

Progress in implementing the
New Zealand Injury Prevention Strategy
for the period 1 July 2007 to 30 June 2008

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MESSAGE FROM THE STAKEHOLDER REFERENCE GROUP (CHAIR)

The Stakeholder Reference Group (SRG) is a group of 23 representatives from a wide range of injury prevention sectors and communities. Collectively this group, since being established in 2003, has played a significant role in supporting and guiding the implementation of the New Zealand Injury Prevention Strategy (NZIPS).

SRG members have brought their knowledge, understanding and experience as practitioners to the approach in the NZIPS implementation plans by ensuring the focus is on those areas important to addressing the injury burden here in New Zealand.

During the past 12 months, SRG has focused considerable effort on ensuring that the comprehensive new implementation plan for the period 2008 - 2011 is evidence-based, and appropriately addresses the needs of the non-government sector as well as those of government agencies.

For example, SRG was pleased to see in late 2007 the development of the four cornerstones:

1. Government alignment focussed on serious injury areas
2. Relevant and useful research, data and information
3. Sustainable, safe communities
4. Informed workforce and networks.

International evidence and local information shows that these cornerstones are critical to the success of any injury prevention initiative.

In the future it will be important for SRG to make others aware of the actions and priority results identified in the latest implementation plan. I would like to thank members of SRG for their contribution to NZIPS during the 2007/08 year.

In conclusion, I would like to remind you all that SRG provides an effective voice and view from the communities and individuals out there working to reduce the injury burden. The SRG voice has been used to advocate for change in the past and will continue to do so in the future, to help drive NZIPS progress in reducing the injury burden and improving the quality of life for all New Zealanders.



Dr Carolyn Coggan
Chair, Stakeholder Reference Group

NEW ZEALAND INJURY PREVENTION STRATEGY – ANNUAL REPORT

Introduction

This is the fourth annual report for the New Zealand Injury Prevention Strategy (NZIPS) and it also marks the end of the second implementation plan for the 2005 - 2008 period.

This report describes key actions that occurred in the 2007/08 year and comments on issues identified in the previous annual report. Further, to mark the end of the second implementation plan period, this report includes discussion on the key actions and achievements from 2005 to 2008, and on the success of the process and outcome measures that were introduced in the [NZIPS 2005 - 2008 Implementation Plan](#).

PROGRESS AGAINST INDICATORS

Injury rates

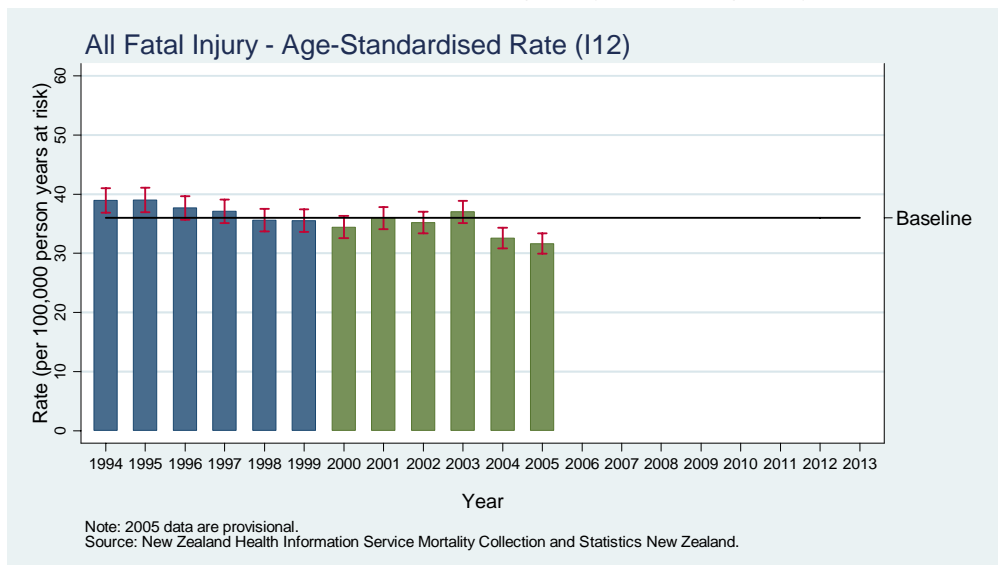
Maintain reductions in injury fatality rates and lower the rate of serious injuries¹

[New Zealand Injury Prevention Strategy serious injury outcome indicators](#)

The NZIPS serious injury outcome indicators were developed in 2003, as one means of monitoring performance in reducing injuries. The indicators are based on the concept of 'threat to life', and are mainly derived from the Ministry of Health's Information Services' mortality data and National Minimum Dataset (NMDS) hospitalisation data. These indicators provide, for the first time, a reliable measure of serious injury trends over time.

Fatal injury trend²

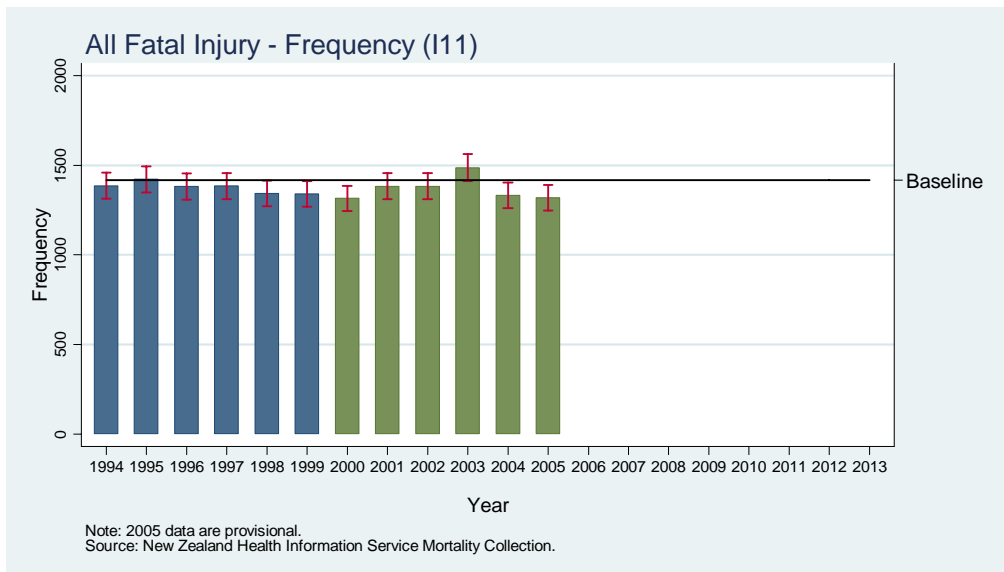
- The age standardised *rate* of fatal injuries among 'all population' is showing a decline from baseline, down from 37.01 (2003) to 31.65 (2005).



¹ This is the measure listed in the NZIPS 2005 – 08 Implementation Plan, page 8

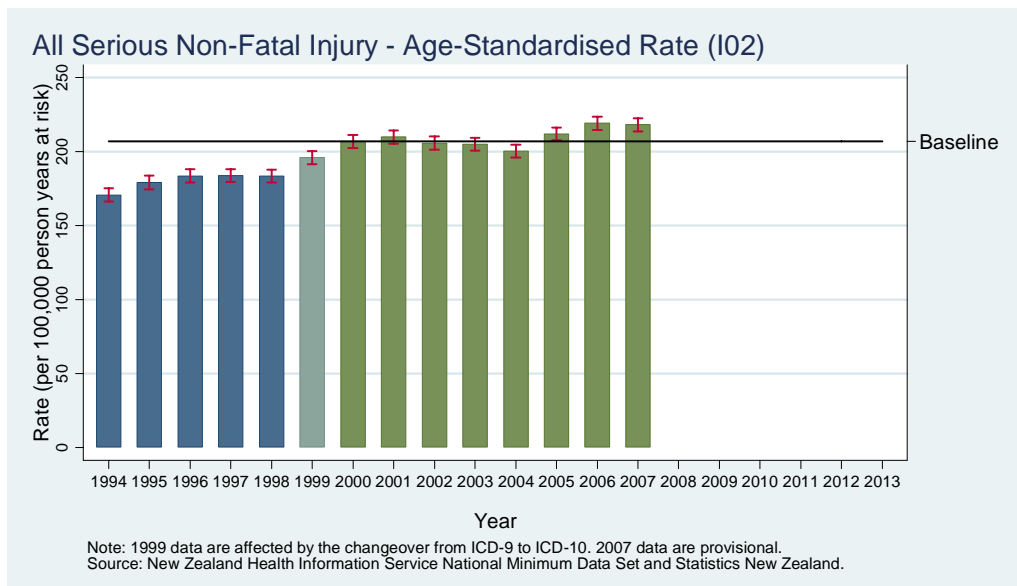
² The Chartbook of NZIPS serious injury outcome indicators 1994 – 2007. Refer to www.nzips.govt.nz

- The *frequency* of fatal injuries has also shown a steady decline from the baseline³, and is down from 1,487 (2003) to 1,418 (2005). The road, workplace and drowning areas have contributed to this reduction.



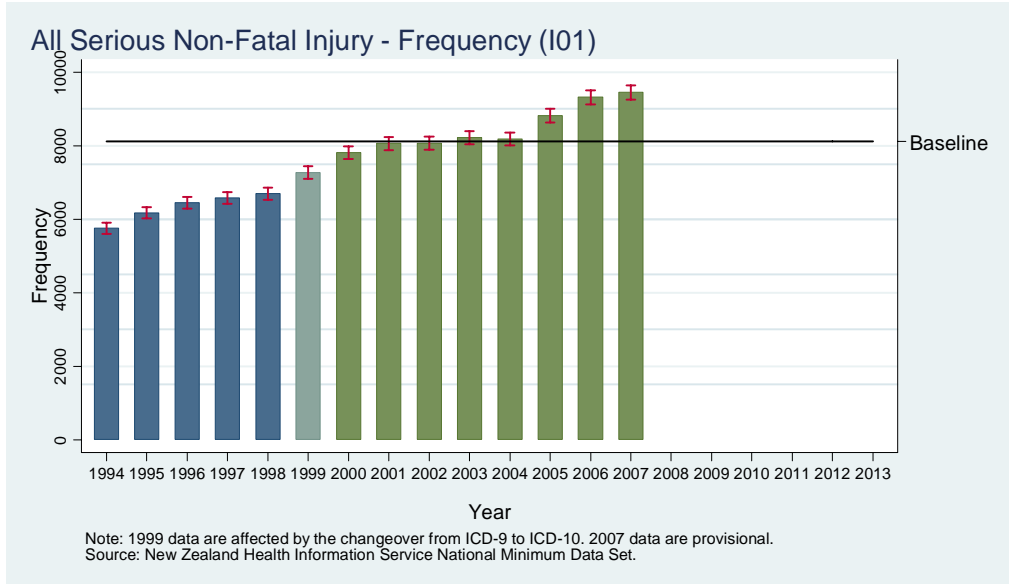
Serious, non- fatal injury trend

- Rate of serious non-fatal injuries amongst 'all population' is showing a small increase, up from 211.92 (2005) to 218.10 (2007).*
- There has been an increase in the *rates* across *road and falls* (0-74 years) areas. Assault and intentional self harm also show an increase in rate, but this could be a result of reporting behaviour.*
- There is a decrease in the *rate* of *fall* injuries in the 74+ age group.*



³ **Baseline:** The 'baseline' provides a point from which to compare the frequencies and rates of injuries. It is the average count or rate of injury for the three years leading up to the launch of NZIPS (2001-2003). For those indicators where moving averages were used, the baseline is the average count or rate of injury for the five years closest to the launch of NZIPS (2000-2004).

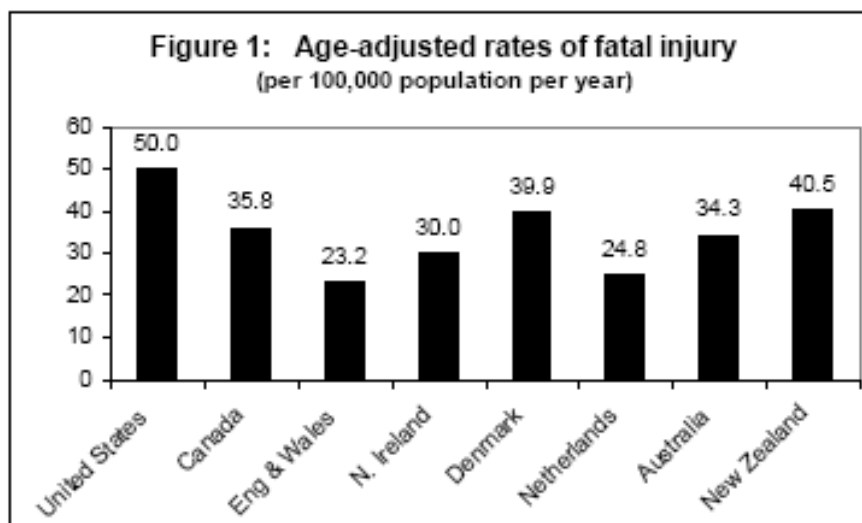
- *Frequency* of serious non-fatal injuries has increased since 2004, and is up from 8,184 (2004) to 9,453 (2007). There has been an increase across all priority areas (assault, work, falls and intentional self harm) with road showing a substantial increase.



International comparison of injury rates

In 2006, the NZIPS Secretariat commissioned the University of Otago Injury Prevention Research Unit (IPRU) to undertake work on [International comparison of injury rates](#)⁴. Figure 1 shows a comparison of New Zealand with a selection of other similar countries using 2000 - 2002 data on all fatal injuries. It shows that New Zealand's overall rate of injury deaths is relatively high in this group, second only to the United States and 75% higher than England and Wales.

Figure One. International Comparison of Fatal Injury Rates



⁴ International comparison of injury deaths: Overview in *International comparisons of injury – a compilation of reports for the NZIPS Secretariat* (2007) University of Otago.

It is noted that international comparisons of injury rates, both fatal and non-fatal, can be unreliable due to definitions differing from country to country, and differing reporting mechanisms.

As a way forward the IPRU, as agreed with ACC, is to develop a method for the valid comparison of serious non-fatal injury rates between selected countries. The IPRU has support from the International Collaborative Effort (ICE) on Injury Statistics for this proposal, and to-date has secured commitment from seven collaborators from six countries (USA, Canada, Australia, Denmark, Greece and Spain) that have suitable data. This project will address the issue of data capture and consistent injury definitions that is important if valid, international comparisons are to be made.

Commentary on injury trends across the NZIPS six priority areas

Across the six priority areas, there has been varying levels of progress with maintaining and reducing the rate of serious injuries and fatalities. The positive aspect is that the rate of fatalities for 'all injuries' and across the six areas, has shown a gradual reduction over the past decade. This has been particularly evident in the road area, where there has been a steady reduction in the number of fatalities.

The challenge for the lead agencies is to focus effort on maintaining the reduction in fatalities and reducing serious injuries, through coordinated effort. The establishment of the Chief Executives Injury Prevention Forum (CEs' Forum) has strengthened joint agency effort and the focus will be on ensuring that this momentum is sustained in the coming years.

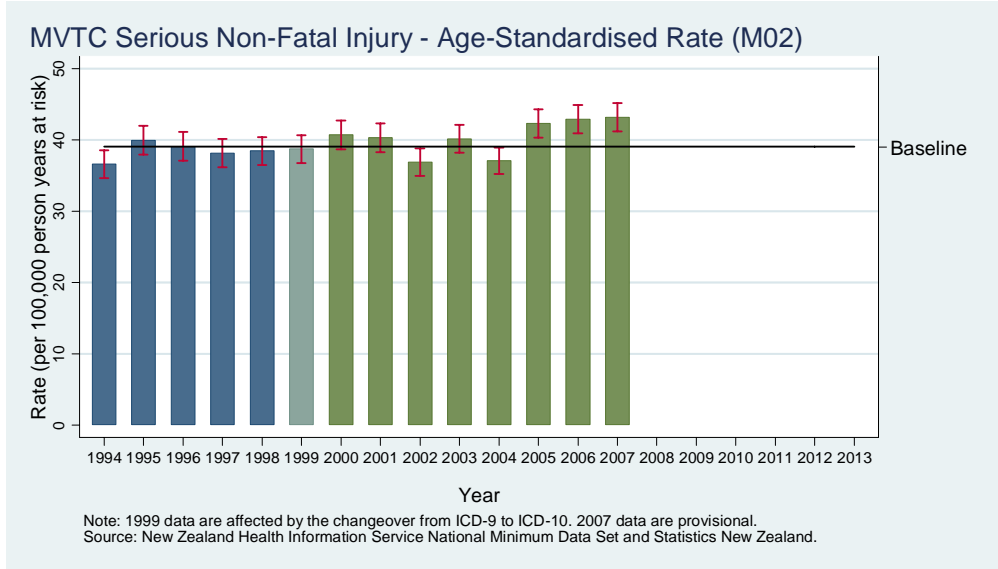
Motor vehicle traffic crashes

Road Safety to 2010 Strategy, led by the Ministry of Transport (MoT)	
Strategy Goal	To reduce the number of deaths to no more than 300 per year, and hospitalisations to no more than 4,500 by 2010.
Injury trends	<p>The <i>rate</i> of fatal injuries has been trending downwards. However the NZIPS chartbook⁵ trends indicate that there has been a substantial <u>increase</u> in both the <i>frequency</i> and the <i>rate</i> (refer M02) of non-fatal serious injuries arising from motor vehicle traffic crashes in 2005 - 2007, when compared to the baseline.</p> <p>Road injury statistics⁶ (MoT): According to the road crash statistics, road traffic crash data shows an increase in people hospitalised (for over 3 days) from 1,700 (2004) to 1,980 (2007). The number of deaths have shown a decline down from 455 (2004) to 423 (2007).</p>
Social and direct economic cost⁷	The economic and social costs are estimated at \$3.4 billion (2007), of which \$217 million is the approximate direct economic cost.

⁵ *The Chartbook of NZIPS serious injury outcome indicators 2000 - 2005* (September 2007).

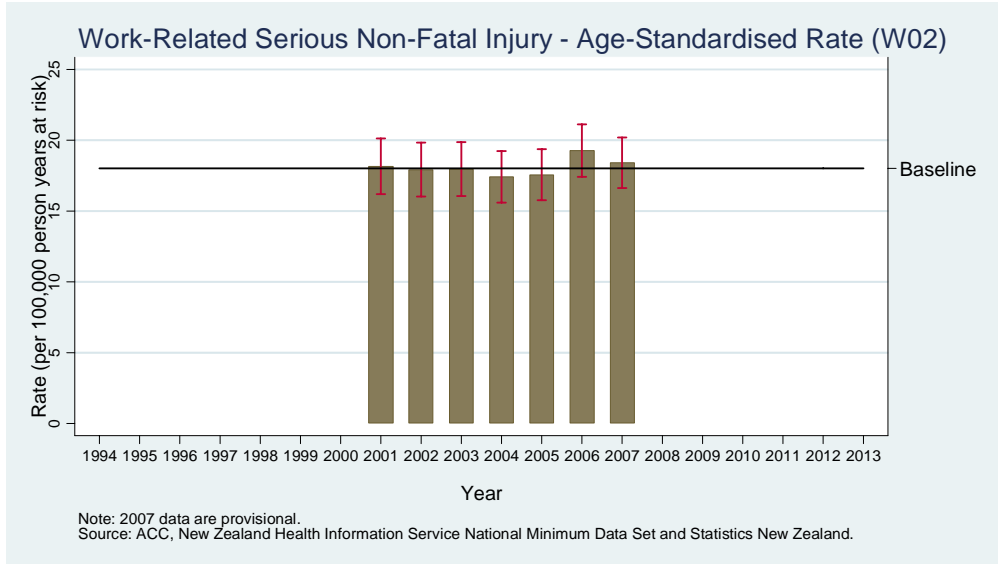
⁶ Road deaths and reported injuries are as of the calendar year ending December 2007.

⁷ *Scoping report: Economic and social cost of injuries in New Zealand* (May 2008) NZIER report to the NZIPS Secretariat.



Workplace injuries

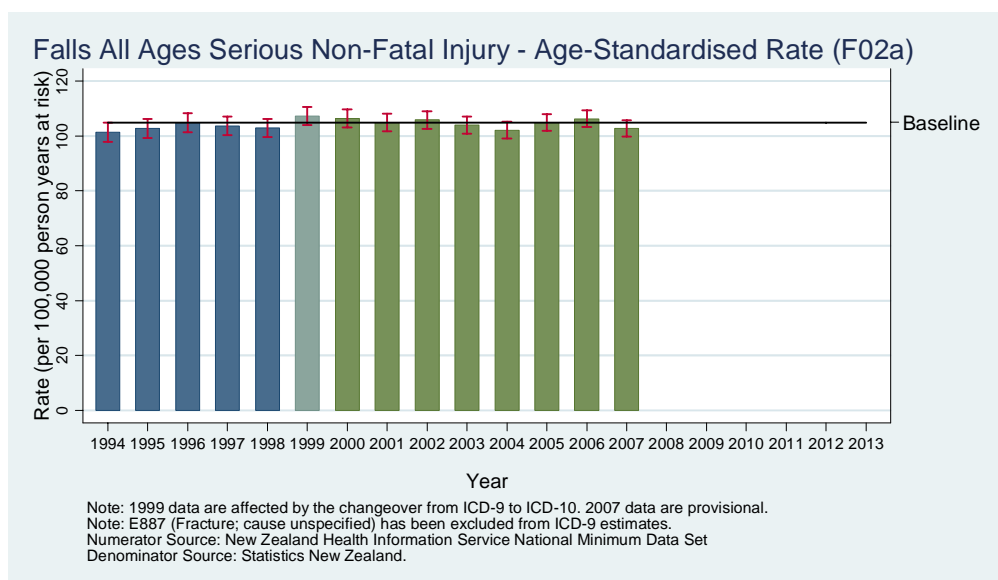
<u>Workplace Health and Safety Strategy to 2015, led by Department of Labour (DoL)</u>	
Strategy Vision	Healthy people in safe and productive workplaces
Injury trends	The NZIPS chartbook trends indicate that work related serious non-fatal injury has <u>increased</u> in <i>frequency</i> , from baseline, for 2006 and 2007. However the <i>rate</i> of non-fatal injuries has shown <u>little change</u> from 2001 onwards (refer W02).
Social and direct economic cost⁸	The economic and social cost of workplace injuries is estimated at \$13.5 billion (2007) of which \$1.4 billion is direct economic costs.



⁸ Scoping report: *Economic and social cost of injuries in New Zealand* (May 2008) NZIER report to the NZIPS Secretariat.

Falls

Preventing Injury from Falls : The National Strategy 2005 - 2015, led by ACC	
Strategy goals	<ul style="list-style-type: none"> To reduce the incidence and severity of injury from falls. To reduce the social, psychological and economic impact of fall-related injuries in individuals, families/ whanau and the community.
Injury trends	There has been an <u>increase</u> from baseline, in the <i>frequency</i> of serious non-fatal fall injuries across all age groups, since 2005. In terms of the <i>rate</i> of serious non-fatal injuries, the rate has <u>decreased</u> in the 75+ age group when compared to the baseline, but there is a <u>slight increase</u> in the 0-74 year age group (especially in the recent years). However the <i>overall rate is stable</i> (refer F02a).
Social and direct economic cost⁹	The economic and social cost of falls is estimated to be \$17 billion (2007) of which \$850 million is the approximate direct economic costs.



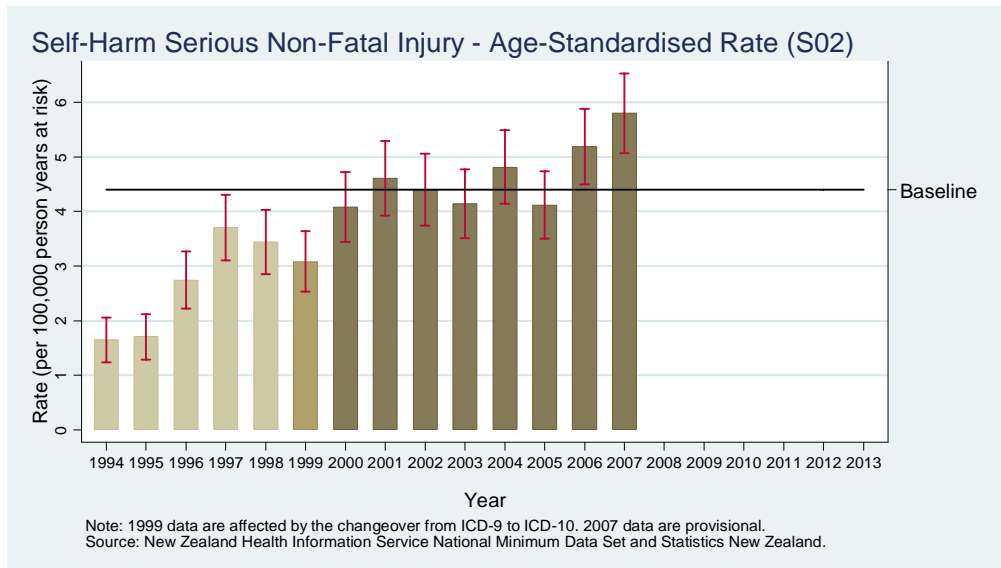
Suicide and deliberate self harm

The New Zealand Suicide Prevention Strategy 2006 - 2016, led by the Ministry of Health (MoH)	
Strategy goals	<ul style="list-style-type: none"> To reduce the rate of suicide and suicidal behaviour. To reduce the harmful effect and impact associated with suicide and suicidal behaviour on families/whanau, friends and the wider community. To reduce inequalities in suicide and suicidal behaviour.
Injury trends	<p>The NZIPS chartbook shows an <u>increase</u> in the <i>frequency</i> and <i>rate</i> (refer S02) of intentional self-harm injuries in 2006 and 2007, when compared to the baseline. However this could be due to factors such as reporting and data collection.</p> <p>According to Suicide Facts 2006 report, there were 524 suicide deaths in</p>

⁹ Scoping report: Economic and social cost of injuries in New Zealand (May 2008) NZIER report to the NZIPS Secretariat.

¹⁰ For more information on suicide trends report visit www.moh.govt.nz

	2006, compared with 511 in 2005. There were 2868 self-harm hospitalisations in 2006, compared to 2743 in 2005. There has been a 19.1 % decrease in suicide deaths since 1998 and an 18.8 percent decrease in self-harm hospitalisations since 1996. ¹⁰ .
Social and direct economic cost¹¹	The annual economic and social costs are estimated at \$3.52 billion (2007) with direct economic costs estimated at \$11 million. According to the Cost of Suicide to Society report ¹² , the overall cost of suicide death and attempt was \$1.4 billion in 2002.



Drowning

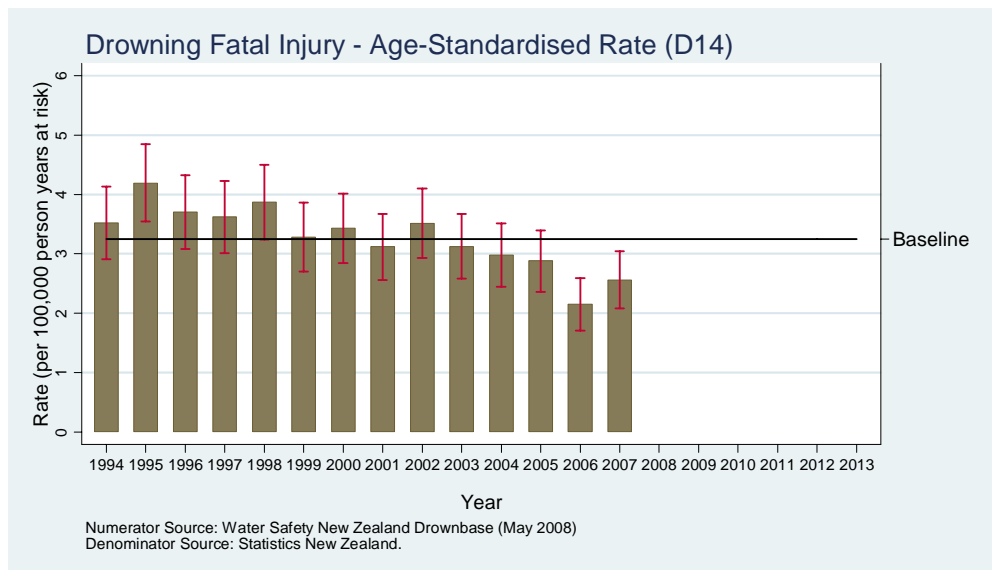
Drowning Prevention Strategy, towards a Water Safe New Zealand 2005 - 2015, led by ACC	
Strategy goals	<ul style="list-style-type: none"> Provision of effective leadership by the water safety sector and government Delivery of exceptional water safety services
Injury trends	<p>As per the NZIPS chartbook, the trend in <i>frequency</i> and <i>rate</i> (refer D14) of people drowning year on year, identified by Water Safety New Zealand's DrownBase¹³, is showing a <u>decline</u> from baseline.</p> <p>According to DrownBase there was a total of 110 drowning deaths in 2007, the second lowest annual toll since 1980 (when data was first recorded).</p>
Social and direct economic cost¹⁴	The direct economic and social cost is estimated at \$440 million (2007) of which \$11.42 million is the approximate direct economic costs.

¹¹ Scoping report: Economic and social cost of injuries in New Zealand (May 2008) NZIER report to the NZIPS Secretariat.

¹² O'Dea D and Tucker S (2005) *The Cost of Suicide to Society*. Wellington: Ministry of Health.

¹³ DrownBase is the official database of Water Safety NZ. DrownBase collates all of the deaths from drowning in New Zealand as advised by Police reports and Coroners' files.

¹⁴ Scoping report: Economic and social cost of injuries in New Zealand (May 2008) NZIER report to the NZIPS Secretariat.



Assault

[Taskforce for Action on Violence within Families, led by the Ministry of Social Development \(MSD\)](http://www.msd.govt.nz/about-msd-and-our-work/work-programmes/initiatives/action-family-violence/index.html)
<http://www.msd.govt.nz/about-msd-and-our-work/work-programmes/initiatives/action-family-violence/index.html>

Taskforce for Action on Sexual Violence, led by the Ministry of Justice (MoJ)

Injury trends

The NZIPS Chartbook shows an *increase in rate* (refer A02) and *frequency* of serious non-fatal injuries for assault for 2006/2007, when compared to the baseline.

It is not possible to assess the true ACC new entitlement claim numbers for injuries relating to assault, due to issues around reporting. However available data suggests an increase in new claim numbers from 2003/04 to 2007/08.

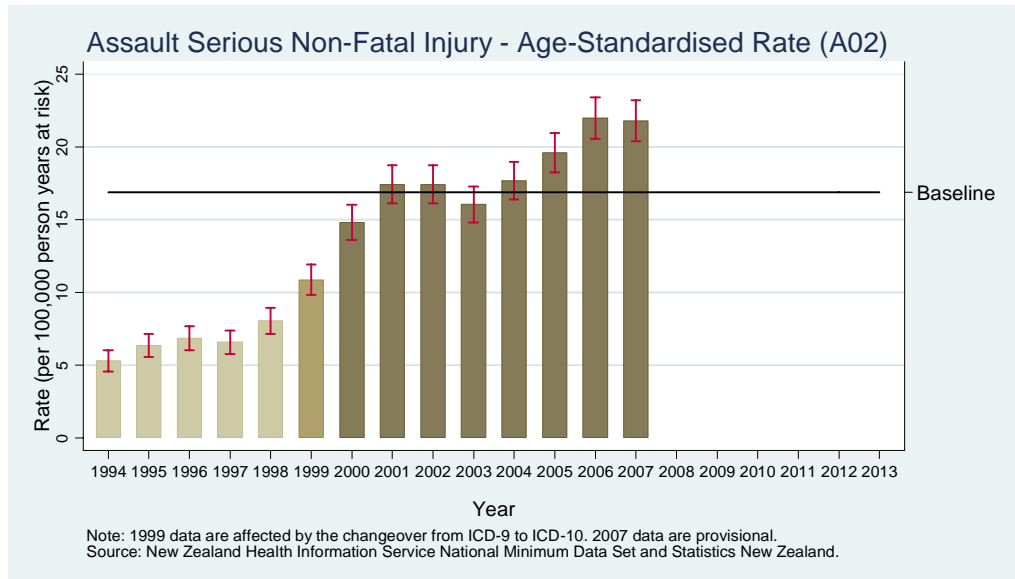
Social and direct economic cost¹⁵

The NZIER report estimates the direct economic and social costs as being \$1.2 billion (2007) with direct economic costs estimated to be \$41 million.

A Treasury study of the cost of crime suggests that the total costs of violent offences and sexual offences in 2003/04 was \$4.96 billion. Of the \$860 million borne by the public sector, \$460 million is carried by the core Justice sector. The remaining 394 million was carried by health and other public sector agencies¹⁶.

¹⁵ *Scoping report: Economic and social cost of injuries in New Zealand* (May 2008) NZIER report to the NZIPS Secretariat.

¹⁶ *Estimating the costs of crime in New Zealand in 2003/04* (2006) New Zealand Treasury Working Paper 06/04.



Safety culture measure

Raising awareness of the burden and preventability of injury

National population based safety culture survey

A national population-based safety culture survey was conducted in May 2007 to establish a baseline for measuring changes in beliefs, values and attitudes that support the prevention of injury¹⁷. The survey involved a population sample of 1000, with over-representation from young males, Maori, Pacific Island and Asian populations because of their injury risk.

The findings from [this first survey](#) were used to develop the benchmark measures of New Zealanders' beliefs, values and attitudes. Future survey will show how these change over time. Key baseline measures are:

- 1 28% of respondents say 'everyone is at risk of injury and harm' in all four areas (road, home, water and workplace)¹⁸.
- 2 80% of respondents say 'consequences of injury and harm are far reaching'
- 3 53% of respondents say 'accidents and injuries are preventable' in all four areas (road, home, water and workplace).

Given that behaviour change takes time, the decision has been made to maintain the two-year timeframe between surveys. A second survey is planned for May 2009.

Also as the second measure has a very high baseline of 80%, a decision was made to modify the expected change in this figure at the 2009 follow-up survey from 10% (listed in the implementation plan for 2005 - 2008) to a more achievable 5%.

¹⁷ For a copy of the report visit www.nzips.govt.nz or email nzips@acc.co.nz

¹⁸ Due to the survey being telephone-based research, it was not considered to be a safe way to ask questions regarding intentional injuries such as suicide, self-harm and assault.

KEY ACHIEVEMENTS FOR 2007/08

During the 2007/08 year there was significant progress in the areas of:

- Leadership and strategic direction
- Access to injury data and information
- Strengthening community action
- Development of the 2008 – 2011 Implementation Plan

These improvements lead to the establishment of a significantly stronger infrastructure for injury prevention work.

Leadership and strategic direction

The Chief Executives' Injury Prevention Forum¹⁹ (CEs' Forum) and the Injury Prevention Ministerial Committee (IP Committee) continued to provide leadership and direction to guide the injury prevention actions of government and non-government organisations. During the 2007/08 year, there was a focus on increasing accountability and mandate through strengthening the role of the CEs' Forum.

This was achieved through progressing work on cross-agency projects initiated by the CEs' Forum, in the areas of child safety, falls and safety culture. Selected lead agencies are leading specific actions within these three areas. It is recognised that these areas vary in complexity and potential impact.

While progress has been largely positive, there have been some challenges such as in the area of child safety which is currently not well catered for in terms of government agency leadership, collaboration, and national infrastructure.

Since March 2008, work has been undertaken on a proposal to expand the role of the CEs' Forum so that it is formalised to become the key operational decision making body responsible for driving performance within the NZIPS priority areas and for achieving a greater cross priority area focus. The CEs' Forum will be the accountability link between the individual agencies and the IP Committee, and provide a single point of decision making.

A Memorandum of Understanding is planned as a means of formalising interagency commitment²⁰.

Access to injury data and information

[Injury data](#) - An updated chartbook of NZIPS serious injury outcome indicators to depict serious injury trends over the 1994 – 2005 period, was published in September 2007. More information on these indicators is on [page 4](#). During the year, Statistics New Zealand, in its lead role as Injury Information Manager, commenced a review of the Official Injury Information Programme to identify priorities across government agencies to improve injury information over the next year. A work programme is underway and will be detailed in the Official Injury Information Plan for 2009, by [Statistics NZ](#)²¹.

¹⁹ The CE's Forum comprises representatives from the agencies leading the six national injury priority area strategies, as well as ALAC and Local Government NZ.

²⁰ The new direction for the CEs' forum was endorsed by the Injury Prevention Ministerial Committee at a meeting in September 2008.

²¹ The Official Injury Information Plan was released by Statistics NZ in April 2009

Also during 2007/08, indicators to measure trends for injuries that lead to disablement were identified. In 2008/09, work will commence on developing the first report featuring charts depicting these 'threat to impairment' indicators.

[Access to information](#) has been improved through a number of channels, such as:

- An electronic newsletter ([IP News](#)) that is a partnership between the NZIPS Secretariat, Safe Communities Foundation New Zealand (SCFNZ), Injury Prevention Network of Aotearoa New Zealand (IPNANZ), University of Auckland, Connecting People, and other government agencies. It provides the sector with a broad range of injury related information.
- The continued updating of the NZIPS website (www.nzips.govt.nz) which includes links to various government and non-government agencies.
- The development of the '[New Zealand Injury Prevention Programmes Database](#)', an online database of injury prevention programmes. It went live in July 2007 and by June 2008 the database held over 500 entries and was serving as a very useful source of information for the whole injury prevention sector.

Strengthening community action

The promotion of International Safe Communities Coalitions and other evidence-based injury prevention and community safety strategies in local authorities and at the community level, continued during year.

A challenge for the injury prevention sector is to ensure that community injury prevention capacity and capability is sustained through joint government and local community efforts. An example of this working well is in Tauranga, where the private sector is jointly funding the local community coordinator position along with government agencies.

Best practice in community injury prevention in 2007 was recognised through the *New Zealand Community Safety and Injury Prevention Awards*. The forty-five entries received demonstrated the range of actions occurring across the country, including examples of businesses making their workers' safety a priority, and community groups taking the initiative to solve safety issues they identified within their communities.

In 2007, these awards coincided with New Zealand Safety Week, the theme for which was 'preventing injuries around the home and workplaces'. Several agencies, undertook activities across the country during the week to help reinforce the message of prevention and safety.

Development of the 2008 - 2011 Implementation Plan

Work on developing the [third implementation plan for NZIPS](#), for the period 1 July 2008 to 30 June 2011, was undertaken in 2007/08²². Three key outcome areas were identified as important to build on past gains, and to impact on the number and rate of fatalities and injuries. These are:

- 1 Addressing serious injury
- 2 Emerging evidence base is quickly translated into actions
- 3 Cultural change

²² The *New Zealand Injury Prevention Strategy 2008 - 2011 Implementation Plan* was launched in August 2008 and can be viewed online at www.nzips.govt.nz

PROGRESS AGAINST KEY AREAS FOR IMPLEMENTATION LISTED IN THE 2005 - 2008 IMPLEMENTATION PLAN

The following sections list progress against the key areas for implementation identified in the NZIPS Implementation Plan for 2005 - 2008²³. Each section has a brief description of progress to-date and examples of activity.

Raise awareness of the burden and preventability of injury to achieve commitment to injury prevention activities, and affirm the role of the Strategy as a framework in achieving this awareness.

Social and economic cost of injury project

In March 2008, the CEs' Forum agreed that the social and economic impacts of injury should be highlighted to raise the profile of injury issues across government agencies and the injury prevention sector. It was agreed that new work should be undertaken to update the estimate of the direct economic and indirect social costs of injury to New Zealand.

The social cost was estimated in 2002 and is quoted as \$6 - 7 billion per year in the Introduction section of NZIPS. As a first step the New Zealand Institute of Economic Research (NZIER) was commissioned to undertake a brief research project to scope and estimate the social and economic costs of injuries, with a specific focus on NZIPS six priority areas. In May 2008, a scoping report was completed.

The report uses current official New Zealand Value of Statistical Life (VoSL) to estimate the costs of loss of life and life quality. The report has estimated the current social and direct economic costs of injuries as being \$60 - 62 billion, with the direct economic costs estimated as \$3 - 3.5 billion.

The implementation plan for 2008 - 2011 lists key actions to be undertaken on this topic, including a review of the methodology to estimate the costs, determining the overall resourcing of injury prevention activity, and how this aligns with the full social impacts of injury.

There is no recent estimate of total injury prevention funding. Government agency expenditure on the six priority areas is estimated to be 6.6% of the economic costs of injury. However, this does not capture the true spending across the whole sector, as it is difficult to evaluate the spending in some areas such as suicide prevention (under which all mental health spending could be considered relevant) and across District Health Boards (DHB). Work in the 2009/10 year will look at reviewing resource alignment relative to the burden of injury.

There were several [cross-agency and community projects](#) that were either initiated or strengthened to promote and raise awareness of injury prevention, and health and safety issues. Examples of such programmes are:

- The Safekids campaign raised awareness of child injury prevention. The focus for 2007 was cycle safety and drowning prevention, and these campaigns were conducted in association with various community and government agencies.
- DoL promoted actions, such as the development of information packs, to raise awareness of the social costs of workplace injury and disease, and highlight the

²³ Refer to pages 7 & 8 of the NZIPS 2005 – 08 Implementation Plan

behaviour changes needed to improve New Zealand's health and safety performance.

- The MSD led 'Campaign for Action on Family Violence' gained good traction during 2007 with messages on family violence prevention being promoted widely in the media and through its public advertising campaigns.
- Several web-based injury prevention tools (e.g. the NZ Injury Prevention Programmes Database, HabitAtWork, and Activesmart) were developed and promoted during this period. These tools provide practitioners and the general public with information to aid improved adoption of safe behaviour and practices.

Using the Strategy as a framework to support injury prevention activity

Several community coalitions at the regional level, such as the New Plymouth injurySafe and Hawke's Bay's Injury Prevention Strategy use NZIPS as a framework for planning activities within their coalition.

In October 2007, a national Safe Communities Networking Day was held for the first time in the North Island. A total of 30 people, representing 20 territorial local authorities (TLA) and government agencies, attended. The purpose of the day was to further enhance collaboration and coordination within and between the TLAs that were either designated as International Safe Communities or were engaged in the process of working towards designation.

The regional forums jointly funded by the MoH and the NZIPS Secretariat continued as a means of strengthening strategic alliances and networks at the regional level. During the 2005 - 2008 period, a total of 50 forums were held across the country to improve the exchange of information across and within communities, and further strengthen community injury prevention activity.

Improve the skills across the injury prevention, community safety and research workforce, through the advancement of training and career development pathways

Foundation Certificate in Injury Prevention (FCIP)

Since the first pilot FCIP course was held in Auckland in October 2005, two FCIP courses, run over 4 days, have been held annually. As at June 2008, 121 practitioners have attended the course. The FCIP is aimed at practitioners who are relatively new to the field of injury prevention rather than experienced practitioners. While the exact number of injury prevention practitioners is not known, it is estimated that well in excess of 20% of new practitioners have participated in this training.

As part of the mid-level phase of the Injury Prevention Workforce Development (WFD) Project, work is being undertaken to scope the development of a possible post graduate programme for injury prevention practitioners and identifying training pathways. IPNANZ, who is managing this course, has worked with the University of Auckland, and looked at opportunities to integrate with the MoH's Public Health Workforce Development Plan.

In April 2008 an evaluation to review the development and delivery of the course began. The findings from this evaluation are being used to enhance this course, as well as provide direction for future capacity and capability building.

Evidence of sustainable funding for the research sector to engage in appropriate research and evaluation initiatives

There has been an increase in research funding across the national injury priority areas. For example,

Road: The MoT implemented a five year research strategy to sustain research knowledge and promote expertise.

Suicide: A New Zealand Suicide Prevention Research Fund was established, to address the gaps in national research related to suicide. The fund, \$1.5 million over two years, is managed by Te Pou National Centre of Mental Health Research, Information and Workforce Development on behalf of the MoH. ACC funded three significant studies in the area of suicide prevention (trials involving postcards, cognitive behavioural therapy and problem solving therapy).

Falls: ACC increased its funding of falls research from 2005 to 2008 with Research on prevention of older adult fall injuries and unintentional injuries at home as a result of falls.

Assault: The Taskforce for Action on Family Violence (led by MSD) has an ongoing programme of action which funds research into specific target groups such as Maori, Pacific, new migrant and refugee groups, and elder abuse.

ACC increased its funding on **family and sexual violence prevention** in the period 2005 to 2008, including:

- An evaluation of the Community Action Fund with MSD
- Evaluation of the 'All About Me' project rollout (in collaboration with New Zealand Police)
- Evaluation of the Community Action Toolkit to Prevent Family Violence (a collaborative project with MSD)

Research in the alcohol and drug area, included a joint ACC and MoH funded study into the social and economic cost of alcohol related injuries.

Workplace: DoL and ACC jointly commissioned research into noise-induced hearing loss, including its incidence and prevalence. This is scheduled to be completed in 2010. To help understand how preventative safety culture influences safety performance and productivity, DoL released the research report 'Health and Safety Makes Good Business Sense'. It includes an international literature review and key informant interviews with nominated New Zealand businesses and workers.

Drowning: The development of the Drowning Prevention Strategy (DPS) implementation plan was supported by drowning research funding for 2005 - 2008. This included a systematic review and horizon scan of the national and international literature on drowning risk factors and interventions for the period 2004 – 2008, and a study of the economic and social cost of drowning.

Support the development of safe environments, systems and products including the dissemination of information on the same

During the three-year period of the 2005 – 08 Implementation Plan, several new initiatives to promote safe environments, systems and products were developed and promoted across both the intentional and unintentional injury sectors. The key initiatives included:

- The promotion of the Crime Prevention through Environmental Design (CPTED) Guidelines to local authorities. Training and education supported the widespread interest in, and uptake of, the guidelines amongst local authorities.

- The development of a number of industry and activity-based health and safety guidance documents, such as:
 - The safety-related standards for safety barriers and fences around swimming pools, spas and hot tubs.
 - Guidelines on labelling children's sleepwear and to promote protective helmets for horse riding and other related activities.
- A series of nationwide road shows to encourage fleet owners to buy cars equipped with safety technology.
- Development of the toolkit to prevent family violence and the 'All about Me' preschool personal safety module.
- Review of the building code by the Department of Building and Housing which included clarifying requirements for fall prevention barriers, slip resistance, fencing of swimming pools, lighting, and protection from hot surfaces and substances.

Strengthen and support effective injury prevention activity at the community level

The regional forums and networking day held in October 2007 encouraged and supported the development of regional injury prevention networks. For example, during 2007/08, over 450 representatives from a diverse range of national and regional organisations attended 18 regional forums held across the North Island. The challenge was to identify and act on the issues that are facing community injury prevention practitioners.

At June 2008, approximately 19% of the New Zealand population were residing in safe communities. Between 2005 and 2008, six communities were designated as International Safe Communities (North Shore, Tauranga, New Plymouth, Taranaki, Whangarei and Wellington). Waimakariri and Waitakere were re-designated as Safe Communities.

These communities have established effective partnerships at the community level to tackle regional injury prevention issues. A promising feature has been improved integration of work across the intentional and unintentional injury sectors. The gains that can be achieved from a collaborative and coordinated response to injury prevention and safety issues have been demonstrated by these International Safe Communities.²⁴

Reduce the risk of alcohol-related injury and encourage inter-agency collaboration on alcohol-related injury prevention projects.

The Alcohol Advisory Council (ALAC) social marketing campaign is designed to contribute to the reduction of alcohol-related harm in New Zealand, by reducing the occurrence of excessive drinking and encouraging moderation. The campaign, which includes high-profile mass-media advertising, has made significant progress since its launch in 2005.

Ongoing survey monitoring has shown that the campaign and key messages have extremely high awareness levels amongst adult New Zealanders and a large number of adult drinkers report that they are thinking about their own drinking, talking to people about it, thinking about and/or starting to cut back.

Several agencies are involved in collaborative actions to reduce the impact of alcohol-related harm.

²⁴ For more information on International Safe Communities visit www.safecommunities.org.nz

- The MoH have commenced work on a draft National Alcohol Action Plan (2008 - 2013), which will outline actions that will be undertaken by agencies such as ALAC and ACC in alignment with other government and non-government agencies to reduce alcohol related harm.
- The Sale and Supply of Liquor and Liquor Enforcement Bill if enacted will reduce the legal blood alcohol (BAC) limit to zero for drivers under the age of 20, who do not hold a full license.
- A 2007 Auckland Falls Study²⁵ found that there was a strong and consistent relationship between drinking alcohol and the risk of an unintentional fall at home resulting in admission to hospital or a death among working aged people (25-60 year olds). ALAC in conjunction with ACC and Age Concern has produced a resource for older people, their carers and families. The purpose of the resource is to inform older people on methods to reduce their risk of alcohol related injuries, including fall-related injuries.
- Maritime New Zealand has addressed the dangers of alcohol abuse through generic boating safety publications, including a new recreational boating safety DVD.
- In the area of intentional injuries, there is a joint venture between the Health Research Council (HRC), ACC and ALAC on the Le Ala (community-based intervention research) project on alcohol-related harm. Prompted by participants, this project has also touched on suicide and assaults.
- To support the implementation of NZIPS, ALAC is participating in the regional forums across New Zealand to build the local networks and to disseminate relevant information.
- In the area of workplace, ALAC has worked with ACC, the New Zealand Drug Foundation and DoL on a resource to help owners and managers of businesses address the negative impact of alcohol and drug abuse in their workplaces. These agencies have also developed training manuals focused on workplace safety and wellbeing.
- In addition to the above activities at the community level, several other activities occurred to support the prevention of alcohol related harm. The key aspect of these engagements was the increasing collaboration occurring across and between government, and non-government agencies.

The NZIPS 2008 – 2011 Implementation Plan includes actions to progress work on initiatives that will reduce alcohol-related injuries. This includes implementing ALAC's Strategic Direction for 2008 - 2011, to address the drinking culture in New Zealand and contribute to a reduction in alcohol-related injuries and deaths.

²⁵ Bridget Kool, S Ameratunga (June 2007) *Risk Factors for non-fatal fall injuries at home among adults 25 to 60 years*. Auckland University.

Progress with implementing the six injury priority area strategies

Motor vehicle traffic crashes

Key actions achieved under the Road Safety Strategy in 2007/08²⁶

- In 2007/08 the Vehicle Safety Technology Campaign was launched. The campaign is led by ACC and the New Zealand Transport Agency (NZTA) with the support of the New Zealand Police and MoT. It aims to increase the level of safety features of new vehicles entering the fleet – specifically electronic stability control and side curtain airbags. NZTA's *Right Car* website is the key tool for raising consumer awareness of vehicle safety. This website has been supported by television advertising and road shows promoting vehicle safety to fleet buyers. The campaign will focus on the safety of commercial vehicles and used imports in the next financial year.
- To tackle the increasing issue of driver fatigue, a Driver Fatigue Working Group developed a Fatigue Strategy which was launched in December 2007.

Development of Road Safety to 2020 Strategy

- The National Road Safety Committee (NRSC) has been developing a new road safety strategy that will apply for the period 2010–2020. The strategy has a proposed new vision of 'A safe road system that is increasingly free of road deaths and serious injuries'. This vision is closely aligned to the NZIPS vision and signals that the ultimate goal is to work towards eliminating death and serious injury from the road environment.
- The new strategy is proposing a 'safe systems' approach. This takes in issues around designing and maintaining safer roads by acknowledging that human error is inevitable and that the road network needs to be redesigned to reduce the impact on the driver, when errors do occur. The four components of the safe system proposed are: safe roads and roadsides; safe speeds; safe vehicles; and safe road use.
- In terms of the priorities for road safety over the period 2010–2020 the following areas of are proposed which are:
 - reducing the impact of alcohol/drug impaired driving.
 - increasing the safety of young drivers and reducing the risk to others.
 - achieving safer speeds;
 - addressing distraction;
 - increasing the safety of motorcycling;
 - achieving safer roads and roadsides.
 - improving the safety of the light vehicle fleet
 - reducing the impact of fatigue
 - safer walking and cycling
 - improving the safety of heavy vehicles.

The strategy will also propose that effort remain focused on two areas to ensure New Zealand does not lose the road safety gains it has made. These two areas are restraints and high risk drivers.

²⁶ Progress with implementation is for the period 1 July 2007 to 30 June 2008.

Workplace injuries

Key actions achieved under the WHSS in 2007/08

- The Workplace Health and Safety Council had two meetings to identify activities and actions that will make a difference and have the greatest impact on New Zealand health and safety.
- Further development occurred on a 10 Year Implementation Roadmap to identify short, medium and long term measures to achieve the NZIPS and WHSS visions. The draft roadmap had preliminary input from the Workplace Health and Safety Council. Ongoing development of the roadmap is underway in consultation with social partners.
- In 2007-08, the DoL 'Grim Harvest' campaign focused on agricultural and other workplaces across New Zealand encouraging people to take extra care at work during the summer months, emphasising the need to Stop-Think-Do.
- In the area of vulnerable workers, work has focussed on Pacific and youth workers as national priorities under the WHSS. Pacific workers experience disproportionately high workplace incident rates in industries such as manufacturing and construction. Youth workers have the second highest ACC claim incidence rate, and are overrepresented in high risk occupations and industries, particularly working around machinery.

Falls

Key actions achieved under the Falls Strategy in 2007/08

- Older adult fall prevention initiatives became integrated into ACC's Primary Care Programme of Change, which aims to improve the interface between ACC and the primary healthcare sector. Examples include Vitamin D supplementation in residential care for older adults to reduce the incidence and severity of falls, and integration of a falls risk assessment tool within the GP practice management systems.
- Ongoing delivery and continuous improvement of ACC's exercise programmes for older people, Modified Tai Chi and Otago Exercise Programme (OEP) continued. ACC worked with District Health Boards (DHBs) and PHOs to provide referrals of at risk people to the programmes.
- The MSD and ACC worked collaboratively to offer coordinated cross-agency services to MSD clients, to support and maintain client independence. As a result, MSD case managers are referring clients to the OEP and Tai Chi programmes.

Suicide and deliberate self harm

Key actions achieved under the Suicide Prevention Strategy in 2007/08

The New Zealand Suicide Prevention Action Plan 2008 - 2012 was approved by Cabinet in December 2007 and launched in March 2008. Examples of key initiatives arising from this plan include:

- Enhanced training opportunities for primary care professionals on depression management, including publication of best practice guidelines for managing depression.
- Establishment of the Suicide Prevention Coordinator Pilots in five district health boards to facilitate implementation of the Suicide Prevention Action Plan at a local level. Coordinators (employed in Auckland, Counties Manukau, Lakes,

Wairarapa and Nelson Marlborough) are to complete a needs analysis and develop a local action plan in 2009.

- Continued development of the National Depression Campaign. An example of an initiative is 'The Lowdown', a youth-focused website about depression launched in December 2007.
- A new mental health literacy programme to increase knowledge and improve attitudes about mental health and mental illness. The programme targets adults who, in their day-to-day work, have contact with people experiencing emotional distress and who are well placed to respond.
- Continued roll out of 'Whakawhangaungatanga: The Self Harm and Suicide Prevention Collaborative' run by the New Zealand Guidelines Group. This supports DHBs to implement the best practice guideline 'The Assessment and Management of People at Risk of Suicide'.

Drowning

Key actions achieved under the Drowning Prevention Strategy in 2007/08

- A drowning prevention council (DPC) and four advisory committees were established in January 2008 to lead the Drowning Prevention Strategy. The DPC met in April 2008 and Professor David Gerrard from the University of Otago Medical School was appointed as independent Chair. This was a significant achievement for the sector and provides the foundation for the achievement of the DPS leadership goal.
- An independent review has been commissioned by ACC to conduct a cost-benefit analysis for the water-safety sector in New Zealand. The review will assist the sector in determining whether a recommendation to Government is required for additional and sustainable funding for the sector. The review will be completed in January 2009.

Assault

Key actions achieved in the area of Assault in 2007/08

The area of assault is co-led by the Ministries of Justice and Social Development. While MSD has a focus on preventing family violence, the focus of the MoJ action plan is on reducing violence in the community, alcohol related violence and sexual violence.

Taskforce for Action on Sexual Violence (MoJ)

- This taskforce made excellent progress in the first phase of its operation since July 2007 and in consultation with government and non-government agencies, approved a work programme of 15 initiatives and three supporting projects. The 15 initiatives span the six areas of focus outlined in the terms of reference, from prevention and services for victims through to the effectiveness and responsiveness of the criminal justice system and the management of offenders. The taskforce provided an interim report to Cabinet in July 2008 and will provide a final report by 31 July 2009.
- One of the programmes within the taskforce's work programme, involves a project directed at improving access to, and responsiveness of the ACC services for victims of sexual violence.

Taskforce for Action on Violence within Families (MSD)

The taskforce's programme of action focuses on four topics; leadership, changing attitudes and behaviour, ensuring safety and accountability, and effective support services. Examples of initiatives within these include;

- Development of a Maori Programme of Action and a Pacific Programme of Action.
- Further development of Family Violence Free Workplaces, and initiatives to raise and maintain staff awareness of family violence (workplace impacts and supports) initially within MSD, ACC and Police.
- The Campaign for Action on Family Violence, including the mass media campaign, a community action fund, media advocacy and research.
- The Family Violence Death Reviews project, which involves establishing a Ministerial Committee.

Alcohol related violence (MoJ): Many of the Territorial Local Authorities (TLA) and community projects funded by the MoJ's Crime Prevention Unit address the management of alcohol, including the use of alcohol in public places. For example, TLAs have been supported to develop comprehensive alcohol management plans. The Curbing Alcohol Related Violence (CARV) demonstration projects in Queenstown, Napier/Hastings and Rotorua use a paid co-ordinator to support TLAs, the Police and health agencies to develop more co-ordinated strategies to manage alcohol and prevent violence. It will be evaluated in early 2009 and findings will be disseminated to other areas.

The MoJ is also responsible for the Sale of Liquor Act and is preparing proposals on the Act for Cabinet consideration.

List of abbreviations

ACC	Accident Compensation Corporation	MoT	Ministry of Transport
ALAC	Alcohol Advisory Council of New Zealand	MNZ	Maritime New Zealand
CARV	Curbing Alcohol Related Violence	NFPS	National Falls Prevention Strategy
CEs' Forum	Chief Executives' Injury Prevention Forum	NMDS	National Minimum Dataset
CPTED	Crime Prevention through Environmental Design	NRSC	National Road Safety Committee
CPU	Crime Prevention Unit (Ministry of Justice)	NZHIS	New Zealand Health Information Service
CYF	Child Youth and Family	NZIER	New Zealand Institute of Economic Research
DHB	District Health Board	NZIPS	New Zealand Injury Prevention Strategy
DoL	Department of Labour	NZTA	New Zealand Transport Agency
DPC	Drowning Prevention Council	OAG	Office of the Auditor General
DPS	Drowning Prevention Strategy	OEP	Otago Exercise Programme
FCIP	Foundation Certificate in Injury Prevention	PHO	Public Health Organisation
NFPS	National Falls Prevention Strategy	RADAR	Representative of agencies addressing drug and alcohol issues regionally
HRC	Health Research Council of New Zealand	SCFNZ	Safe Communities Foundation New Zealand
ICE	International Collaborative Effort	SRG	Stakeholder Reference Group
IP Committee	Injury Prevention Committee	TLA	Territorial Local Authorities
IPNANZ	Injury Prevention Network of Aotearoa New Zealand	VOSL	Value of Statistical Life
IPRU	Injury Prevention Research Unit, University of Otago	WHSS	Workplace Health and Safety Strategy
MoH	Ministry of Health	WSNZ	Water Safety New Zealand
MSD	Ministry of Social Development		

Appendix 1

Membership of the Stakeholder Reference Group (for the period 1 July 2007 to 30 June 2008)

Dr Carolyn Coggan	Chair
Kevin Bryant	Training and education
Janferie Bryce-Chapman	Older persons
Sue Campbell	Child safety
Nettie Cullen	Suicide prevention
Kitch Cuthbert	Road safety
Cr Carolynne Stone	Local Government
George Fairbairn	Road safety
Dr Janet Fanslow	Violence prevention
Corrina Gage	Injury prevention for/by Maori
Erik Greenslade	Workplace injury prevention
Dr Ian Hassall	Child abuse prevention
Paul Jarvie	Workplace injury prevention
Gary Moller	Sports injury prevention
Alan Muir	Water safety
Tom Mulligan	Injury prevention for/by Maori
Don Nicholson	Workplace injury prevention/Agriculture
Saras Nair	New migrants
Val Norton	IPNANZ
Alan Parsons	Injury prevention practitioners
Dr Bruce Scoggins	Injury prevention research funding
Amanda Stephens	Workplace injury prevention
Ben Taufua	Pacific peoples

Membership of the Government Inter-Agency Steering Group (for the period 1 July 2007 to 30 June 2008)

Accident Compensation Corporation	Ministry of Transport
Alcohol Advisory Council of New Zealand	Ministry of Pacific Island Affairs
Civil Aviation Authority	Ministry of Women's Affairs
Department of Labour	Ministry of Youth Development
Maritime New Zealand	Sport and Recreation New Zealand
Ministry of Consumer Affairs	New Zealand Police
Ministry of Education	Statistics New Zealand
Ministry of Health	New Zealand Fire Service
Ministry of Justice	New Zealand Police
Ministry of Social Development	Te Puni Kokiri

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