



AUSTRALIAN INSTITUTE OF  
HEALTH & WELFARE

# INJURY ISSUES MONITOR

## NATIONAL INJURY SURVEILLANCE UNIT

No 4  
November  
1994

## NISU Steps Into The Future

NISU underwent a formal process of review in April 1994. The review was initiated by the Australian Institute of Health and Welfare (AIHW), of which NISU is a unit, and was undertaken by a Committee of Review comprising key in-

### EDITORIAL

NISU's fundamental job is to describe injury patterns in Australia. The numbers and rates of injury reflect the size of the problem and guide preventers and policy makers.

NISU puts a great deal of thought into considering ways of presenting information to make it useful, and to provide a clear and accurate picture. Descriptions of injury can take a number of forms including the analysis of specific causes such as falls or motor vehicle crashes; the characterisation of groups at risk (eg young adults, particular ethnic groups); and an examination of the circumstances that influence risk, such as place of residence (eg urban or rural). When one begins to look for them, differences in injury patterns are readily apparent at many levels. For example, there is considerable variation in such patterns between States and, in country areas, the rate of unintentional injury is notably higher than in the city. The knowledge derived from comparisons between causes, groups or locations can assist us in better understanding the injury problem and in targeting prevention.

Increasingly, NISU's statistical publications will focus on presenting data that allow comparisons to be made. Mortality data will be routinely available on a State by State basis; urban/rural mortality comparisons will be presented in the next issue of the Bulletin, and International comparisons will be made between Australia and other countries reporting to the World Health Organization.

Australia is a diverse community and it is necessary to understand and respond to these differences in developing strategies for reducing the national injury toll.

dividuals from agencies external to the AIHW. Consultation with NISU's clients and potential clients, including those interested in road safety, was an important part of the review process.

We're pleased to be able to tell you that NISU passed this test with a resounding pat on the back. The report of the Review Committee, endorsed by the Board of the AIHW, has affirmed NISU's direction and achievements to date and made recommendations aimed at consolidating our its activities.

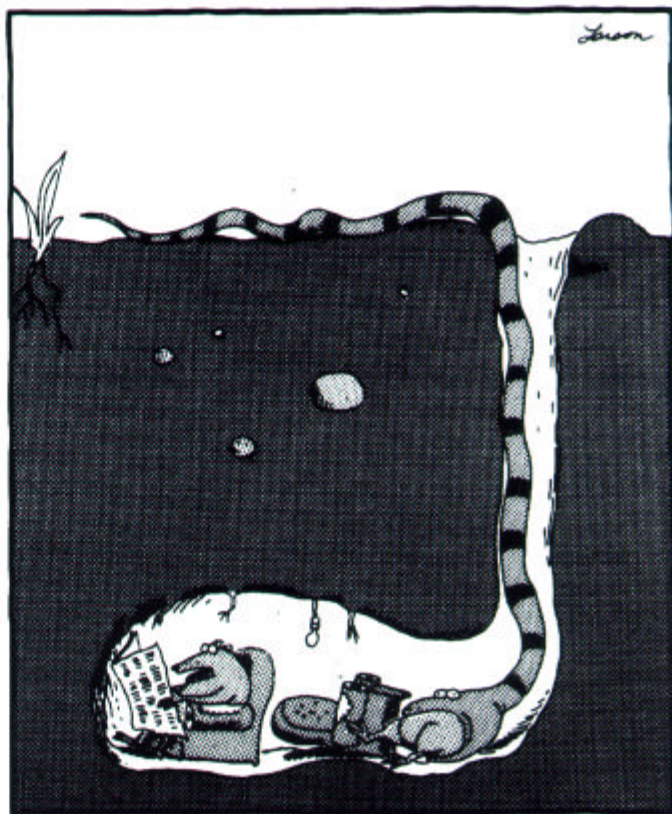
A pre-requisite to the review process was the development, by NISU staff, of a strategic plan for the Unit's next five years of operation. At the heart of that plan is this mission:

*NISU will inform community discussion and support policy making concerning the prevention and control of injury in Australia by developing, co-ordinating, interpreting and disseminating relevant information, research and analysis.*

Having taken on board the recommendations of the review, the Unit has designed a work plan for the next year that marshals available resources to best carry out its endorsed mission. Core elements of the work plan are the production of injury surveillance reports and the development and improvement of the injury surveillance data sources and methods that support their production. Output for the year will include publication of

- several scheduled injury surveillance reports based on currently available national injury data (mortality, hospital morbidity);
- four issues of the Australian Injury Prevention Bulletin which will continue to provide analysed, interpreted, and annotated summaries of injury surveillance data;
- four issues of the Injury Issues Monitor that will have a greater emphasis on informing readers about all aspects

*continued next page*



© United Press Syndicate

**"Well, I'll be darned. Says here 70 percent of all accidents happen in the hole."**



of NISU's program and its relationship to injury control in Australia.

NISU will also report on injury rates and trends relevant to national injury control targets and will continue to devote a proportion of its resources to responding to enquiries from clients who require information not directly available from existing sources.

The Unit's work program also directs resources to putting in place the foundation for better injury surveillance. The *Monitor* has reported specifically on three such initiatives: the national minimum data set for injury surveillance (NMDS-IS); the development of a national database of coronial information; and spinal injury surveillance. In addition, the following projects are planned for the next year:

- further development, piloting and evaluation of Emergency Department-based injury surveillance that incorporates the NMDS-IS;

- continuation of work associated with the development of road injury surveillance;
- development of trauma services monitoring, involving research into data availability and collection, and liaison with interested parties;
- preliminary, or smaller scale, developmental work on four topics: injury in aboriginal populations; injury in the elderly; reviews of available evidence concerning injury control interventions; and a feasibility study of geographic analysis of injury data (using, as examples, suicide and motor vehicle related mortality).

These core activities will be supported by an emphasis upon liaison with clients. New initiatives aimed at improving client liaison include the establishment of an advisory group, with representation from major clients, and the publication and wide distribution of a regularly updated directory of NISU products and services. Long-term plans also include the development of liaison

with particular sectors. During the next year, attention will focus on the consumer product safety sector (with a view to further strengthening the links between NISU and major agencies from this sector), and the development of strategies for monitoring product safety.

During the next two years, NISU will also continue to fulfill on-going obligations associated with the organisation of the Third International Conference on Injury Prevention and Control, to take place in Melbourne in 1996, and will contribute to the First National Conference on Injury Prevention and Control, to be held in Sydney in 1995.

**We'll be keeping you up-to-date on NISU's work; future issues of the *Monitor* will routinely include in-depth reports on specific aspects of the Unit's work plan. In the meantime, if you are interested in obtaining further information about any of the projects listed above, contact Renate Kreisfeld, Tel: (08) 374 0970; Fax: (08) 201 7602; e-mail: nirk@flinders.edu.au**

## United We Stand: Three new injury coalitions

### Tasmanian Injury Prevention Forum

August saw the formation of a coalition aimed at addressing the prevention of injuries in Tasmania. The new body, which represents a broad range of sectoral and community interests, will focus on information sharing, professional support and advocacy. A steering committee has been established to develop a formal proposal for the operational aspects of this venture.

There is considerable optimism about what can be achieved through greater collaboration and we're sure to hear about some new initiatives and achievements in the future.

Further information can be obtained from Michelle Flint, Tel: (002) 334 806; Fax: (002) 23 1163; e-mail: mflint@peg.pegasus.oz.au

### In the Barwon District, NSW

The Barwon Injury Prevention Outcomes Council was launched on 25 July. The Council is a coalition of government and community organisations (including Farmsafe), and individuals, that are concerned about the prevention of injury within the Barwon District (a regional health service in

Northern NSW). Formation of the coalition has grown out of a desire to develop an understanding of the extent and characteristics of local injuries and to develop co-operative working relationships to reduce the problem. Particular attention will be directed to injuries occurring in childhood, or those related to sporting activities, transport or farming. Attention will also focus on injury in Aboriginal populations, and on the issues of suicide, and domestic and public assault.

For further information, contact Andrew Cate, Barwon District Health Service, PO Box 256, Moree NSW 2400, Tel: (067) 529 204; Fax: (067) 524 025

### The Victorian Injury Control Forum

Established about twelve months ago, the Victorian Injury Control Forum is not a new body, but its role has evolved significantly. The group, which includes members of most of the Victorian organisations with a significant involvement in injury prevention and control, was initially set up to provide a forum for exchanging ideas and information on injury. A year's successful operation has increasingly brought the

Forum into focus as a reference group for injury control in Victoria. Members of the Forum have contributed to the drafting of the national health goals and targets for injury prevention; been involved in the development of the Victorian Injury Control Strategy; and are contributing to the planning and organisation of the Third International Conference on Injury Prevention and Control to be held in Melbourne in 1996.

It has become very much the case that 'Everyone who's Anyone in Victorian Injury Control' belongs to the Forum. Member organisations include the Australian Red Cross (Victorian Division), Monash University Accident Research Centre, the Safe Living Program of the Shire of Bulla, the Child Safety Centre at the Royal Children's Hospital, Kidsafe, the Victorian Institute of Forensic Pathology, the Victorian Injury Surveillance System, the La Trobe Valley Better Health Program, the Metropolitan Fire Brigade, the Victorian Farmers' Federation, the University of Melbourne and the Victorian Safety Council.

For information about the Forum, contact Jan Shield, Child Safety Centre, Royal Children's Hospital, Tel: (03) 345 5085; Fax: (03) 345 5789; e-mail: jshield@peg.pegasus.oz.au



# BABIES ON



The last issue of the *Monitor* contained an article, by Ian Scott of Kidsafe Australia, on the use of babywalkers. In that article, Ian referred to a review of babywalkers initiated by the Federal Bureau of Consumer Affairs (FBOCA).

Ian's article also reported that around 50 submissions had been received as part of a public consultation process and that a legal opinion was being sought, by FBOCA, in order to ascertain the feasibility of instituting a generic ban to cover all babywalkers.

FBOCA sought legal advice from the Solicitor-General's office. The legal opinion predicted difficulties in succeeding in banning baby walkers unless it can be shown that they are comparatively more dangerous than other goods. Subsequently, FBOCA asked NISU to examine the relative frequency of injury associated with babywalkers.

An examination of emergency department injury surveillance data from the Injury Surveillance Information System (ISIS) collection found that the six nursery products most commonly associated with injuries to children aged 6-12 months were, in descending order: babywalkers, high chairs, strollers, changing tables, prams and cots. A comparison of the injuries associated with these nursery products showed that babywalker-related injuries were 2.2 times as common as high chair injuries; 2.9 times as common as stroller injuries; 3.2 times as common as changing table injuries, 3.4 times as common as pram injuries; and 5.0 times as common as cot injuries.

Babywalkers were also compared with two other products whose primary function is 'child-minding': baby exercisers and playpens. The results of this comparison indicated clearly that babywalkers have a very different pattern of injury associated with them. ISIS data showed babywalker injuries to be 5.0 times as common as baby exerciser injuries and 21.0 times as common as playpen injuries. This is without correcting for relative exposure.

Australian Bureau of Statistics' estimates of household ownership of three nursery products (babywalkers, prams/strollers, high chairs), in Melbourne, were also examined<sup>1</sup>. These estimates, which found the ownership of high chairs and prams/strollers to be higher than that of babywalkers, were further suggestive of a disproportionately high level of babywalker-related injury: Overall, a comparatively lower level of ownership suggests a comparatively lower level of usage, yet the relative frequency risk of injury associated with babywalkers (based on ISIS data) is high.

The analysis shows babywalkers to be worthy of concern on the grounds of relative frequency of injury. However, a decision to ban under the Trade Practices Act should not necessarily require increased relative risk to be shown. In many cases, adequate data are not available and it is not immediately obvious which indicators of risk should be used.

A public health view suggests that action is required where a substantial hazard is demonstrated. A hazard may be demonstrated by surveillance of injuries. Hazards may also be demonstrated by assessing the design of products, and identifying features known, from previous experience, to be hazardous. The latter approach is preferable, as it does not depend on allowing injuries to occur before taking action. The type of action, information standard, recall or ban needs to be decided according to the assessment of the most effective means of reducing injury.

**For further information about babywalker injuries, contact Jerry Moller, Tel: (08) 374 0970; Fax: (08) 201 7602; e-mail: [nijnm@flinders.edu.au](mailto:nijnm@flinders.edu.au) (A copy of NISU's report on babywalker injuries is available upon request.)**

## United States: Making New Rules for Babywalkers<sup>2</sup>

The US Consumer Product Safety Commission (CPSC) recently voted to commence a process of defining formal rules to govern babywalkers. This move has been prompted by the high rates of injury associated with these products: annually in the US, 23,000 children, aged 15 months and younger, attend hospital emergency departments as a result of injuries associated with babywalkers. One thousand of these children are subsequently admitted to hospital.

The CPSC rulemaking process will focus particularly on the problem of injuries that occur when babywalkers fall down stairs.

Concurrent with setting rules, CPSC staff will continue to work with industry to develop voluntary standards aimed at guarding against the hazards associated with babywalkers.

Whilst the Commission has expressed the view that most manufacturers of babywalkers have not redesigned their products to prevent the large number of injuries, it has indicated that it will be prepared to terminate the rulemaking process if the industry develops an adequate voluntary standard that addresses the hazard of walkers falling down stairs.



# Injury Prevention: What Works?

The convenience of having Jerry on-site made the temptation to conscript him as our next interviewee very great. (Jerry Moller is Assistant Director and Head of NISU's Injury Information Services Program.) Jerry's many years of involvement in injury prevention have led to a well developed personal philosophy which, in turn, has produced a stimulating interview.

## Monitor:

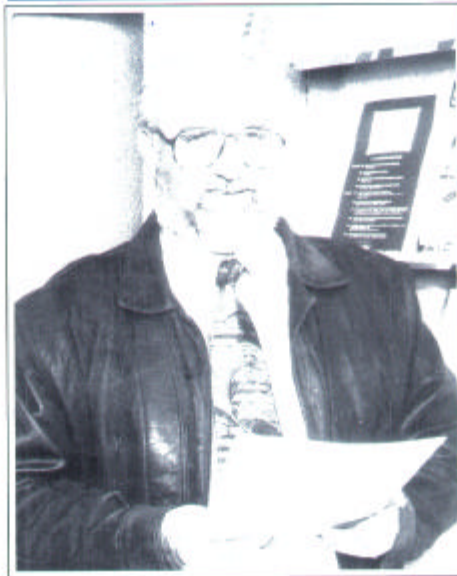
What have your experiences in injury prevention over the years taught you about ways of going about things ... and not going about things?

## Jerry:

One of the main lessons I've learnt is that one should never cease to be surprised at how many different professions, sectors and disciplines can contribute to finding a solution. When I first started off in injury I thought "Well, we'll just do the epidemiology, count a few things, and come up with simple solutions that will be put in place because they are scientifically justifiable." I seem, at that stage, to have forgotten my training in policy which says that policy never implements anything just because it's scientifically possible, or even scientifically rational, but much more because there is a group of people who actually want to do it and have some understanding of why they are going to do it and what sort of benefit it offers. We need science to tell us what the issues are and to assist us to find some of the solutions, but we also need the people, community and policy-making skills to put together a whole system of influence. Injury will only be changed in Australia if we change the culture of Australia.

All those things I've been talking about can influence that change in culture. We've shown that we can change the culture in certain areas. The success with seatbelts is an example. The fact that the Australian community, long before other communities in the world, was prepared to take on compulsory seatbelt wearing says something about the willingness of Australians to find solutions and to implement them. It also says something about our ability to persevere with something until it meets with success. The early debates about seatbelt wearing were often couched in terms of legislation restricting people's rights: "How dare you tell us to wear a seatbelt in a car!" We see some of those things re-emerging now with conservative governments talking about the 'Nanny State'. They seem to have forgotten that the system of co-operation between policy makers and scientists, and an understanding of what the issues are, has led Australia to be very successful in

... according to Jerry Moller



some areas and I think we need to make sure we never get pushed down one ideological line or pushed into thinking that one particular discipline has all the answers. Injury prevention is not just a matter for science, for policy makers, or for economists. All of those perspectives have to come together. If you don't have a multi-faceted approach, then you end up with small successes that don't penetrate the whole community. We have a huge potential to change the level of injury in Australia if we are prepared to co-operate. People tend to co-operate best when they have the support and resources they need and if there's anything that I'd want to say about injury prevention over the last ten years, it's that it has always been starved of resources. The majority of the resources put into injury prevention have actually come from individuals, not from institutions or government, and it's a tribute to those individuals that it's actually got as far as it has.

## Monitor:

In talking about the need for co-operation which draws on all kinds of groups in getting things moving, are you implying also the need for consensus? And, if so, is that always necessarily a good thing?

## Jerry:

Consensus is rarely possible. When it is possible, things flow more efficiently. You have less work to do, less barriers to clear away. But usually, the most creative solutions come out of a debate that holds a healthy tension. The current debate about what should be done about hot water scalds is a good example. Where we have an industry that has particular interests in terms of energy usage justifying the products they currently

sell, we have another group of people who've identified the real problem of the scalding of children. The most creative solutions are going to come out if that debate can be held in healthy tension. If it becomes an exercise in point scoring, then it won't go very far. I think we saw that with the swimming pool fencing debate. There were times when that debate became quite acrimonious, and what was really being debated was fundamental ideology on which some parties had no wish to negotiate. If you can maintain a stance where you are searching for a solution, then I believe that tension and lack of consensus can be extraordinarily creative. Some of the best solutions probably come out of not being able to go the easy way and suddenly discovering there's an even better way which you'd never even thought of. That sort of positive debate is important.

In the work that I've done in the area of consumer product safety, I've been a very strong advocate of moving away from the adversarial system. Consumer product safety in Australia, as in most other countries, has been built around the removal of hazardous products through bans and recalls, and the maintenance of product liability legislation so that people who develop dangerous or faulty products are brought to account and pay for their sins. That approach will only achieve a certain amount. Fundamentally, if we have a commitment to producing safe products in Australia, then the need for adversarial debates will be reduced. The greatest contribution to product safety in Australia is not banning more products, it's actually making sure that there are fewer products that injure people and, therefore, fewer that people might want to ban. You will never get a consensus between manufacturers and those who are promoting safety. They have different values and different ways of thinking about the problem. But you can create a healthy tension whereby the contributions that are being made by the safety advocates to the design of products are actually in the interests of preventing injury and in the interests of the manufacturers of products. They can both win. That's what I wrote in *Safety in the Making: towards the Year 2020*.

## Monitor:

Can you give a practical example to illustrate this?

## Jerry:

What about baby strollers? A recent article in the *Medical Journal of Australia* has raised, in the medical literature, what has been argued by a number of people over a period of years; that the design of baby strollers doesn't make a



great deal of sense. Strollers are designed to be lightweight, to allow children to be pushed around easily, but little thought has been given to the other uses to which they are commonly put. For example, heavy bags will often be suspended from the handles of the stroller, creating a stability problem. A child only needs to move to be tipped over, and if it is not strapped in, or the straps don't work effectively because they only restrain the child when the stroller is upright, the child is at risk of injury.

We can take a shot at the stroller manufacturers, say that they haven't designed strollers well enough, insist that they make appropriate changes or ask for unsafe strollers to be banned. That's the adversarial approach. I think it would be much better to actually work with the manufacturer to design a stroller which overcomes the difficulties that occur in general use. If you don't have a child in the stroller, it's perfectly safe. If you don't hang a bag from the handles, the stroller is perfectly safe. But when you do those sorts of things, suddenly you are putting the product into an environmental situation which is not well understood by the manufacturers. There are people who understand that. There are mums who know what it's like to wheel a stroller around. There are people who look at the data and understand what sorts of injuries are occurring and why. It seems to me that those things can be put together. Indeed, an industrial design student at the University of South Australia, about 18 months ago, designed a stroller that had a complete handle at the top, a parcel tray down the bottom so that the added weight was going to be put into the bottom of the stroller. It would seem to me that, if a manufacturer picks that up and captures the world-wide market in safe strollers, then they've got a winner. That's the sort of thing I'm talking about. It's not a matter of minimally changing strollers to reduce the risk, but radically changing the way in which we think about strollers to eliminate most of the risk.

#### Monitor:

It seems unlikely that manufacturers would jump at the chance of re-tooling to put out a totally new product.

#### Jerry:

The great advances have always been made when there is a leap taken. Incremental advances will only take us so far. And I think it's a bit of a myth to say manufacturers aren't going to re-tool. They do it all the time because people require different

sorts of products. What would happen if a manufacturer says "No, I'm sorry, I'm not going to re-tool to start making televisions ... I make radios. I'm not going to take that on." That's not the way that manufacturers think. There is no reason why re-tooling for safety should be seen as different from re-tooling to meet the demands of fashion. Safety is a saleable commodity. We don't sell it very well and we need to look much more closely at the traditional thinking we have about what things cost. A good example of this is the recent discussions about developing a better standard for exercise cycles. The manufacturers argued that, if they were required to re-design exercise cycles in order to stop finger entrapment, and that the new Standard were to specify a test relying on a probe size of a certain number of millimetres, it would cost them many thousands of dollars. The cost of re-tooling was almost certainly under the annual cost of advertising the product. If you keep safety in mind when you design a product, and you are doing the fashion changes required to keep the product in the marketplace, the incremental or marginal cost of safety is actually tiny. That's what I've been fighting for for ten years; getting people to think radically about including safety as a major part of everything they do so that they won't, in the future, be confronted with the cost of undoing damage, or of removing a

product that is a problem. And that goes back to what I was saying earlier about developing a *culture* of safety.

#### Monitor:

There has traditionally been debate within the injury community about what is the most effective approach ... Does one aim to change the environment, to modify behaviour, or to develop appropriate attitudes? Does this debate have implications for the development of a culture of safety?

#### Jerry:

I think it's been a distracting debate.

Fundamentally, if you're going to change the environment, you actually have to create a set of behaviours and attitudes that's going to be supportive of that. It's not one or the other. What we're looking at is a total social process. We will change the injury rate in Australia when we change the social process of Australia, and that means changing culture, changing attitude, changing behaviour *and* changing environment. To try to do one of those and not the others makes very little sense to me. Certainly, the major reductions in injury rates in Australia have been due to the passive, automatic measures such as re-designing roads and to measures that require minimal behavioural activity such as the putting on of seatbelts. But we've got to ask how these measures were successfully introduced. How did we actually get to the point where our society was prepared to accept such measures, put them in place and fund them? Unless we understand how to change what a society is prepared to do, then it doesn't matter how many wonderful environmental solutions we think up, we will never have them adopted in a widespread way.

There is a real need for a broad spectrum view. If people are critical of the way I think, it's probably largely because I try to encompass all those things and end up not being an expert in any particular area. But it seems to me that there is a need for generalists: people who are prepared to take a multi-disciplinary stance, and attempt to weld the different understandings and approaches into a 'systems' approach. If there is any particular thing that characterises my philosophy about injury, it is the belief that one must aim to change the *total* system and, in attempting to do so, make use of anything which promises to be useful.

Here's one approach to preventing childhood injury!





# The things we get asked!

**N**ISU receives many and varied enquiries from all kinds of organisations and individuals. Responses to such enquiries call upon the range of expertise resident within the Unit, as well as a variety of data sources such as the collection of hospital emergency department data known as ISIS and the Australian Bureau of Statistics' mortality data. NISU staff deal with as many of these enquiries as is possible, given resource constraints and the limitations of available data.

We thought we'd share just a few recent examples of such responses with you to give you an idea of the kinds of things we're asked for, and because the responses are undoubtedly of more general interest. We've reproduced the gist of these below, and will probably make this a regular feature of the *Monitor*.

## Ceiling Fans

### Request:

Information about injuries associated with ceiling fans

### Response:

Interrogation of ISIS revealed many examples of individuals, often children, being injured by rotating fan blades. While 75% of the reported injuries were cuts and lacerations, 14% of the cases suffered fractures. The head was the most frequently injured body part (69% of cases), followed by the upper limbs (38%).

Children were commonly injured after climbing onto bunk beds or other furniture which put them in close proximity to the fan. Another frequent scenario involved adults lifting or throwing young children into the air, bringing them into contact with the fan.

## Pen lids

### Request:

Information about asphyxiation associated with plastic caps used on ballpoint and fountain pens.

### Response:

Routinely collected mortality and hospital admissions data do not provide the level of detail needed to identify cases of asphyxiation caused by pen lids. Consequently, the text descriptions that accompany each record in the ISIS database were reviewed to gain an insight into this potential problem.

Of a total of 706 pen or pen-top related cases on record, 31 (4%) involved the respiratory tract. Twenty of these resulted in choking or asphyxiation, with a very high rate of hospital admission. Chil-

dren aged 5-9 years were more frequently injured in this way than those aged 0-4, and 10-14 years.

This information assisted the Australian Consumers' Association in preparing an item for their journal *Choice*<sup>3</sup>. In that item they referred to a recently framed international standard for pen tops which is aimed at ensuring that pen tops are designed to allow some air to pass through them should they become lodged in someone's windpipe.

## Lightning strikes

### Request:

Information about lightning deaths in Australia

### Response:

A search of mortality data from the Australian Bureau of Statistics showed that, during the period 1982-92, 19 deaths resulting from lightning were recorded in Australia. Over the period in question, this amounted to an annual average of 1.72 deaths.

## Older road users

### Request:

Information about issues relating to older road users

### Response:

A survey of published literature was undertaken to identify recent review articles on this topic. Five of the articles found in this process formed the basis of a brief report highlighting relevant themes: the ability of older drivers to drive safely (considering sensory and motor deficits, specific diseases, and the effects of medications); the practical difficulty of identifying particular older drivers who pose special risks; and the special susceptibility of older people to harm.

## Cats and dogs

### Request:

Information about injuries to young children caused by cats and dogs.

### Response:

Recent reports in the media have focused attention on the problem of dog bites. A search of ISIS data on emergency department attendances confirmed that this is indeed a matter for concern. An examination of all dog and cat related injuries to children under one year of age showed that almost 1% of all injuries to that age group were dog or cat-related. Of the cases selected, dogs were responsible for 87% and cats for 13%. Apart from bites and scratches

(64% of cases), there were two other mechanisms by which children were injured. Pets often caused the child, or an adult carrying the child, to trip and fall, with injuries sustained as a result of the fall (18% of cases). Animals knocking over objects such as a pram, baby capsule, or kitchenware also accounted for 8% of cases.

Other things we've been asked about recently have included:

- product-related injury amongst older consumers
- burns and scalds sustained by under 5 year olds
- burns to children as a result of touching the outside of hot ovens
- aerosol container fires and explosions
- injuries associated with shopping trolleys
- home maintenance related injury
- youth suicide
- escalator injuries
- sleeping children falling out of beds and cots
- sport-related face and scalp soft tissue injury
- food processor related injury
- injury due to slips
- mountain climbing/abseiling injuries
- injuries associated with wading pools in residential locations

**For further information about any of the above, contact John Dolinis or Renate Kreisfeld, Tel: (08) 374 0970; Fax: (08) 201 7602; e-mail: [nisu@flinders.edu.au](mailto:nisu@flinders.edu.au)**

## NEW, FULL-FRONTAL, DESIGN RULE

A \$1 million standards development program conducted by the Federal Office of Road Safety (FORS) from 1988-92 has culminated in a new Australian Design Rule for full-frontal crash protection. The new Design Rule (ADR69) will require compliance for all new passenger cars by 1996 and will result in most new passenger cars being fitted with at least driver's side airbags.

**For further information, contact FORS, Tel: (06) 274 7546; Fax: (06) 274 7922.**



*Our interview with Lyn Clarke, in the last issue, about her experiences as a consultant in Papua New Guinea prompted another prominent injury prevention professional to reflect on his own experiences as a consultant in the Western Pacific Region.*

*The following article by Tony Ryan, Director of the Road Accident Prevention Research Unit at the University of Western Australia, provides a fascinating insight into the road safety problems of lesser developed countries.*

Over the last seven years I have had the opportunity of visiting a number of countries in the Western Pacific region as a consultant for the World Health Organization, assessing their road safety problems and advising the health sector on appropriate strategies. These countries have included Vietnam, China, Korea, The Philippines, Papua New Guinea, Solomon Islands, Fiji, Tonga, and Kiribati. Although each is at a different stage of motorisation, there are some common problems.

Data relating to road traffic crashes are frequently inadequate and incomplete. Papua New Guinea is an exception, having a very well designed, microcomputer based police crash data recording system, with good coverage over the whole country. It is often found in these countries that the number of road traffic crash deaths, compiled from police records, ranks high when compared with the list of causes of death compiled from health statistics, where there is no mention of road traffic injury. Therefore, a large and important source of morbidity and mortality goes unrecognised by the health sector as road traffic injuries are diffused among concussions, lacerations and fractures, for instance. In Papua New Guinea, which is typical of a less developed country, the majority of road traffic deaths and injuries are due to single vehicle crashes, such as roll-overs and collisions with trees etc, and to collisions with pedestrians. The majority of vehicles involved are trucks and utilities, with the passengers carried in the tray being at great risk of injury from ejection during these impacts. Crashes involving passenger cars are more frequently found in urban areas. In some other countries, motor cycles and

## Road Traffic Crashes: a significant source of injury in less developed countries

Dr Tony Ryan



mopeds are very numerous, because they are cheap to buy and to run, and these are a frequent source of head injury.

Since a large proportion of crashes, both single and multiple vehicle, involve collisions with fixed objects or vehicles, proven injury reducing measures such as seat belts, airbags and rules for safe design and construction are very relevant. Although car occupant injuries may be relatively less important in terms of numbers in these countries, cars tend to be used by the more educated and therefore these deaths and injuries cause a disproportionate loss of skills to the country. Roll cages, to protect the occupants of the open tray of trucks, have been developed in Papua New Guinea, and in the Northern Territory which has similar problems. If there is no legal requirement for safe construction and equipment of vehicles, countries become dumping grounds for the least well equipped vehicles.

Alcohol is a serious road traffic, as well as a social problem in some countries, particularly where there is no legal framework, nor equipment available, for chemical testing of blood or breath samples from drivers, thus making enforcement of drink driving sanctions difficult.

Pedestrians are often injured while walking along the road rather than while crossing. This is often because there is no practical alternative to the paved road surface upon which to walk, and because the road is used by a mixture of vehicles and for a variety of purposes, and conflicts occur frequently. In addition, instruction at home or in school, in the appropriate behaviour on the road is mostly lacking. For instance, there is no recognition of the fact that pedestrians should walk facing approaching traffic where there is no separate footpath.

Frequently, in less developed countries, the health sector does not recognise that deaths and injuries from road traffic crashes place a large and increasing burden on health care facilities and resources. This is combined with a belief that road safety is a problem for transport and public works, and health has no part to play in road safety countermeasures. The reality is that the health sector can provide accurate data on the numbers of deaths and injuries from road traffic crashes, as well as epidemiologic skills for their analysis. The health sector also has an important role in providing community education in safe road user behaviour at all ages, including seat belt wearing, in programs to control the inappropriate use of alcohol and in supporting efforts to introduce laws and regulations for the control of drinking and driving. The health sector can be a powerful lobby group for persuading the other sectors with responsibility for road safety programs to adopt effective and appropriate strategies.

---

### SPINAL CORD INJURY SURVEILLANCE

NISU will soon release a report on needs and opportunities for routine surveillance of spinal cord injury in Australia. Spinal cord injury is not common, but its consequences can be very severe. For several years, a surveillance system collected data from Australia's six spinal units into a national collection, maintained by Mr John Walsh, in Sydney. Major sources of funds for this system dried up at the end of 1991, and data collection has been at a low level since then. During 1992, NISU provided a grant to enable Mr Walsh to produce a summary publication of 1991 data. Copies of this report are now available from NISU (contact Renate Kreisfeld, Tel: (08) 374 0970, Fax: (08) 201 7602), e-mail: nirk@flinders.edu.au

The potential for renewed surveillance is also being explored. NISU has funded a needs assessment, to assess the level of demand for surveillance of spinal cord injury, the types of information needed, and how it might best be provided. The project officer is Mr Charles Blumer, and it is being managed by Dr James Harrison (Director, NISU), Dr David Lyle (Epidemiologist, NSW Health Department), and Dr Susan Quine (Department of Public Health, University of Sydney). The project report is expected to be available from NISU by the end of 1994 (contact Renate Kreisfeld, Tel: (08) 374 0970, Fax: (08) 201 7602).





## Something To Read ...?

### **Preece R and King E, NSW Senior Road Users: Road Safety Strategy Progress Report and Revised Action Plan, 1994-1995.**

Prepared by officers of the Road Safety Bureau at the NSW Roads and Traffic Authority, this document outlines the status of NSW road safety initiatives directed towards older road users during 1994/1995 and contains current statistics in relation to older road users as pedestrians, drivers and vehicle passengers.

Copies of the report are available from Liz King, Tel: (02) 662 5258.

### **Options for Improvement in Farm Motorcycle Safety AND Farm Motorcycle Injury Profiles**

Both of these reports are the product of the Agbike Research Program carried out at the Australian Agricultural Health Unit in Moree NSW. The first comprises an extensive literature review of motorcycle-related injuries on farms; the second contains statistical profiles based on rural hospital data collected in three separate zones in NSW and Victoria.

For further information, contact Wouter Jan van Muiswinkel, Tel: (067) 52 9222, Fax: (067) 52 4025.

### **National Multi-Centre Falls Prevention Feasibility Study**

This report, commissioned by the Commonwealth Department of Human Services and Health in relation to its injury goal and target setting process, provides a short discussion of risk factors for falls; a brief overview of documented fall and fall injury prevention programs; a description of the major current and proposed falls prevention programs in Australia; and an examination of the feasibility of a national multi-centre trial.

For copies of the report, contact Lesley Day at the Monash University Accident Research Centre, Tel: (03) 573 2880; Fax: (03) 573 2882.

### **Preventing Falls and Fall-Related Injuries in the Elderly: a Literature Review**

This report, prepared by the Fall Prevention Research Group at the University of Otago Medical School, with funding from the Accident Rehabilitation and Compensation Insurance Corporation in New Zealand, covers intervention programs; the factors that identify older people at risk of falls; preventive strategies; and the economic costs associated with falls in this population.

For further information, contact Kathryn Nemeč, Accident Rehabilitation & Compensation Insurance Corporation, Shamrock House, 81-83 Molesworth Street, PO Box 242, Wellington, New Zealand, Fax: 64 4 499 3664.

### **Injuries Among Older People**

Edited by Brian Fildes of the Monash University Accident Research Unit, this book reports the results of a research program that set out to identify the nature and extent of injuries to older people from falls in their homes and from pedestrian crashes, and the scope for intervention. Significant risk factors such as poor health, medication, home environment, mobility and fitness, and visual acuity are discussed.

For further information, contact Robin Freeman at Collins Dove Publishers, Tel: (03) 895 8110; Fax: (03) 895 8181. The book retails at \$39.95.

### **Sharing the Main Street: Practitioners' Guide to Managing the Road Environment of Traffic Routes Through Commercial Centers**

This report, produced jointly by the Roads and Traffic Authority of New South Wales and the Federal Office of Road Safety, provides a guide to the use of environmental adaptation techniques for reducing conflicts in situations where a busy road runs through a commercial centre.

The report costs \$35.00 and copies are available through government bookshops or from the NSW Roads and Traffic Authority Tel: (02) 662 5278.

### **Home Safety Lecture Kit**

With sponsorship from Monash University and Esso Australia, the Monash University Accident Research Centre has developed a kit that consists of a scientific background paper describing the epidemiology of home injury in Victoria, a lecture outline and accompanying visual aids. The lecture covers patterns of home injury, hazards most commonly associated with both fatal and non-fatal home injury, and strategies for prevention. The kit comes with a choice of either coloured slides or overheads.

Kits are available for either purchase or hire. Purchase cost is \$130; hire cost \$35. A postage and handling fee of \$10 will apply. For further information, contact Christine Chesterman, Tel: (03) 903 2880.

### **Australia's Health 1994**

This, the fourth biennial report of the Australian Institute of Health and Welfare, is a compendium of current information on health and health services in Australia and the key resources and direction in health information and statistics. The report will be of interest to anyone involved in health policy, planning and evaluation as well as being an important reference and useful text for courses in public health, health management and related fields. NISU contributed sections on suicide and transport-related injury.

Copies of the report are available through government bookshops at a cost of \$39.95 (catalogue no. 94 2234 8).

### **Children in Car Crashes: an in-depth study of car crashes in which child occupants were injured**

This is a report of a study designed to detect (and identify ways of dealing with) any substantial or common problems with child restraints.

For further information, contact Ian Scott at KidSafe, Tel: (03) 670 1319; Fax: (03) 670 7616, e-mail: [iscott@peg.pegasus.oz.au](mailto:iscott@peg.pegasus.oz.au) Copies of the report are available at a cost of \$25.00.



The use of computer technology as an information sharing and dissemination tool is growing rapidly. Over the past year or two, the staff at NISU (together with many readers, no doubt) have been developing a familiarity with such things as e-mail services and computer bulletin boards, and what they have the potential to offer. Recently, to our delight, we've begun to uncover examples of such technology being applied to the wider communication of injury issues. Well naturally we're excited about such advances and thought that some of you may also be interested. For this reason, we've decided to include a brief report on this topic.

In essence, the kinds of services we're referring to appear to fall into the following categories:

## Electronic mail

E-mail, as it's commonly known, allows quick, cheap and easy one-to-one contact with colleagues in Australia and abroad. You can fire off a note in the twinkling of an eye, using your computer, and expect a rapid response.

## List servers

List servers allow a group of subscribers to routinely be sent information on a given subject, collected by a central source. An example of a list server is INJURY-L. Established by the Center for Rural Emergency Medicine and the Injury Control Center of West Virginia University, INJURY-L, which is resident on the Internet system, provides its subscribers with information on injury research, epidemiology, intervention, prevention and other related issues. The list is open, free of charge, to all persons who share these interests, and who have access to the Internet. (If you have Internet access, you can subscribe to INJURY-L, by sending an e-mail to [injury-l@wvnm.wvnet.edu](mailto:injury-l@wvnm.wvnet.edu). The body of the message should contain one line of text which reads `subscribe injury-l <your first name last name>`.)

## FTP, Worldwide Web, and Gopher sites

All of the above terms refer to methods of locating and accessing information on particular topics by searching through a range of world-wide networks. An example of the kind of treasure that such methods have uncovered for us at NISU is the US Consumer Product Safety Commission's (CPSC) system for widely disseminating a variety of information. The system includes copies of all CPSC press releases, information about hazardous products, etc.

## Usenet

'Usenet' refers to newsgroups that offer a forum for information exchange and discussion on particular topics. An example of this kind of service is the 'conference' component of the Public Health Network (PHN). The concept is one that is built upon bringing together people with common interests and providing a cheap, interactive medium for discussion and debate. (Further information about the PHN is provided below.)

All of the services mentioned above are generally readily available to anyone already connected to the Internet system, or some other system such as Oz-Email, Pegasus, Apana or CompuServe. Such systems are often referred to as providing a 'gateway' to a range of computer-based information services.

If you're not already connected, have a chat to your organisation's information technology staff or contact one of the many 'gateway' providers. Contact phone numbers for some of these are: Pegasus, Tel: (07) 257 1111, Fax (07) 257 1087; Apana, Tel: (03) 571 0484 or (06) 292 5366 or (09) 307 1183; CompuServe, Tel: (1-800) 025 240; Oz-Email, Tel: (02) 437 5500. (Beware, however ... the range of services and costs can vary considerably, so you'll need to shop around.)

If you get stuck, Steve Trickey (NISU's Information Technology Manager) may be able to offer some advice. He can be contacted on Tel: (08) 374 0970.

## The Public Health Network

Issue 3 of the *Monitor* announced the establishment of the Public Health Network (PHN), a computer-based system for information sharing set up, as a pilot project, by the Public Health Association.

## The PHN network incorporates the following services:

### Electronic mail

This allows one-to-one private communication with individuals in Australia and abroad. This service is not limited to those people attached to the PHN, but enables e-mail exchange through a wide range of networks, including Internet and Aarnet.

### Conferences

Particular areas of the PHN network have been set aside for users to share in debate and discussion of particular issues. Those conferences dedicated specifically to injury concerns are:

- `phn.injury` - A forum for information on a broad range of injury topics. This

*continued next page*



© United Features

*"On the Internet, nobody knows you're a dog."*



conference can include details of current research and intervention programs, or debate on new policy initiatives. It is also a vehicle for seeking advice and help from colleagues, or for advertising job vacancies, etc.

- injury.reports - Set aside for the dissemination of the results of injury data analyses and research reports.
- phealth.injury - Established to provide a confidential environment in which the co-ordinators of injury prevention units in State and commonwealth health departments can discuss issues, policy formulation, share advice, etc.

### Who is currently on the PHN?

The network includes representatives from State and Territory Health Departments (Injury Prevention Units), Kidsafe, the National Injury Surveillance Unit, Worksafe Australia, The Federal Bureau of Consumer Affairs, and from the legal and forensic professions.

For further information about the PHN, contact Pam Albany or Renate Kreisfeld at NISU, Tel: (08) 374 0970, Fax: (08) 201 7602 or Ian Scott at Kidsafe, Tel: (03) 670 1319, Fax: (03) 670 7616.

#### ACKNOWLEDGEMENTS

Production of the *Monitor* is made possible by financial support from the Commonwealth Department of Human Services and Health.

## Multipurpose Helmets

A recent edition of *Headlines*<sup>4</sup> (the newsletter of the WHO Helmet Initiative) reported on a meeting held to look at the possibility of developing a multipurpose helmet. The Recreational Helmet Forum, held in Washington DC in February 1994, brought together over 50 experts in the helmet field. The groups represented at the meeting included researchers, manufacturers, consumers, retailers, bioengineers and people involved in product standard setting.

The concept of having *one* helmet that will protect people engaged in a range of recreational pursuits seems intuitively sensible: head injury is sustained by adults and children in many individual recreational activities. The availability of a single, inexpensive helmet would make it economically feasible, particularly for parents responsible for purchasing head protection for their children, to guard against head injury. It also gives further credibility to the widespread promotion of recreational head protection.

Good idea it may be, but the development of such a product is not without its obstacles. Some of the issues identified in discussion at the forum included: An important barrier to producing a multipurpose helmet is likely to be manufacturers' liability exposure for not defining a specific use for a helmet. Development of such a helmet also poses dilemmas such as whether it should be designed to withstand a single impact or multiple impacts and highlights the difficulty of designing a helmet that would meet other specific, but opposing, requirements such as penetration versus ventilation.

The meeting concluded with the consensus view that the development of a 'starter' helmet for children of 5-14 years of age should be supported. The helmet should cover cycling, skateboarding, sledding, playground activities, rollerblading, roller skating and ice skating. Although the inclusion of horseback riding was controversial, it was finally agreed that this activity should be included unless doing so were to result in making the definition of a standard to cover such a helmet too difficult in terms of cost and design. The meeting also agreed that the proposed helmet should be designed to sustain a single, forceful impact and cost no more than US\$20.

For further information about the Recreational Helmet Forum, contact Renate Kreisfeld at NISU, Tel: (08) 374 0970; Fax: (08) 201 7602.

## Emergency Department Attendances for Road Injury

To gain a better appreciation of the extent of injury on the road NISU, in collaboration with the Federal Office of Road Safety, commissioned a hospital survey to gather more accurate data. The survey, which involved the participation of a nationally representative sample of 67 hospitals, sought information on the number of hospital attendances and admissions over a one year period.

The survey showed that nearly 120,000 people attended hospital due to a road injury in 1990/91. This figure is nearly 50% higher than Police estimates of minor injury, and demonstrates a substantial degree of under-reporting of the extent of injury on the road. It is well known that a large proportion of low severity road crashes are never reported to Police and that, as a result, estimates of the number of people receiving crash-related injuries are significantly underestimated by Police figures.

The survey results are presented in a report which will be released later this year. Estimates of the extent of minor injury on the road will now be updated annually through NISU's national road injury database. This will substantially improve estimates of the extent of minor injury and the economic cost of road crashes.

Further information about the report can be obtained from Peter O'Connor, Tel: (08) 374 0970; e-mail: nipo@flinders.edu.au

## National Road Safety Action Plan

Many readers will already be familiar with the National Road Safety Strategy released in September 1992. Following the release of that Strategy, an implementation task force, representing all levels of government and a range of industry and community bodies, was established to guide and manage its implementation. The task force recently finalised production of the *National Road Safety Action Plan* which provides a blueprint of activities designed to achieve the national strategy's objectives. The action plan incorporates a range of priority road safety and trauma reduction measures that all levels of government, the private sector, and the community can implement over the next three to five years. Other measures, to be progressively introduced up to the year 2001 are also included.

Encouraging drivers to switch to low alcohol drinks, introducing legislation governing the use of personal breath testing devices in pubs and clubs, and measures aimed at reducing the rural road toll are some of the key priorities identified in the Action Plan.

The Plan was launched in June by the Federal Minister for Human Services and Health, Carmen Lawrence, and the Parliamentary Secretary for Transport, Neil O'Keefe. It represents a major commitment from government and the health and transport sectors to reduce Australia's road toll.

For further information, and a copy of the plan, contact Frank Lippert at the Federal Office of Road Safety, Tel: (06) 274 7495.



## Injury statistics on ICE

International collaboration on injury statistics is taking a step forward, thanks to an initiative of the US National Center for Health Statistics (NCHS). The NCHS has begun an International Collaborative Effort (ICE) on injury statistics. The goal is to improve the quality, reliability and comparability of international statistics on injuries.

The first stage of the ICE was a symposium, held from 18-20 May 1994 at Bethesda, Maryland, near Washington DC. The aim of the symposium was "To achieve an in-depth understanding of different national practices for defining and measuring injury morbidity and mortality so as to provide a context for understanding the 'real' differences in injury rates and for arriving at strategies for meeting the goal of the ICE."

The symposium was probably the largest expert meeting on injury statistics yet held. Of nearly 120 participants, 20 per cent were invited overseas speakers, 30 per cent were staff of the US Centers for Disease Control, and the remaining 50 per cent were other US participants. Non-US participants came from 12 nations, including Australia (Dr James Harrison, NISU Director) and New Zealand (Dr John Langley, Director of the Injury Prevention Research Unit at Dunedin).

The meeting began with an overview of injury data available in three countries: Australia, Sweden, and the USA. This provided the context for subsequent sessions on sources of injury data (and associated methodological problems), current barriers to producing comparable international mortality and

morbidity statistics, data requirements, and coding issues.

The International Classification of Diseases (ICD) is the most widely used classification of injuries. The symposium considered its value and limitations, and the potential for improving it. One possibility considered was the development of a special-purpose classification attuned to the needs of injury surveillance and control, which would complement the ICD. The office of the World Health Organization responsible for the ICD, and US personnel involved in revising the Clinical Modification of the ICD, participated in the symposium.

A WHO Working Group on Injury Surveillance Methodology has, to some extent, paved the way for the ICE. The group, formed in 1991, has met several times to discuss development of injury surveillance methods and the harmonisation of injury statistics (NISU is a member of the group). The members of the group were invited to the ICE seminar, and one of the concrete outcomes of the meeting was agreement that the NCHS and the WHO Working Group will collaborate closely.

The NCHS is using the information provided at the symposium as a basis for planning future steps in the Injury Statistics International Collaborative Effort.

**Further information about the Injury Statistics ICE, and the seminar are available from NISU (contact Renate Kreisfeld, Tel: (08) 374 0970; Fax: (08) 201 7602). At present, NISU has the meeting papers (agenda, abstracts and reference lists supplied by participants). NCHS is preparing proceedings of the seminar for publication.**

## Review of Australia's Standards

The Minister for Small Business, Construction & Customs, Senator Chris Schacht, has announced a review of Australia's Standards and Conformance Infrastructure. What will be of interest to many of our readers is that this review will include an examination of matters relating to the development of Australian standards, including the arrangements that currently exist between the Commonwealth Government and Standards Australia. Amongst its other functions, Standards Australia is the principal standards-writing body in Australia.

NISU is aware that, to date, some consumer groups have asked that the review give consideration to how consumers are involved in standard setting, and the technical merit, coverage and level of application of safety standards that apply to consumer goods and services. These are all important safety issues and some of our readers may also wish to explore this avenue for furthering them.

**Organisations and individuals can influence this review process by contacting Ms Margaret Fanning, Secretary to the Review Committee, Tel: (06) 276 1810; Fax: (06) 276 1997.**

## What's been happening with those goals and targets?

Since our last report on this topic, the first public draft of the National Goals, Targets and Strategies for Injury Prevention and Control was released for comment. The consultation process entailed a call for public comment that resulted in nearly 100 pages of responses.

The Goals and Targets Secretariat reports that, overall, public reaction to the draft report was favourable. Dr Terry Nolan, Director of the Epidemiology & Biostatistics Unit at the Royal Children's Hospital in Melbourne, was appointed Technical Editor, and given the job of incorporating the feedback received into a final draft.

In addition to the call for public comment, a consultation seminar, held in Melbourne on 11 and 12 May, focused on those areas of the report that were under-developed and/or required intersectoral co-operation to improve their chances of success. The areas identified were consumer safety, intentional injury, sport and recreation safety and water safety.

The final draft of the report was presented to the June 1994 Australian Health Ministers' Conference (AHMC) and received that group's interim approval. Bilateral agreement with States/Territories on implementation of the goals and targets is currently being sought as a prelude to publication of the final report.

**For further information, contact Erin Cassell in the Injury Control Section of the Department of Human Services and Health, Tel: (06) 289 3997; Fax: (06) 289 7104; e-mail: erin.cassell@HHLGCS.AUSGOV. HHCS.telememo.au**

The *Injury Issues Monitor* is the journal of the

National Injury Surveillance Unit (NISU), Mark Oliphant Building, Laffer Drive, Bedford Park, 5042  
Tel: (08) 374 0970  
Fax: (08) 201 7602

Letters to the Editor are welcome.

Editor: Renate Kreisfeld



## First National Conference on Injury Prevention & Control

27-28 February 1995

Sydney

Being held as part of the lead-up to the Third International Conference on Injury Prevention and Control, this meeting will cover a range of injury issues such as burns and scalds, consumer safety, work-related injury, etc.

Contact: Expert Conferences, PO Box 150, Lyncham ACT 2602; Fax: (06) 257 4038.

## Third International Conference on Product Safety Research

6-7 March 1995

Amsterdam

The conference will provide a forum for the presentation of recent research results and the discussion of further research needs. In doing so, it will focus on the following themes: risk assessment; injury surveillance and accident mechanisms; product use; ergonomics; injury biomechanics and protective equipment; chemical and toxic hazards; fire safety; construction and engineering; product information; evaluation research.

Contact: ECOSA's Secretariat (Attention: Marion Bonneveld), PO Box 75 169, NL-1070 AD Amsterdam, the Netherlands, Ph: +31 20 511 4571; Fax: +31 20 511 4510

## 13th International Conference on Alcohol, Drugs and Traffic Safety

13-18 August, 1995

Adelaide

The scientific program for this meeting will include, but not be limited to, the following areas in alcohol, drugs and traffic safety: epidemiology; measurement and screening; driving performance; prevention; and rehabilitation programs.

Contact: ICADTS Secretariat, Ph: (08) 239 1515; Fax: (08) 239 1566.

A five-year study of ageing being undertaken by the Adelaide-based Centre for Ageing Studies holds the promise of turning up a wealth of information about the experience of growing older in Australia.

The Study is a collaborative project involving over 80 investigators from Adelaide, interstate and abroad. The collaborative group includes university, hospital and health department staff, as well as researchers from several agencies including NISU. The project, which has over 2,000 participants, is a multi-dimensional, population study of a stratified random sample of people aged 70 years and over (and of their spouses) living in the city of Adelaide.

The baseline data collection phase of the study was completed early in 1993. This phase of the study included an extensive interview that sought information in relation to many aspects of participants' lifestyles and circumstances (eg their dental health, medication use, housing and income, sleep patterns, and their experience of falls and injuries). The information was collected by trained interviewers. In addition, a separate assessment of physiological functions, undertaken by trained nurses, included the collection of anthropometric data, blood pressure, a short sequence of psychological tests and performance-based tests of physical function. A follow-up telephone survey was finalised in March of this year and a second round of interviews began in October. Further surveys will be conducted at scheduled points in the study. Most participants have also

given permission for service providers such as general practitioners, district nursing and other community services, to provide some basic information about the services that have been delivered to them.

NISU's involvement in the study is concerned with examining factors that lead older people to fall or to sustain some other kind of accidental injury. In examining potential risk factors, NISU staff will look at a range of demographic, clinical, psychological and environmental information collected in the various surveys. It is hoped that this process will shed light on the injury experience of older people in a way that will assist better targetting of preventive measures.

**For further information about the Study of Ageing, contact the Centre for Ageing Studies, Tel: (08) 201 7552; Fax: (08) 201 7551. Further information about the falls component of the study can be obtained from John Dolinis at NISU, Tel: (08) 374 0970; Fax: (08) 201 7602; e-mail: nijd@flinders.edu.au**

In issue 2 of the *Monitor* we reported on moves to establish a national coronial database. NISU has assumed responsibility for co-ordinating the further development of this initiative. As part of a project jointly funded by NISU and Worksafe Australia, Jerry Moller has been meeting with all State and Territory coroners in order to arrive at a model for the proposed database that will best meet everyone's needs.

Out of these meetings has come a discussion paper which has, in the first instance, been circulated to all coroners and major data users for comment. As a next stage, a meeting has been scheduled for late October. This will provide a forum for coroners and key potential users of a coronial database to negotiate appropriate amendments to the proposal contained in the discussion paper prior to its wider circulation.

**We will report on progress in the next issue of the *Monitor*. In the meantime, if you have any comments or enquiries, these can be directed to Jerry Moller at NISU, Tel: (08) 374 0970; Fax: (08) 201 7602; e-mail: nijm@flinders.edu.au**

## FOOTNOTES

- 1 Australian Bureau of Statistics, *Safety in the Home*, Melbourne, 1992, Tables 18, 24 and 28 (catalogue no. 4387.2).
- 2 From US Consumer Product Safety Commission Press Release #94-102, 30 June 1994
- 3 Australian Consumers' Association, *Choice*, April 1994, p 6.
- 4 *Headlines: The Newsletter of the WHO Helmet Initiative*, Volume 3, Number 2, Spring 1994.