at least annually
- Written minutes of each meeting
- Documentation relating to specific projects, i.e. project plans and project evaluations

Safe Communities Working Group Projects

A project
- Is temporary (that is, it has a definite start and finish date).
- involves doing something that is unique.
- results in something being delivered
- involves time, cost and resources.

Safe Communities Working Group Projects should have a focus on injury reduction and be:
- Planned
- Implemented
- Evaluated, and this process should be
- Documented

Safe Communities Working Group Projects should include a rationale. That is:
- Why it is important to do the project (the identified need, frequency, priority etc.)
- How the project will make a positive contribution to reducing injury
- How the issue has been addressed to date
- Evidence of the effectiveness of the proposed approach
- Evidence of, or consistency with, best practice.

Safe Communities Reference Group

A reference group is a group of experts/stakeholders established to provide advice to Working Groups. It is not a decision-making body, nor are its members required to undertake project activities.

Safe Communities Linked Groups

A Safe Communities Linked Group is a group of people brought together to undertake a specific set of activities in areas which contribute to the overall goal of injury reduction, e.g. BSCAT, CCPAT and Schoolies Week Committee.
The Injury Research Group supports the Mackay/Whitsunday Safe Communities Project with relevant research.

This has included documenting the frequency and determinants of injury in the Mackay/Whitsunday region and evaluating the effectiveness of the Mackay/Whitsunday Safe Communities Project.

In September 2002, James Cook University, in collaboration with the Mackay/Whitsunday Safe Communities Project, published a 116 page monograph describing the regional injury surveillance system, documenting the baseline epidemiology of injury in the region and rationale of community based safety promotion interventions.

In April 2003, Dr. Dale Hansen’s (the Tom & Dorothy Cook Research Fellow of James Cook University) work supporting injury research and practice in Mackay was acknowledged when he was awarded the 2002 Australian Injury Prevention Network Award for Meritorious Preven-

For further information contact:

Dr Dale Hansen
Tom & Dorothy Cook Research Fellow
School of Public Health & Tropical Medicine
James Cook University
Mackay Base Hospital Campus
Bridge Road
Mackay Qld 4740

Phone: (07) 49486820
Fax: (07) 49666635
The MacKay Injury Surveillance Network reported 35,381 Emergency Department presentations due to injury from 1 January 1998 to 31 December 2000. This represents an age standardised rate of 12.584 per 100,000 for males, 3.0 times the rate observed in South Brisbane; and a rate of 6.319 per 100,000 for females, 1.7 times the rate observed in South Brisbane.

The Injury Research Group includes collaborators from the MacKay Whitunday Safe Communities Project, James Cook University (JCU), Queensland Injury Surveillance Unit (QISU), Injury Prevention and Control Australia, and Queensland Health.

The group was established in February 2000 to assist the MacKay Whitunday Safe Communities Project to provide research support to the Project.

The Programs

The MacKay Injury Surveillance Network was established in September 1997 and collects injury surveillance data from all Emergency Departments (EDs) in the MacKay and Whitsunday Health Service Districts.

Data collected in regional EDs is collated and cleaned by the QISU before being either analysed in house or forwarded to School of Public Health and Tropical Medicine, JCU or Injury Prevention and Control Australia (IPCA) for further analysis.

Surveillance data is analysed to document the epidemiology of injury in the region, and provide evidence for developing and measuring the effectiveness of safety promotion programs implemented as part of the project.

Current Research:

1. IPCA is undertaking an ongoing evaluation of the Child Injury Prevention Program in Mackay (CHIP).

2. JCU is undertaking ongoing action research into the operation of the MacKay Whitunday Project itself. The current study is using Social Network Analysis to study the growth operation of the project.

Publications

Hockey R., North A., NHW S. Validation study of injury surveillance data collected through Queensland Hospital Emergency Departments. Emergency Medicine, 2000, 12:310-316.


Carter A., Muller R., Process and impact evaluation of the diluted program in Mackay, North Queensland: Report to Queensland Transport, James Cook University, School of Public Health and Tropical Medicine, Oct 2001.
Poisoning is the second most frequent reason for children under the age of 5 to be admitted to hospital.

Children aged between 12 to 18 months of age are particularly at risk of childhood poisoning. At this stage in a child’s development they are typically walking or crawling more confidently and putting themselves into standing position. Once they are more mobile and have a higher reach toddlers can easily access medications, chemicals or poisons that have been stored at low levels or in open cupboards, on benches or in handbags.

Emergency department figures from in and around Mackay revealed that between 1996 and 2002 over 600 children were taken to local emergency departments as a result of being poisoned. 50% of whom were then admitted to hospital. Ninety-five per cent of these poisoning cases actually occurred in the home environment.

In an effort to increase community awareness about the need to store medication, chemicals and poisons safely, the working group of the CHPP developed three posters highlighting safe storage messages.

These posters were launched at the Porters Home & Building Centre Coffee Shop on the 15th July and will be distributed to pharmacists, childcare centres, doctor’s surgeries and hardware stores throughout both Health Service Districts.

Aims

- Increase community awareness of unintentional childhood injury in the zero to four years age group as a preventable health issue.
- Increase awareness about issues relating to injury in the zero to four years age group among retailers of nursery furniture, builders, building designers, local governments, health care providers, community groups and childcare workers.
- Ensure credible information regarding the prevention of childhood injury is continuously available and can be easily accessed by parents and carers of children.
- Increase the awareness and adoption of efficient, effective and sustainable action for the prevention of drowning, poisoning, burns and fall and falls, by key organisations and the local community.
- Support and promote state initiatives that relate to the prevention of injuries as they apply locally.

For further information contact:
Kelly Hart
Senior Project Officer
Childhood Injury Prevention Project
Tennant Health Unit
Mackay Base Hospital Campus
472 Bridge Road
Mackay Qld 4740
Phone: (07) 49666621
Fax: (07) 49666610
Email: kelly.hart@health.qld.gov.au

Poison Prevention Resources

Store medicines safely

Lolly or tablet?

Can you tell the difference?

Can you keep your kids safe?

...you can keep your kids safe!
The Project

The Childhood Injury Prevention Project (CHIPP) is a three-year project jointly sponsored by the Department of Emergency Services and Queensland Health. The focus of CHIPP is to prevent unintentional injury in children aged zero to four years.

Injury is the leading cause of death in the age group. These children are also at a greater risk of being hospitalized as a result of injury than all other age groups. Currently, Queensland has the second highest child injury death rates in Australia.

CHIPP aims to develop intersectoral injury prevention strategies that focus on specific injury priority areas for children in the zero to four age group. It further aims to encourage change to physical and social environments, particularly the home environment.

The Project Working Group includes representatives from Queensland Health, Department of Emergency Services, Andergrove Neighbourhood Watch, Mackay City Council, Good Beginnings Home Based Family Support Program, Mackay Family Day Care Scheme and Education Queensland.

Local ownership of the injury problem is fostered by involving community members in developing and actioning strategies associated with the reduction of injuries related to drowning, suffocation, falls, poisoning, burns and scalds in children aged zero to four years.

Identification of specific issues for children aged 0-4

To develop effective strategies to address childhood injury rates in the Mackay and Moranbah Health Service District (MMHSD), it was necessary to identify specific injury issues for young children in the local community.

James Cook University in collaboration with the Queensland Injury Surveillance Unit and the CHIPP reviewed statistics taken from emergency departments within the MMHSD between 1998 and 2002.

Results were published in June 2003 by the Queensland Injury Surveillance Unit in their Injury Bulletin No 77, available online at www.chipp.org.au.

This analysis found that childhood injury results in an average of four deaths, 1260 hospitalisations and 3343 emergency department visits per year in the region.

There were 16,719 children taken to local emergency departments during the five-year study period, 30% of whom were children aged between zero to four years. Injury numbers initially peaked in the toddler age group, and after a slight reduction in early primary school children, rose again in adolescence.

A number of priority areas were identified for intervention including drowning, falls, poisoning, burns and scalds. Falls were found to be the leading cause of documented unintentional injury in children and accounted for 33% of all children taken to emergency departments.

Community Safety Week 2003

In November 2003, the working group of the CHIPP in conjunction with the Mackay City Council, facilitated the third annual Community Safety Week in Mackay. The aim of the week was to increase community awareness of childhood injury in young children as a preventable health issue and to encourage local organizations and community members to participate in community safety programs.

Events that took place during the week included:

- Open morning at the City Fire Station – including the kitchen fire display van
- Presentation of injury prevention resources to libraries throughout the Mackay & Moranbah Health Service Districts
- Queensland Ambulance Service and general first aid classes
- Fire safety in the home information sessions
- Police presentations on promoter behaviour
- A safety information session from the Office of Fair Trading for retailers of nursery equipment and furnishings
- Child Safety Forum which provided information to the community on child safety issues
- Mint safety expo – including demonstrations by Old Fire and Rescue Service and Qld Ambulance
- Launch of a “Drug Education Card” which was provided to parents of pre-school age children.

The week received extensive media coverage by local radio, television and newspapers.
**Aims**

The Alcohol and Injury Working Group aims to:

- Promote, encourage, and support the development of a local network of people whose work involves the promotion of responsible service and/or consumption of alcohol in order to reduce the rate of alcohol-related injury in Mackay.
- Raise awareness of alcohol and injury issues in the wider community.
- Provide a forum for meaningful discussion and mutual support between agencies/individuals engaged in activities which promote the responsible service and/or consumption of alcohol.
- Provide an opportunity for interaction between workers with commitment to activities, which are grounded in best practice.

**Other Projects**

**Drawing the Line on Standard Drinks**

The Drawing the Line on Standard Drinks project aimed to promote safer consumption of wine in a licensed restaurant, chosen as a pilot site, through the provision of information about standard drinks. Patrons had the opportunity to consume wine from specially marked glasses and staff/managers received training in the responsible service of alcohol, including standard drinks. Evaluation included interviews with a sample of restaurant patrons, staff and management.

**Barlink Licensees Forum**

Barlink is a forum managed by licensees. It is supported by the Alcohol and Injury Working Group and the Mackay Community Crime Prevention Action Team. Established in 2004, Barlink is concerned with issues of safety in and around licensed premises in the city area of Mackay.

For further information contact:

Colleen Cunning
Queensland Health
GPO Box 506
Mackay

Phone: (07) 4992 3815
Fax: (07) 49603357
Email: Colleen_Cunning@health.qld.gov.au

**Alcohol & Injury Working Group**

Working to reduce alcohol-related injury in our community.
App 4: Working Groups

About the Working Group

Drinking alcohol has been associated with risk of injury in many settings, including vehicle and cycling accidents, incidents involving pedestrians, falls, fires, floods and water sports and recreational activities, and violence. In response to the risk posed by unsafe consumption of alcohol, the Alcohol and Injury Working Group was formed in 2001.

This Working Group includes representatives of the Queensland Police Service, Queensland Transport, the Division of Liquor Licensing, and Queensland Health (Alcohol, Tobacco and Other Drugs Service and the Tropical Public Health Unit Network Mackay), whose role involves the promotion of the responsible service and/or consumption of alcohol.

Choices

Choices is a drama presentation designed to encourage safer celebrations during Schoolies Week. The production, written and performed by Central Queensland University’s Mackay Conservatorium of Music students, is based on messages supplied by the agencies represented on the Alcohol and Injury Working Group.

The show has been performed for students from State, Catholic and Independent schools in the Proserpine, Marian and Mackay areas since 1999. Essentially the production aims to reinforce the drug and alcohol education students have received during their school years, incorporating Basic First Aid information and strategies to maintain personal safety. Evaluation results from Choices have continued to demonstrate that students and teachers value this approach to promote safer partying.

Over the years, Choices has become a self-sustaining, effective and cost-efficient vehicle for the delivery of crucial safety messages to young people of the Mackay region.

Think Drive

The Think Drive project was initiated during 2003 and has been replicated in 2004. The project aimed to provide countermeasures to an identified drink driving problem, and also provided an opportunity for the development and strengthening of partnerships to reduce injury between Queensland Police Service and other Government agencies, local media outlets (print, radio and television) and the liquor industry (licensed venues).

The link between excessive alcohol consumption and road trauma is well accepted, and Random Breath Testing (RBT) data collected by Police was an indicator that high numbers of “over the limit” drivers were leaving the city on weekends. In response to this, key strategies of the Think Drive project were:

- a local media campaign
- flyer distribution by Mackay Police, reminding of their routine RBT activities
- development, operation and promotion of a Designated Driver program

Police data provided evidence of the effectiveness of this approach. In comparison to the months before and after the implementation of Think Drive, a reduced number of drink drivers was intercepted in the target area. Media outlets and licensed premises responded positively to the project, and the drivers interviewed appreciated the operation of the Designated Driver program.

Think Drive successfully promoted routine Police RBT operations and provided a safer transportation alternative in an area where public transport options are limited.
Aims

STATEMENT OF PURPOSE

To ensure a coordinated and collaborative approach to reducing the incidence and severity of road accidents and to improve the road safety record of the roads in the Mackay area.

ROAD ACCIDENT ACTION GROUPS ROLE

The Road Accident Action Group must fulfill a variety of roles related to driver fatigue including:
- Advocating the driver fatigue cause
- Planning future initiatives
- Coordinating the implementation of planned initiatives
- Facilitating the progression of driver fatigue initiatives
- Providing expert advice to stakeholder groups
- Monitoring trends in driver fatigue management
- Evaluating the effect of initiatives and actions taken.

The Road Accident Action Group recognizes the fact that their efforts while limited by resources and the availability of Management Group members will continue to be actively involved in the development of initiatives.

YOUNG DRIVERS COMMUNITY NETWORK

Road Accident Action Group Mackay initiated the Young Drivers Expo due to the over-representation of young drivers (17–29 years) in accidents on Mackay District roads.

The purpose of the event was to address issues as they relate to young drivers and the vehicles they drive. The organizers formed partnerships with local driving schools, community youth groups, Queensland Transport, Main Roads, Queensland Health, Queensland Police, Emergency Services, local government and RACQ. As a result of the Expo, young drivers took an interest in road safety issues and the Young Drivers Community Network was formed.

Achievements

- Dramatic reduction in the number of persons fatally injured as a result of traffic accidents on the Bruce Highway in the Mackay area.
  - 2001: 14 persons died
  - 2002: 11 persons died
  - 2003: 2 persons died
  - 2004 (to date): 1 person has died.
- 2003 Queensland Road Safety Award “Highly Commended” winner for the Fatigue Sucks initiative.
- Raised the community’s awareness of road safety issues on our roads
- Negotiated with Main Roads for increased driver fatigue related signage on the Bruce & Peak Downs Highway.
- Identified ‘at risk’ groups within the community and have developed strategies to increase awareness within those groups. E.g., shift workers, holidaying travelers and young drivers.
- Recognition of work performed by Minister for Transport Mr Paul Lucas and Mr Bill Pearce, MP Chair of the Queensland Travel Safety Committee.

For further information contact:

Inspector Greg Morrow
Queensland Police Service
Mackay Police Station
Sydney Street
PO Box 562
Mackay QLD 4740
Phone: (07) 49623356
Fax: (07) 49623566
Email: Morrow.GregoryA@police.qld.gov.au
The Mackay Road Accident Action Group formed in April 2003 and consisted of members from Queensland Police, Queensland Transport, Main Roads Department, Local government, Department of Emergency Services, RACQ, and community members.

The group looked initially at issues relating to driver safety on the stretch of Bruce Highway commonly known as the “Maribyrnong stretch”. It was very quickly identified that “Fatigue” was a major contributor to fatal and serious traffic accidents which occurred on this particular stretch of the highway.

Numerous initiatives were developed and implemented by the group to encourage drivers to have proper rest periods during their trips. Some were more successful than others however with the media attention given to this issue the community’s awareness has increased.

Since inception the group has grown from strength to strength and its membership has increased. It now also includes members from the tourist and trucking industry.

The Mackay Road Accident Action Group has had enormous support from the local business community, media outlets and especially appreciates the efforts of the RACQ.

**Project**

The initiative was the first major project of the Road Accident Action Group Mackay. Members of the travelling public were intercepted by members of the Queensland Police Service and spoken to in relation to their driving habits when traveling over long distances. They were encouraged to “Stop. Revive. Survive” and were handed information sheets about fatigue as well as a lollipop as a novel way to reinforce the message given by the police.

This initiative has been successfully conducted on three occasions to date during recognized holiday periods in conjunction with the RACQ. It has proven highly successful and plans are in place to continue this initiative into the future.

The initiative was recognized in the 2003 Queensland Road Safety Awards and was “Highly Commended”.

**Fatigue Sucks**

The best way to avoid a fatigue crash is to plan.

- Peak times for fatigue crashes are 2pm-4pm and 10pm-6am.

**RACQ**

**Fatigue Busters Travel Diary**

In an effort to reduce fatigue related traffic accidents along the Bruce Highway the Mackay Road Accident Action Group launched the Fatigue Busters Travel Diary just prior to Christmas 2003.

Motorists traveling on the Bruce Highway were encouraged to stop and collect stickers from each town or location they visit and place them into the travel diary.

The RAAC invited all Local Governments along the Bruce Highway between Brisbane and Cairns to participate in this initiative with an excellent participation rate across Queensland.

The purpose of the Fatigue Busters Travel Diary was to encourage travelers to break their journey over the Christmas holidays, reducing the risk of fatigue related accidents but also the time promoting points of interest at local townships and towns along the Bruce Highway.

Diaries were available from Brisbane City Council Libraries and Tourist Information Centres along the Bruce Highway, with stickers available at these Centres and participating Driver Reviver sites between December 12, 2003 and January 06, 2004.

As a further incentive to stop and survive the long drive, coupons in the diary provided an opportunity to enter in a draw for a family holiday for seven nights at South Molle Island. RACQ and South Molle Island were the major supporters of the initiative.
Aims

The Occupational Health and Safety Working Group aims to reduce/control occupational injury and disease in the Mackay region.

Roles & Functions

In the process of working together to promote health and safety in the workplace the group aims to:

- Enhance collaboration between the private and public sectors (e.g., TAFE, Education, WHS OHS, business)
- Share relevant stakeholder information to identify priority areas for action
- Seek opportunities to engage small business in the occupational injury group

Achievements

In June 2004 the group designed and ran its first Occupational Health and Safety Course for final year students at North Mackay High School to undertake a workplace placement in the local industry.

The course was taught by Occupational Health and Safety representative from Industry in collaboration with classroom teachers.

The group aims to refine this program and offer it to other schools in 2004/2005.

For further Information:

Kathleen Rice
Department of Occupational Health & Safety
Post Office Square
Mackay QLD 4740

Phone: 07-47685233
Email: kathleen.rice@qld.gov.au
The Issue

- Occupational health and safety has been recognised as a priority area in the Mackay/Whitsunday Region.
- Occupational exposure to toxic chemicals and injury risks were responsible for an estimated 2005 deaths in Australia in 1998 (1.8% of all deaths).
- Occupational injury accounts for 20% of Emergency Department injury presentations in those aged 25 to 65 years. The four leading industries are:
  - Construction industry: 22% of work-related ED presentations
  - Agriculture: 12% of work-related ED presentations
  - Mining industry: 11% of work-related injuries
  - Engineering: 11% of work-related injuries
- The National Health Survey (NHS) reported that in 2001/2 million (1 in 20 people) aged over 15 years were injured at work. 1 in 20 had experienced a long term disability as a consequence of their work at some time in their lives. 10% of employed people aged 15 to 64 sustained an injury in 2001 compared with 11% of those unemployed.
- Young workers (15 to 24 years) are especially vulnerable to sustaining an injury while at work.
- Self-employed workers suffer high rates of injury (e.g. NHS reported 12% of tradespeople were injured in 2001). Inability to work because of injury have profound financial and personal ramifications for this group.

The Group

The Occupational Health and Safety Working Group is a coalition between Private Business, Occupational Health and Safety Officers, Occupational Health Physicians, Workplace Health & Safety, Qld Health, JCU, TAFE, Education Queensland and industry groups.

It was established in November 2003 in response to high rates of occupational injury observed in the region.

The Programs

The group has worked with Local Emergency Departments and the Queensland Injury Surveillance Unit in the production of a report documenting the pattern of injury in the Mackay Region due for publication in September 2004.

In the first half of 2004 the group developed an education program for High School Students soon to undertake workplace placements in local Industry. The first course was run in June 2004 at Mackay North High School.

In the second half of 2004 the group aims to develop a targeted self audit program for local business addressing strategic causes of occupational injury in the Mackay Region.
APPENDIX FIVE

MACKAY WHITSUNDAY SAFE COMMUNITIES
PROGRESS UPDATE 1 – JUNE 2000

MACKAY / WHITSUNDAY
SAFE COMMUNITIES PROJECT

This is the first of regular progress updates that will be released on a six monthly basis.

Background:
As a response to above average injury rates identified in the Mackay / Whitsunday area, the Mackay / Whitsunday Safe Communities Project was established to address the issue and help the area become Queensland’s first internationally recognised safe community.

The Mackay / Whitsunday Safe Communities Project is a World Health Organisation supported approach to community injury control that has been proven to be an effective means of reducing injury throughout the world, including Australia.

Project Management Team:
In September 1999, an intersectoral project management team was established with representatives from Mackay City Council, Whitsunday Shire Council, Queensland Transport, Queensland Police Service and Queensland Health.

On 7 February 2000, Whitsunday Mayor Mario Demartini officially launched the project at the Proserpine Cultural Centre, supported by Mackay Hospital Emergency Department Physician Dr Dale Hanson.

These launches represented the first step in establishing Queensland’s first internationally recognised ‘World Health Organisation Safe Community’.

Professor Lief Svanstrom (Head of the World Health Organisation Collaborating Centre on Community Safety Promotion at the Karolinska Institute in Stockholm, Sweden) which coordinated the Safe Communities program at an international level commanded Mackay and Whitsunday for undertaking and supporting this important initiative.
Project Working groups:

There are several project working groups currently involved in the project. Given this is a long term initiative, further project working groups are planned.

- Collaborative injury research working group:
  Membership includes representatives from Queensland Injury Surveillance Unit, Queensland Health and James Cook University. This working group currently collects injury data from Mackay and Proserpine Hospitals. The data is then analysed to guide the direction of injury control activities, as well as to assist in the evaluation of the project. For further information regarding this working group please contact: Dr Dale Hanson, Emergency Physician, Mackay Base Hospital ph: 4968 6000

- Senior safety working group in Mackay:
  Membership includes: representatives from Mackay City Council, Mackay Community Health Services, Queensland Health’s Tropical Public Health Unit and local community members. This working group plans to address the issue of falls prevention. Activities of this working group to date include: the release by the Mackay City Council of a seniors information directory, the launch of the Healthy Homes Party Program and the launch of the Just Walk It Program. For further information regarding this working group please contact: Ms Jan Kilbourne, Chief Community Development Officer, Mackay City Council, ph: 4968 1133.

- Violence Prevention:
  Mackay Crime Prevention Partnership and the Mackay / Whitsunday Safe Communities Project are sharing resources, to conduct an audit of violence in the Mackay / Whitsunday region. The aim of the audit is to document what is recorded of unacceptable violence in our community and identify causes of violent behaviour. The audit will provide a starting-point for the communities of Mackay / Whitsunday to develop strategies to prevent violence, and a baseline against which to evaluate the effectiveness of initiatives in reducing violence. For further information regarding this, please contact: Mr John Mallett, Regional Coordinator, Mackay Crime Prevention Partnership, ph: 4968 4548

- Child safety working group in Whitsunday:
  Membership includes: representatives from Whitsunday Shire Council, Whitsunday Community Health Centre, Education Queensland, Queensland Police Service, Queensland Transport, Whitsunday Neighborhood Centre and Queensland Health’s Tropical Public Health Unit. This working group plans to address the issue of bike injury using a multi-strategic approach. The first step being taken in Whitsunday to reduce child injury associated with bicycles, is the BP Bike Ed Program.

A BP Bike Ed train the trainer program was conducted by Queensland Transport in Proserpine in April. Eleven people attended this course including teachers, police and parents. For further information regarding this working group please contact Mrs Laura Brown, Coordinator of Whitsunday Community Health Centre ph: 4946 5633.


Conference Attendance:

Dr Dale Hanson and Paul Vardon recently attended a World Health Organisation Safe Communities International Symposium in Melbourne that included: the formal accreditation ceremony of Melbourne, a 2 day seminar on community safety and three one day site visits to study community safety initiatives implemented in a range of settings.

Planned future Safe Communities activities include:

- Compilation of a baseline injury report for 1999
- Conducting a telephone survey
- Child safety workshops
- Development of a web-site
- Injury prevention activities at local primary schools in Whitsunday

To find out more, to be involved, or to let the project management team know of existing local injury prevention and safety promotion activities please contact the project facilitator: Mr Paul Vardon, Health Promotion Officer, Tropical Public Health Unit – Mackay, Queensland Health, ph: 4968 3858
Mackay/Whitsunday Safe Communities Project
12 monthly report
February 2000 to February 2001
Introduction:

As a response to above average injury rates identified in the Mackay / Whitsunday region, the Mackay / Whitsunday Safe Communities Project was established to address this issue and help the region become Queensland's first internationally recognised safe community.

This project is a World Health Organisation (WHO) supported approach to community injury control that aims to reduce injury in the Mackay / Whitsunday region by 30 per cent over the next 4-6 years. It will be guided by the criteria and processes of the WHO's safe communities framework which has been proven to be an effective means of reducing injury throughout the world, including Australia.

While a number of single issue safety promotion projects have been conducted over recent years, this project aims to coordinate a systematic sustained response to injury in the region that is multisectoral in scope, collaborative in strategies and ecological in perspective.

This first annual report is a reflection on achievements and challenges of the Mackay / Whitsunday Safe Communities Project from February 2000 to February 2001.

Launch

In February 2000, the Mackay / Whitsunday Safe Communities Project was officially launched in both Mackay and Whitsunday.

Operating Structure

The Operating Structure of the Mackay / Whitsunday Safe Communities Project consists of a part-time Project Facilitator, Project Management Team and a number of Project Working Groups.

- Part-time Project Facilitator

Tropical Public Health Unit Network, Queensland Health is providing funding for a part-time project officer to facilitate / coordinate the establishment of the project. Limited funding to support injury prevention interventions / strategies has also been made available by Queensland Health. This financial commitment by Queensland Health will be available for the next 3-5 years but in a reducing capacity.

- Project Management Team

In September 1999, an intersectoral project management team was established with representatives from Mackay City Council, Whitsunday Shire Council, Queensland Transport, Queensland Police Service, James Cook University and Queensland Health.

Terms of Reference for the Project Management Team have been established. Over the last 12 month period, the Project Management Team have met regularly at 4-6 weekly intervals. A logo and the slogan ‘Safety is Everyone’s Business’ was developed by the Project Management Team.

- Project Working Groups

There are several project working groups currently involved in the Mackay / Whitsunday Safe Communities Project including a senior safety working group in Mackay, a child safety working group in Whitsunday, a collaborative Injury research working group; and a road safety working group. Given that this a long-term initiative, further project working groups are planned to target other areas of significant injury.

Collaborative research working group:

Membership includes representatives from Queensland Injury Surveillance Unit (GISU), Queensland Health and James Cook University (JCU). Surveillance data is collected at all public hospitals in the region (Cairns, Dysart, Mackay, Moranbah, Proserpine and Sarina) and the Private Medical Service at the Mackay Mater (from September 2000). This surveillance data is analysed at a state level by GISU and at a regional level by School of Public Health and Tropical Medicine James Cook University in collaboration with Queensland Health and GISU. This provides a powerful epidemiological tool to study the causation and impact of injury and evaluate the effectiveness of interventions.
Initiatives include - ongoing analysis of local data to identify strategic areas for intervention; presentation of papers at injury 2000 national conference; baseline public perception telephone survey of 401 local residents conducted by JCU PhD student, sponsored by the Tom and Dorothy Cook Fellowship; and injury bulletin (December 2000) by GISU outlining Mackay / Whitsunday Safe Communities Project as a demonstration / case study.

Telephone survey results - The following identifies the major findings from this survey:

- Participants overwhelmingly agreed that injuries can be prevented. However few were aware of specific accident prevention or safety programs. The majority of participants perceived prevention to be the responsibility of the individual experiencing the injury.
- The street and the motor vehicle were perceived as the most likely locations for injury, whereas most injuries occur at home.
- Majority of participants complied with 3 or more safety practices [eg. smoke detector, handrails, hot water tampering valve]. Increased compliance with household safety practices was associated with increasing age.
- The 10-29 year age group were correctly perceived as the most likely group to be injured.

Future initiatives planned include - preparation of a baseline monograph of injury in the Mackay / Whitsunday region.

**Senior safety working group in Mackay:**
Membership includes representatives from Mackay City Council, Queensland Health and local community members. This working group has utilised a multi-strategic approach to address the issue of falls prevention, as well as address perceptions of safety for older persons.

Initiatives include - release of 3000 seniors information directories by Mackay City Council; community displays and distribution of home safety information; implementation of Healthy Homes Party Program; promotion of physical activity through integration of Just Walk It and Sitting Dance Programs and implementation of Safe Shop Program.

**Healthy Homes Party Program**
Volunteer based peer education falls prevention program supported by the Aged Care and Disability Unit of Mackay Community Health Centre. Three volunteer facilitators have been recruited and trained, with six Healthy Homes Party Programs planned (3 conducted and 3 postponed). Telephone follow-up of consenting attendees has identified that all felt that the party was worthwhile.

All participants identified that their knowledge of falls prevention had increased as a result of attending the party. Following the Healthy Homes Parties, many participants had taken steps to prevent falls such as removing cords and mats.

**Just Walk It Program**
Four community based walking groups have been established, one in Slade Point (with approximately 10 walkers), two in Andergrove (with approximately 10 walkers each) and a workplace group (with approximately 8 walkers).

**Safe Shop Program**
In December 2000, a pilot safe shop program (based on a concept developed and utilised effectively by a local Government authority in Victoria) was implemented in the Mackay Central Business District / City Heart to enhance perceptions of safety particularly for older persons. More than 50 local businesses are participating in this program.

**Child safety working group in Whitsunday:**
Membership includes representatives from Whitsunday Shire Council, Queensland Health, Education Queensland, Queensland Police Service, Queensland Transport and Whitsunday Neighborhood Centre. This working group has utilised a multi-strategic approach to address predominantly the issue of bike safety.
Initiatives include - integration of Queensland Transport’s BP Bike Ed Program into local schools; share the road campaign, development and implementation of Operation bikeSafe; liaison with local Government to discuss supportive infrastructure / environments for safe bike riding and provision of seedling funding for local schools to implement KidPower.

Queensland Transport BP Bike Ed Program
The Queensland Transport BP Bike Ed Program is a comprehensive practical bicycle education program designed to give children aged 8 to 13 years (years 4-5) the practice and knowledge they need to survive on the roads. Training was provided in April 2000 for persons to become instructors. Eleven local persons including teachers [from all mainland schools excluding Whitsunday Christian Community School], police and parents attended the training. Proserpine State School implemented the Queensland Transport BP Bike Ed Program in 2001. Other local schools identified them before proceeding, further training is required for additional facilitators. Further training planned by Queensland Transport in 2001.

Operation BikeSafe (July-December 2000)
Operation BikeSafe was a proactive program to promote safe bike riding behaviour by 9-13 year olds on the roads of the Whitsunday region, that used positive reinforcement rather than reactive enforcement as its strategy, utilizing police, schools and the media.

From July-December 2000, 30 local Whitsunday 9-13 year olds were nominated by local Police for wearing helmets, obeying road rules and riding sensibly and defensively.

Prior to Operation BikeSafe, an observation and survey tool were developed to evaluate Operation BikeSafe and identify / measure changes in behaviour. Pre Project evaluation of Operation BikeSafe identified that the majority of local children observed wore their helmet properly, however it was observed that many (particularly in Proserpine) failed to wear appropriate footwear. Approximately 37% of a convenient sample of 31 local community members rated the bike riding behaviour of local children as poor or very poor. Overall, it was identified there was room for improvement in the bike riding behaviour of local children [aged 9-13 years] when riding on the road, with the findings from observation supported by the findings from the survey tools. Post evaluation of Operation BikeSafe is planned for March 2001.

KidPower
KidPower is a innovative new injury prevention resource aimed at significantly reducing the number of school based injuries in young people aged 10-14 years. KidPower uses a wholistic approach based on the health promoting schools process that includes - an injury committee (including students) and an injury database. The KidPower resource was provided to 4 of the 8 local Whitsunday primary schools. Seeding funding was provided for supportive injury prevention initiatives for 3 of the 4 schools.

Road Safety Working Group
In June 2000, a road safety community meeting was conducted in Mackay by Queensland Transport. At this meeting, the decision was made by attendees to establish a road safety working group as a component of the Mackay / Whitsunday Safe Communities Project.

Membership includes representatives from Queensland Transport, Queensland Police Service, Queensland Health, Mackay City Council, Industry / community member and Department of Main Roads.

Initiatives: Identification of the following areas for strategic action - driver fatigue, data collection and coordination, driver education, train crossings, target groups (especially young males), cyclists, alcohol, footpaths / bicycle paths and drug driving; development / implementation of a safe party kit; and promoting responsible drinking of alcohol through integration of Drink Wise Program.
Safe Party Kit
In December 2000, a Pilot Safe Party Kit (based on a concept developed and utilised effectively by a local Government authority in Victoria) was implemented across the region. The safe party kit, ‘Steps to a Smarter Party’, provides tips for holding successful, enjoyable and safe parties specifically addressing antisocial behaviour, road safety and alcohol consumption issues. During the party season of the festive/new year season, party convenors were given the opportunity to register their party with the Police. Approximately 119 safe party kits were taken from various distribution points in Mackay/Whitsunday. Unfortunately it is unknown how many parties were registered. Post evaluation of the safe party kit is planned for March 2001 with follow-up of consenting party convenors who registered their party (7 completed party registration forms received). It is planned that ‘Steps to a Smarter Party’ will be available on an ongoing basis prior to peak party times from local councils, police, transport, community health offices and schools.

Drink Rites
From October – December 2000, 3 Drink Rites were conducted in licensed premises of the Mackay/Whitsunday region by Queensland Police Service, Queensland Transport and Queensland Health staff to promote the responsible drinking of alcohol.

Planned future working groups in 2001
Child safety working group in Mackay
Working group to address injuries related to alcohol in the region

Partnerships
Links have been established with the Mackay Crime Prevention Partnership as demonstrated by: a Violence Audit Workshop conducted in June 2000 and the Safe Shop Initiative.

Proposed Second Pacific Rim Safe Communities Conference
Two members of the Project Management Team (from Queensland Health) attended a World Health Organisation Safe Communities International Symposium in Melbourne (April 2000). At this symposium, the two staff were approached by international and national safe communities officials and asked whether Mackay/Whitsunday would consider hosting the Second Pacific Rim Conference for Safe Communities in 2001. The decision was made by the Project Management Team to look at the feasibility of hosting the conference.

Feasibility Study: A professional conference organiser was commissioned by Queensland Health to conduct a feasibility study. The feasibility study identified the prospect of success of staging the proposed conference as very high, however it was reliant on obtaining seed funding to establish a conference secretariat. Funding application with Gaming Machine Community Benefit Fund unsuccessful in first round of consideration (December 2000). Further consideration of funding application will occur in next three rounds of 2001. If proposed conference was to proceed will now be in 2002.

Communications Plan
The Communications Officer from the Tropical Public Health Unit, Queensland Health assisted the Project Management Team to develop a Communications Plan for the Mackay/Whitsunday Safe Communities Project. Each member of the Project Management Team and working groups have assumed the responsibility of providing ongoing communication of the projects progress through their own networks and updating their own organisations and workplaces.

Active components of the communication plan include
- Information resource kit to provide to interested service providers, community members etc.
- Progress updates for maintain profile of project and ensure communication with key stakeholders. First progress update released in June 2000, next progress update planned for February/March 2001.
- Maintenance of a media log identifying media coverage of the project
A total of 47 positive known media 'hits' were identified regarding the Mackay / Whitsunday Safe Communities Project or associated program.

Evaluation of Project
Evaluation is planned of the processes of the project. This evaluation will be undertaken on an annual basis and include interviews of and surveys to members of working groups and the project management team. At the time of this report, only evaluation of the Project Management Team has occurred. Conclusions from the evaluation of the Project Management Team were: 'overall, all project management team members felt positive about the project, and seemed to enjoy the opportunity to adopt a collaborative approach in promoting a safe community within the Mackay/Whitsunday region. Most regretted that their personal contribution to the project was limited by time, however all indicated that they were committed to the group and positive about the outcome of the project.'

Pool fence inspection research project
Queensland Health and Mackay City Council in collaboration participated in a research project that was completed in 2000 to determine whether the Inhouse model (inspections conducted by local council officers) was an acceptable method for determining the compliance of pool owners with current pool fencing standards.

The results of this study demonstrated that despite legislation requiring pool owners to ensure their pool fence is compliant with uniform pool fencing requirements, compliance is still quite low. Further, the findings of this study indicated that whilst the Inhouse model appeared to be an acceptable (to the majority of pool owners) but costly method of pool fence inspection, regular inspection of pool fencing, and enforcement of pool fencing ordinances may be necessary to ensure compliance.

Distribution of CPR Wall Chart / Poster to new pool owners
Both Mackay and Whitsunday Councils are providing a CPR Wall Chart / Poster (provided by Queensland Health) with an accompanying letter from the Mackay / Whitsunday Safe Communities Project to all new pool owners. The letter congratulates the new pool owner on their acquisition, identifies ways to keep pools safe and provides local contacts for persons to access in regards to resuscitation training (as a chart is a guide only and not a substitute for essential training in resuscitation).

Conferences
- Attendance: Two members of the Project Management Team (both from Queensland Health) attended a World Health Organisation Safe Communities International Symposium in Melbourne [April 2000] that included: the formal accreditation ceremony of Melbourne, a 2 day seminar on community safety and three one day site visits to study community safety initiatives implemented in a range of settings.

- Presentation: Five papers were presented at the recent National Injury Prevention Conference in Canberra [November 2000]: Becoming Queensland's First Safe Community – considering sustainability from the outset [verbal presentation by Dale Hanson]; Non-fatal accident and injury in a north Queensland rural community (Mackay) [poster presentation by Tony Carter]; Injury experienced by women in Mackay [Queensland] in 1998 [oral presentation by Vicki Taylor]; Intentional acts of self harm in 10-14 year olds in three Queensland regions [GISU] and Contribution of an emergency department to the Mackay / Whitsunday Safe Communities Project [poster presentation].