

Highlights from the conference

Thanks very much to the Safe Communities foundation of New Zealand for the privilege of being able to attend this conference. I thoroughly enjoyed the opportunity to learn about the latest research coming from Australasia and the chance to critically reflect on my own practice.

My overall impression was that Australia is very well resourced for injury prevention research with an apparently high number of universities and research facilities working on this topic. They did appear to be less well-resourced at a community level to carry out the interventions. Our fairly simple (by comparison) government set up enables New Zealand communities to just “get on with the job” but with less critical analysis of injury causes, and less evaluation of the effectiveness of interventions.

The highlights of the conference for me were the following:

Mick Gooda – Aboriginal and Torres Strait Islander Social Justice Commissioner

Spoke about justice reinvestment – number of aborigines in jail has increased 84% in last ten years – something is going wrong. Don’t put people in jail for drivers license infringements, fare evasion = institutional racism.

Don’t create safer communities by locking people up – if that worked USA would be one of the safest places on earth.

Ideas – good early childhood education is critical, drivers licencing systems, legislation about warrants for arrest.

Prof Lucy LaFlamme spoke about health equity in injury prevention.

Think about differential exposure, vulnerability and consequences of injury. Sometime Haddon’s matrix is appropriate with passive environmental solutions and sometimes it needs to be more individualised.

Prof Caroline Finch – Director of Australian Centre for Research into Injury in Sport and its Prevention (ACRISP)

Talked about implementing successful injury prevention programmes into sports codes using AFL as an example. Critical Success Factors:

- People need to know about it
- It needs to work
- People need to do it properly
- They need to keep on doing it

Things get lost in translation – bring all parties together

Do small-scale trials with end-users – check for intervention fidelity

Develop a product that engages and that “someone like me” can do it, also show what not to do

Check that your intervention fits, is better than current practice, and has flexibility for different audiences.

Prof Mohit Bhandari spoke about clinical trials and their reporting in Journals

- Evidence based medicine is about an attitude of enlightened skepticism
- Talked about the critical importance of sample size. Read Ioannidis “Why most published research findings are false”

Prof Belinda Gabbe – Monash University

Talked about the long term outcomes after injury and how some assumptions about rehabilitation are wrong. Specifically misconceptions that the worst injuries will contribute to the most disability and that many insurance companies assume that there will be no long term disability from arm and femur fractures which is untrue. 29% of femur fractures will have an ongoing disability after a year.

Wendy Carlisle – journalist with the ABC who broke the story about AFL concussion mismanagement

As a journalist she always:

- Checks the links of doctors financially to the organisations they are commenting on
- Seeks to understand how science can be pressed into the service of an agenda
- Exposing junk science won't stop it but her job to check it out

Creation of a seed of doubt in people's minds (with junk science) can be devastating for reasoned debate – creates an acquittal in the court of public opinion for the offenders. Group chat afterwards talked about how this applies in climate change debate and alcohol.

Other key presentation points I gained were

Driving Change – presentation of a project where indigenous people are being assisted through the Australian driver licencing system. Understanding the barriers to accessing drivers licences in New Zealand is critical. A drivers licence is a social determinant of health. This programme focuses on several key streams. Help with – identity documents, fines advocacy, literacy and numeracy, access to driver mentors and vehicles.

Quad bike injury research – showing that rollovers are the most common type of injury for farm users and that there are differences in the profile of quad bike injury between Australia and New Zealand due to the nature of how and when they are most used. Eliminating the risk by substituting a different type of vehicle for the job was strongly pushed.

Young Drivers – 3 major risk factors for young drivers – peer passengers, speed and driver ability. Continue the fatal five education for young people. Drink driving, speeding, seatbelts, fatigue, and distraction. Need to be gender focused interventions.