

Health Promotion North Newsletter

Preventing Injury

Issue 20 *Spring* 2011

If you Google “preventing injury”, on the initial results page the first six references you will see are (in order) sports scientists noting the possibility of a 25% injury reduction in athletes; Youthsafe - preventing serious injury in young people; preventing children’s sports injuries; windsurfing injury rates; preventing injury during/ after disaster events; and preventing injuries at work.

So the theme of ‘preventing injury’ covers a very wide range of situations (there is more risk if you play sport or windsurf), population groups (young people take, or are exposed to, more risks) and organisational contexts (there are occupational risks in the workplace).

There are frequent references to injury prevention in promotional campaigns that seem to appear in just about every advertisement break in television programs or in each daily newspaper (e.g. Worksafe, swimming pool drowning, dial before you dig, excessive alcohol consumption, road safety promotions, bicycle safety etc).

The cynic complaining about the nanny state may suggest that do-gooders want to stop or curtail or protect us from just about every human behaviour.

It is of course debatable whether these advertising or promotional initiatives do in fact work – and if you’ve ever watched the Gruen Transfer you know that anything can be sold! – however in general the campaigns to prevent injury are addressing known risks and known incidence.

As with most more mature approaches to health promotion it is likely that the best outcome for reducing injury is achieved through public policy/ legal/ environmental or structural interventions that sit in the background, as it were, of how people normally live.

This is sometimes described as the ‘easiest choices are always the safest choices’.

If you think of road safety for example making seat belts compulsory saved lives; as did making safer cars; and safer roads;

and creating perceptions that you might get stopped by a random breath test booth so better not to drink alcohol; and getting people not to drive at all but catch a bus or a train or walk; or design cities or suburbs so that car use was minimised.

The fact that car accidents still happen remains a challenge for road safety advocates notwithstanding the terrible impact on families and friends of victims.

The imperative to prevent injury is an obvious priority for any broad approaches to health promotion and the more it can be incorporated into structures, legal and environmental contexts the greater likelihood of better outcomes.



Phil

Phil Morris
Area Manager North

A note from the editors....

It is difficult to believe that with this edition focusing on *Preventing Injury*, we have done the complete circle, as it were, of the *Working in Health Promoting Ways (WiHPW)* seven priority areas.

We started this new format in the Summer of 2009 and with each edition we've looked at some of the local issues, resources and health promotion interventions that have related to each priority area.

What a journey! We have met some fantastic people along the way and have become incredibly excited about the richness of skills and experience that exist out there in our community. What this edition offers is no exception.



As Phil's forward says, the scope of *Preventing Injury* is extensive and there are so many ways in which we as workers and practitioners can look to progress this priority area. For me, I'm rethinking some of my shoes!

After much discussion, we have decided to start the journey again and embark on the WiHPW circle once more. Who knows what treasures we'll unearth over the next couple of years!

Enjoy....

Tina, Hayley & Elizabeth

In this issue....

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....and much more!

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Working in Health Promoting Ways

A Health Promotion Strategic Framework for DHHS 2009-2011



Working in Health Promoting Ways



Preventing Injury

What is Injury?

In public health practice, injury usually means physical harm to a person's body to which factors and circumstances external to the person contributed significantly.

Common types of physical injury are broken bones, cuts, poisoning and burns. Generally the time between exposure to the cause of the harm and the appearance of the injury is short (ABS 2006), rather than as a result of cumulative exposures, although there are exceptions such as repetitive strain injury.

Intentional injuries are the intended result of acts by people, for example harm of one person by another (assault, homicide etc.) or self-harm. However most injuries are accidental and these are described as unintentional.

Injury is a serious public health problem because of its impact in the health of Australians, including premature death, disability and the burden on the health care system.

By its nature, injury connects directly or indirectly with the other WiHPW priority areas. For example there are links between suicide and self-inflicted injury and mental

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health. Injury prevention also links to road safety campaigns through injuries sustained by motor vehicles or accidents in motor vehicles.

Injury relates to alcohol and drug use minimisation strategies because injury through accident or violence can be a consequence of the related risk behaviours.

Injury affects Australians of all ages. Injury is the greatest cause of death in the first half of life, and overall is the fourth leading cause of death in Tasmania after cancer, heart disease and stroke. Injury leaves many with serious disability or long-term condition. It accounted for 7% of the burden of disease in 2003; Injury or poisoning has been identified as the fifth leading cause of death in Australia overall.

Overall, suicide (30%), transport accidents (24%) and falls (19%) account for nearly three quarters of injury deaths in Australia in 2002. National data indicates the burden for most causes of injury is greater in males than females. Males accounted for three quarters of the burden due to road traffic accidents and for suicide and self-inflicted injuries, whilst the burden for falls was equally distributed.

For further information:

www.dhhs.tas.gov.au/healthpromotion/wihpw

What the Framework Says

The *Working in Health Promoting Ways Background Paper* provides an overview of health promotion, principles of health promoting practice and their application, and priority areas for action.

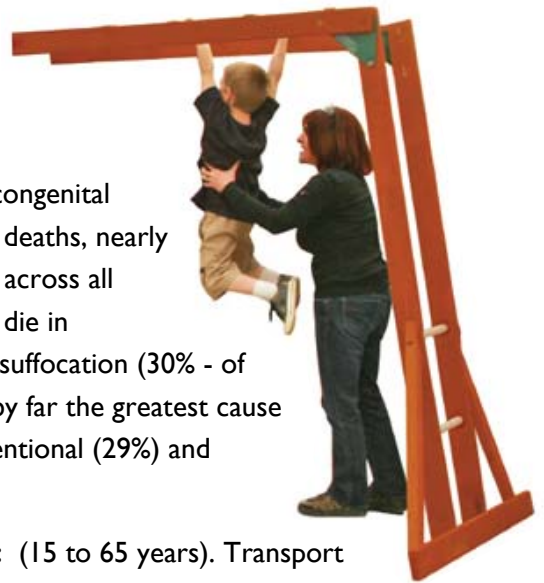
Preventing Injury makes up one of the seven identified priorities for action of the next few years. Here is what the Background Paper says....

Injury Overview

Hospitalisation data, which provides an indication of the incidence of more severe injuries, accounts for over 1 in 20 of all hospitalisations in Australia. Tasmania had an average of 250 injury related deaths per year between 2002 – 2006. Seventy percent of the deaths were for unintentional injury.

The likelihood of being injured and the types of injury that most commonly occur changes across the lifespan.

Children: The majority of deaths in infants are due to perinatal or congenital conditions, but between the ages of 1-14, injury accounts for 41% of deaths, nearly two-thirds being boys. This difference between girls and boys exists across all OECD countries. Children who die from injuries are more likely to die in transport accidents (41%) than any other way, including drowning & suffocation (30% - of these, over 80% were under 4) and assault (8%). However, falls are by far the greatest cause of hospitalisation for this age group (38.5%) followed by other unintentional (29%) and transport (16%).



Youth and middle adulthood: (15 to 65 years). Transport accidents account for nearly half of all deaths in this age group, remaining the highest causes of death and hospitalisation. This trend peaks at about 18 years of age, three quarters involving young men. Suicide is the next major category, accounting for approximately a third of deaths. However, in middle adulthood, these trends are reversed.



Older Adults 65+ years: The rates of fatal and hospitalised injury rise with age, peaking at about 80 years of age, with rates over twice as high for females. Falls account for about a third of all hospitalised injury cases and a fifth of all fatal injury in Australia. The rate of injurious falls requiring hospitalisation increases exponentially with age. Females are likely to stay in hospital longer than males, reflecting the large number of females hospitalised for hip fractures. Falls were the main cause of injury deaths for older adults (55% of cases in 2002)



The risk of falling and being injured increases with age with a significant proportion of the burden and impact of fall related injury occurring in the acute and residential aged care facilities.

What the Framework Says

As the body ages, the ability to detect and react to danger slows, and older bodies are less resilient and injuries have a greater impact. Fractures are common, particularly in the hip, which is the main cause of long-term disability. Even falls that do not result in serious injury can have devastating effects on quality of life through loss of confidence, depression and restricted functional abilities.

Furthermore, falls often trigger initial admission into institutionalised care. This is likely to become a greater problem as the proportion of older people in the population continues to grow.



Injury and chronic disease:

Injury is the leading cause of morbidity and permanent disability in Australia. According to the ABS disability survey in 2003, 15.2% of people with a disability reported that the cause of their main health condition was accident or injury (ABS 2004). Persisting injury-related problems cause a decrease in health status and a reduction in life expectancy.

Many acute injuries are the consequences of chronic diseases, and many acute injuries have chronic consequences. People with a prior injury have significantly more health service use (hospital admissions and physician claims) than the general population. Injuries also appear to increase mental health service use, with post-traumatic stress disorder and major depressive disorders being the most frequently diagnosed health conditions following injury trauma.

Degree of health inequities

Burden associated with injury is not evenly distributed throughout the population. Injury decreases with rising socioeconomic status. Lower socioeconomic status was associated with increased risk of injury at all levels, deaths, hospital admissions and emergency department presentations, however the causes of injury vary with socioeconomic status .

For Aboriginal and Torres Strait Islander peoples, the rate of hospitalised injury for males was 2.2 times as high as the rate for other Australian males with injury by another person, accidental falls and transport injuries accounting for sixty per cent of hospitalised injury for Indigenous people.

Furthermore, there is evidence that injury causes vary across SES groups, for example lower SES appears to predict higher frequency of assaults, pedestrian injuries and road-related

injuries, whereas high SES predicts injuries from sporting events and leisure activities (VISAR 2002).

However, SES also appears to be involved in the beliefs about how preventable injuries are. Girasek (2001) found that SES significantly predicted whether or not respondents were likely to believe that injuries could be prevented, with those from lower SES groups believing more that injuries are inevitable.

Variations in injury patterns across SES indicate different approaches to prevention required.

Consequently, public campaigns to reduce injuries first need to consider the SES strata at which they are aimed. And seek to modify belief states as well as risk behaviours.

Working in Health Promoting Ways Learning Series 2011-12



Exploring Principles of Practice
for Health Promotion

2011-12 Workshop dates:

Evidence informed practice
20th September 2011

Determinants of health
15th November 2011

Equity
28th February 2012

Partnerships
24th April 2012

Action across the continuum
26th June 2012

Cultural change
21st August 2012

Supportive environments
23rd October 2012

Community participation
4th December 2012

NB Order of workshops subject to change

Health Promotion North are facilitating a learning series based on the DHHS *Working in Health Promoting Ways* (Health Promotion Framework) eight Principles of Practice.*

Each 2.5 hour interactive session takes an in-depth look at a principle of practice and includes;

- theory of the principle,
- guest presenter highlighting the principle in practice, and
- reflection time—how is this principle evident in my/our practice or service?

Sessions held in Launceston and accessible via videoconference across NAHS Primary Health Sites.

Participation invited from all health and community workers.

Registration essential by contacting

healthpromotion.north@dhhs.tas.gov.au
03 6336 5589

* Further information www.dhhs.tas.gov.au/healthpromotion/wihpw

Health Promotion North

8PoP Northern Learning Series

Health Promotion North is very pleased to announce the commencement of 8PoP Working in Health Promoting Ways (WiHPW) Northern Learning Series 2011-12.

This series explores the eight Principles of Practice (8PoP) for working in health promoting ways as outlined in the DHHS WiHPW Strategic Framework.

Registration is open to all Government and NGO health and community sector workers who cover the North/North East and will be accessible via Telehealth.

Great news - minimal travel and no cost to attend! Mark the dates in your diary NOW.

The first workshop will be held on **Tuesday 20th September from 10:00am - 12:30pm**. The Principle of Practice we will explore is **Evidence Informed Practice** and our guest presenter will be Phil Morris, Area Manager Primary Health North.

Registration is easy and essential.

Register NOW <http://www.surveymonkey.com/s/LGX2KNF> or contact Health Promotion North if you require assistance or are unable to complete the registration online.

We look forward to seeing you there

Coming up later this year:

Tuesday 15th November *Determinants of Health*—guest speakers Stewart Millar (Manager Social Work Dept LGH) and Tua Agaiava (Principal Social Worker, Primary Health North).

Health promotion resources

Health Promotion North have access to a large range of resources on various topics relating to working in health promoting ways. Contact us if you are looking for something in particular.

We also have a health promotion email network list to promote and share health promotion activities across the region. If you aren't already on this list, feel free to email us on healthpromotion.north@dhhs.tas.gov.au and we'll happily include you.

Our regular health promotion training **Making A Difference (MaD)** will be commencing in February 2012. Keep an eye for the call for expressions of interest later this year.



Preventing Injury

Andrea Petrie (*Injury Prevention Program and Policy Officer, DHHS Population Health Priorities Unit*) provides policy and program advice and monitors the rates of and causes of injury for a variety of target populations.

What is Injury?

In public health practice, injury usually means physical harm to a person's body. Common types of physical injury are broken bones, cuts, poisoning and burns. Usually the time between exposure to the cause of the harm and the appearance of the injury is short.

Physical injury results from harmful contact between people and objects, substances, or other things in their surroundings, such as being struck by a car, cut by a knife, bitten by a dog, or poisoned by inhaled petrol.

Some physical injuries are the intended result of acts by people, for example harm of one person by another (assault, homicide etc.) or self-harm. Most injuries are not intended and these are often described as accidental.

However, most injuries are not accidents. In fact most injuries are preventable and the causes of injury are identifiable.

Injury prevention and control is one of seven National Health Priority Areas endorsed by the Australian Health Ministers in 1986 in recognition of the national burden of injury

Injury in Tasmania

Injury ranks fourth as a cause of death in Tasmania, behind heart disease, respiratory disease and cancer, and is the leading cause of death for people under 45 years of age. Injury also accounts for a diverse range of physical, cognitive and psychological disabilities that seriously affect the quality of life of injured people and their families.

All Tasmanians can play a role in reducing the risk of injury at home and in the community.

For more information please contact Andrea on 6222 7387

Below is a short list of the many resources that are available in the field on Injury Prevention:

State Policies

Tasmania's Health Plan has listed injury prevention within the eight key areas for action, recognising that support for sustainable health promoting, injury-preventing programs is an essential component of primary health care.

National Policies

The work of the Australian Government's National Injury Prevention Program is guided by three national plans:

- The National Injury Prevention and Safety Promotion Plan: 2004 – 2014
- The National Falls Prevention for Older People Plan: 2004 Onwards
- The National Aboriginal and Torres Strait Islander Safety Promotion Strategy.

These documents share a vision of 'Governments, private sector and communities working together to ensure that people in Australia have the greatest opportunity to live in a safe environment free from the impact of injuries'.

These documents can be found at:

<http://www.nphp.gov.au/workprog/sipp/nipp.htm>

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Population Health (DHHS) is currently involved in work being conducted nationally on the National Implementation Strategy for Falls Prevention for Older People Plan.

Falls Prevention for Older People

Falls are a major cause of injury for older people and the leading cause of injury-related hospital admissions in people aged 65 years or over, and responsible for substantial morbidity and reduced quality of life through pain and functional impairment. There are many agencies which provide advice information on how to minimise risk of falling:
<http://www.betterhealth.vic.gov.au/>
<http://www.health.qld.gov.au/fallsprevention/>
<http://www.stayonyourfeet.com.au/index.php>

Transport

The Road Traffic Safety Taskforce website publishes statistics, research and information on current advertising campaigns:



<http://www.rstf.tas.gov.au/home.html>



Workplace Safety

Workcover provides information on subjects around workplace injuries, including legislation, occupational health and safety and rehabilitation:
<http://www.workcover.tas.gov.au/node/workcover.htm>

Farm Safety

Providing farmers, rural workers and people in the rural community with access to important rural safety information.

<http://www.farmsafe.org.au/>



Childhood Injury

Kidsafe was founded in 1979 by a group of professionals and business people focused on the prevention of accidental injuries to children. As a

non-profit, non-government charity organisation, Kidsafe is internationally regarded as a leader in injury prevention. Their website has many Fact Sheets available for downloading:

<http://www.kidsafe.com.au/>



CHIP (Childhood Injury Prevention Coalition) is a coalition of service providers and other interested groups, established in 2004. The Commissioner for Children is Chair of CHIP. Membership includes representation from KidSafe, Tasmanian Fire Service, Department of Education, Community and Population Health. The Coalition works to strengthen collaborative action between these professionals.

For further information and updates about current activities of CHIP, forums and other items of interest please go to the Commissioner for Children's website at www.childcomm.tas.gov.au

Research

For more information about current research in Injury Prevention, the leading research institutes in Australia include:

[Flinders University - http://www.nisu.flinders.edu.au/](http://www.nisu.flinders.edu.au/)

[Monash University - http://www.monash.edu.au/muarc/](http://www.monash.edu.au/muarc/)

[Australian Injury Prevention Network - http://www.aipn.com.au/](http://www.aipn.com.au/)

International Resources

The World Health Organisation holds extensive resources on research, projects and initiatives from around the world:

http://www.who.int/violence_injury_prevention/en/

Healthy workplaces

Healthy @ Work

It is in everyone's best interests if employees are fit, healthy and happy. It's good for employees, their families, their colleagues.

Fit, healthy, happy workers are generally more productive and take less sick days than their less healthy colleagues.

In Australia, overweight and obesity are major barriers to being healthy, along with tobacco-smoking, excessive alcohol consumption and mental health problems.

Most people spend a significant amount of time at work. Because of this, what we do at work - what we eat, how much exercise we take and whether or not we smoke - has a big influence on how healthy we are.

Its time to take steps...to get [Healthy@Work!](#)

The DHHS Workplace, Health, Safety and Wellbeing Plan 2011-12 has now been signed off. It will set the direction for [Healthy@Work](#) for this financial year. Read the plan by clicking on the following link [Plan](#).

2010 Health Profile of the Tasmanian State Service

Paper and pencil surveys were mailed to approximately 40 per cent of staff in each Agency, with staff represented across all parts of the state. Staff were randomly selected to receive a survey. Across the Tasmanian state service, 12,173 staff were invited to complete the survey, and 3366 responded (28 per cent). Survey respondents were broadly representative of all state service staff.

The key messages from the survey include:

- the majority of staff are not getting enough physical activity outside of the workplace, and many staff spend six hours or more sitting in a day. Increasing leisure physical activity, and reducing time spent sitting, can have benefits to both physical and mental health;
- half of the state service is overweight or obese and most are not eating sufficient amounts of fruits and vegetables. Helping people achieve a healthy weight and improved diet is as important for the state service as it is for the Tasmanian community; and
- Staff were asked to nominate what they could personally do to improve their health or reduce their risk of getting sick. All health areas in the figure were nominated, with the most popular being physical activity, diet and weight.



If you would like more information on the findings from the report please click [here](#).



Healthy workplaces

Balance - Your Safety, Health and Wellbeing News

Safe workplaces and a healthy and resilient workforce underpin our capacity to deliver sustainable services to the Tasmanian community.

As well as keeping you up-to-date on the activities taking place around the State, through Balance News we also offer you a valuable resource to help support your own health and wellbeing. Here you will find articles, advice, ideas and inspiration.

Ensuring we have safe workplaces and improving our health and wellbeing requires investment from

both sides. It's a two-way street so we need to hear from you - what's important to you, what you're interested in, and your issues, concerns and suggestions.

You can speak to your Manager, HR Team, OHS Advisor, local Safety Committee rep.

[Click here](#) to view the first edition Balance News.



Quick tip: Get up and talk to colleagues instead of sending an email. Send us your quick tips—healthpromotion.north@dhhs.tas.gov.au

Starting a health and wellbeing program in your workplace

Workplace health and wellbeing program is a selection of activities or initiatives undertaken within the workplace which impact positively on the general health and wellbeing of workers.

These programs can differ in size, cost and range of initiatives offered.

It doesn't have to take hours per week to develop up a program.

You can ask for suggestions and start from there. All it takes is one motivated person who has the interest and enthusiasm to encourage management and others to get on board.

Where do you start? The best resource which will give you all the information



you need is the Premier's Physical Activity Council Get *Moving at Work* kit. You can find it by clicking [here](#).

And remember DHHS

Healthy@Work are here to help!

Contact us at:

rebekah.harrison@dhhs.tas.gov.au

Preventing Injury

Spinal Injuries



What is a spinal cord injury?

A spinal cord injury can happen to anyone at any time.

It's a permanent and irreversible injury and prevention is the only cure.

On average, one person sustains a spinal cord injury every four days in Queensland – about 90 people each year.

Sustaining a spinal cord injury is a traumatic and devastating experience for any individual, and their family and friends. It changes their lives forever.

When the vertebrae of the spine are displaced or injured, the spinal cord, which is housed inside the spine, may also be injured. Spinal cord injury occurs if pressure is applied to the spinal cord, and/or the blood and oxygen supply to the cord is cut off.

The spinal cord can also become damaged as a result of the late effects of polio (commonly referred to as Post Polio Syndrome) or inflammation that may result from viral infections, abnormal immune reactions, or insufficient blood flow through the blood vessels located in the spinal cord (this can result in transverse myelitis – a neurological disorder caused by inflammation across both sides of one level, or segment, of the spinal cord).

If the spinal cord is damaged through crushing, bruising or severing the messages to and from the brain cannot get through. The millions of nerve fibres which make

up the spinal cord cannot regenerate after injury.

The damage to the spinal cord may be complete or incomplete, depending on the degree of injury to the nerve fibres.

Incomplete injury can result in movement and sensation abnormalities and a complete injury usually means total loss of movement and sensation – permanent paralysis.

Generally, the level and degree of injury to the spinal cord will determine the extent and areas of paralysis. A person who has paraplegia will usually always have full use of their hands, arms and shoulders. The damage to their spinal cord will have occurred in the upper or lower back (thoracic, lumbar or sacral regions). A person who has quadriplegia will not be able to fully use their hands, arms and shoulders. The damage to their spinal cord will have occurred in the neck (cervical region).

Spinal damage can occur at the sacral or coccygeal levels. When this occurs, the bowel, bladder and the leg area below the knee are generally affected.

However, many people who injure their spinal cord at this level will be able to walk with the assistance of special aids, such as a walking stick or foot splints etc.

Spinal cord injury research into nerve reconnection continues to be carried out throughout the world, including Australia.

Source: www.spinal.com.au



Preventing Injury

Falls prevention for older people



Falls are a major cause of injury for older people. They are the leading cause of injury-related hospital admissions in people aged 65 years and over. In 2007–08 approximately three per cent of Victorians in this age group was admitted to hospital as a result of a fall. In that same year, 70 per cent of those aged 65 years and over and admitted to hospital as a result of a fall were women.

Falls are common among older people

It is estimated that at least one-third of people aged 65 years and over fall one or more times a year. Although many of these falls do not result in injury, they can cause:

- Hip and wrist fractures
 - Hip and shoulder dislocations
 - Head injuries and abrasions
 - Bruising and sprains
- Fear of falling that can result in loss of confidence and restriction of activities.

Older people are almost 12 times more likely to have a fall than a motor vehicle or pedestrian accident.

Falls can be prevented

Contrary to popular belief, falls are not inevitable and many older people can be prevented from falling. Some risk factors for falls are relatively easy to change and, where falls occur, the severity of injuries can be reduced. The first step is to ensure that if a person is feeling unsteady or has a fall, even one that does not cause an injury, an appointment is made to discuss this with a doctor.

Some things you can do—

- **Avoid falls**
- **Improve safety inside**
- **Improve safety outside**
- **Stay healthy**

Things to remember

- Falls are a major cause of injury for older people.
- Falls may be an indicator of deteriorating health.
- Exercising can help maintain strength (muscle and bone) and balance.
- Taking precautions in and around the home can help you avoid falls and injuries from falls.

Monitoring or personal alert systems or services can give older people independence and peace of mind.

For more information

http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Falls_prevention_for_older_people

Preventing Injury

Kids Safe



Kidsafe is a nationally

based charitable, non-government organisation dedicated to child safety through the prevention of unintentional childhood injuries and reducing the severity of unintentional injuries to children under the age of 14 years.

Its aim of a safer world for kids is achieved through community education, research, advocacy and environmental and legislative change.

More Australian children aged 1 - 14 years die as a result of injury than from cancer, asthma and infectious diseases combined. In 2005, 35% of all deaths in this age group were due to injury.

Every day, 5000 children require medical attention and around 180 children are admitted to hospitals in Australia as a result of injury. Some of these children will suffer permanent scarring or disability as a result of their injury. Tragically, around four children per week will die as a result of injury.

Since Kidsafe's establishment in 1979 the number of Australian children killed by unintentional injury has been halved.

Kidsafe works proactively around Australia with parents, communities and governments to minimise the burden of childhood injury on our health systems by increasing awareness, providing child safety education, advocacy and reviewing the causes and prevention of childhood injuries.

The Kidsafe Tasmania Safety Resource Centre opens the door on the dangers to a baby or child which

exist in the home.

Opened in 2003 by the Tasmanian Minister for Education, the Hon. Paula Wriedt, The Safety Resource Centre is an important resource in Kidsafe's mission to prevent the unintentional death and injury to Tasmanian children.

Located at Lenah Valley Primary School, in Creek Rd., Lenah Valley, the centre is a valuable source of information for anyone interested in the safety of children. The centre is located in the schools administration building and is opened during school terms and at other times by arrangement.

The safety centre includes a kitchen, bathroom and bedroom and shows the potential hazards for a child in each of these rooms and offers practical advice on what can be done to avoid them. Separate displays also focus on safety in areas such as playgrounds, cars, water and roads.

Safety devices such as electrical safety plugs and catches, stove and oven knob covers, corner cushions, tap protectors and flow guards can also be purchased at the centre. A range of information sheets and brochures covering child protection and child safety issues is also available free-of-charge from the centre.

Anyone interested in learning more about the child safety centre or seeking to arrange a visit [contact us](mailto:contact@kidsafe.org.au) via www.kidsafe.org.au

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Top Ten Accidents for kids

The majority of injuries to children are unintentional; events that are often described as "accidents". Unintentional injuries account for about 96% of injury hospital admissions and about 90% of injury deaths in children up to 14 years of age. Most unintentional injuries are both predictable and preventable and result from a lack of child safety.

Transport related injury and drowning are the leading causes of injury related death for children aged 1 to 14 years in Australia. Falls and transport related injury are the two leading causes of injury related hospital admission.

The following is a list of the top 10 accidents for children and safety tips on preventing them:

1. Car Passengers - children not using restraints are five times more likely to be killed or injured.

- Every child should be in a child restraint on every trip
- Child restraints must be properly fitted and used

2. Pedestrians - children need time to develop a road sense and to learn and obey road rules. Children under 8 are at the greatest risk.

- Provide a safe place for your child to play away from the road-side and traffic.
- Keep reinforcing road safety behavior to your child.

3. Poisoning - poison presents common safety hazards for young children.

- Medicines, household cleaners and products must be kept out of sight and out of reach preferably in a child-restraint cupboard or under lock and key.

4. House fires - the major risk is that a baby or child may be overcome by smoke.

- Install smoke alarms – fire brigades can advise on location
- Have a safety schedule - check

the batteries in smoke alarms weekly

- Talk to your child about what to do in the case of a fire

5. Falls – the single largest cause of child injury

- Install safety rails or guards for steps, stairs and balconies
- Put 'soft' fall material under play equipment
- Supervise your baby or child when using baby furniture

6. Drowning - the single biggest danger to children under 5 years of age

- Fence around pools and spas and check safety gates regularly
- Stay with young children when they are in the bath and during other kids activities around water

7. Nursery Furniture – baby furniture is a common cause of injury to children under two – especially from falls.

- Buy products safe for kids that are sturdy and well made: look for the Australian Standards sticker.
- Always use a safety harness. If

there isn't one, buy one separately.

8. Dog bites – Each day 2 or 3 children are taken to hospital because of dog bites. Around 75% of these are bitten by a family or friend's dog.

- Talk to your children about the dangers of patting dogs unfamiliar to them

9. Scalds – a major cause of long term damage to children Keep cups of hot drinks well out of reach

- Hot water from the tap can scald in seconds. Check the bathroom hot water is below 50 degrees Celsius. Kidsafe or a plumber can tell you how

10. Bikes, inline skates & skateboards – most injuries from boards or bikes result from falls

- Helmets reduce the risk of brain injury by 90%
- Teach children how to ride and to stop and start safely. Show them safe places where they can practice and set rules for where they can ride and skate

Preventing Injury

Web Resources



preventing serious injury in young people

Work safety services for young people

New research shows young people's brains are still developing until well into their 20's and this, combined with inexperience, can impact on workplace safety. Decision making, risk taking, communication and even fatigue are affected by a still maturing brain.

By understanding the unique characteristics of young people, supervisors are able to work more effectively with them. Strategies that often work for adult workers may not work for young workers based on their different characteristics and needs, which is why Youthsafe's work safety services are designed specifically for young people in the workplace.



To find out more [click here](#)

Helping keep teenagers safe in the workplace

Parent factsheet available now

Youthsafe has developed a new fact sheet designed for parents to help discuss workplace safety with their teenagers.

Young workers are at a greater risk of injury due to a number of factors including inexperience, a lack of information about workplace rights and safety and being placed in work environments with limited safety procedures.

This factsheet aims to support parents to help make young people's first experiences of work safe and positive, providing a foundation for the rest of their working lives. **FREE** copies of the factsheet are available by contacting the Youthsafe office, or can be downloaded by clicking [here](#).

Source:

www.youthsafe.org

Parent Fact Sheet:
Young Workers
Helping keep teenagers safe in the workplace

Facts:

1. Young workers between the age of 15 and 25 are more likely to be injured at work than any other age group.
2. 1 in 10 young workers who are injured have to take time off school or work.
3. Young men are at highest risk of being injured and killed in the workplace.
4. The most common injuries to young workers are:
 - Sprains and strains
 - Open wounds
 - Fractures
 - Bruising and crushing
 - Burns
 - Chronic joint/muscle pain

Why are young people injured in the workplace?

Young workers:

- May not have the orientation, training and supervision they need to be safe.
- May not know what questions to ask or how to raise concerns at work.
- May be unaware of their rights and responsibilities.
- May not have enough experience to recognise workplace hazards.
- May make unsafe decisions because the brain is still developing during teenage years.
- May not have developed enough physically to be able to use certain equipment or machinery.

The most common jobs for teenagers:

- Babysitting
- Leaflet & newspaper delivery
- Fast food work
- Retail
- Agriculture & horticultural work
- Cleaning
- Babysitting, gardening, farm work, etc.

For further information about youth injury prevention contact Youthsafe on 022 9029 8013 or check the website: www.youthsafe.org



Preventing Injury

Web Resources

AUSTRALIAN COMMISSION on SAFETY and QUALITY in HEALTH CARE

To lead and coordinate the safety and quality agenda in Australia's health care system

The Australian Commission on Safety and Quality in Health Care officially commenced as an independent, statutory authority on 1 July 2011, under the *National Health and Hospitals Network Act 2011*.

The permanent Commission is to lead and coordinate improvements in safety and quality in health care across Australia.

The key functions of the permanent Commission, as outlined in the legislation, include:

- to promote, support and encourage the implementation of initiatives relating to health care safety and quality
- to collect, analyse, interpret and disseminate information relating to health care safety and quality
- to publish reports and papers relating to health care safety and quality
- to formulate, promote and support the implementation of standards, guidelines and indicators relating to health care safety and quality, and monitor their implementation and impact
- to advise on national clinical standards
- to formulate model national schemes that provide for the accreditation of organisations that provide health care services and relate to health care safety and quality
- to consult and co-operate with persons, organisations and governments on health

care safety and quality

- to promote, support, encourage, conduct and evaluate training programs and research for purposes in connection with the performance of any of the Commission's functions.

Falls Prevention Guidelines

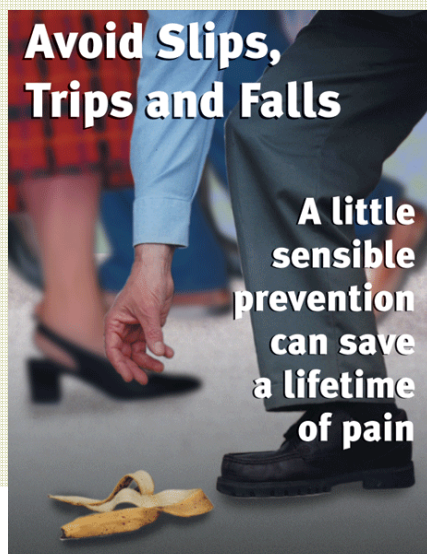
The Commission's major initiative in this area is [Preventing Falls and Harm From Falls in Older People: Best Practice Guidelines for Australian Hospitals, Residential Aged Care Facilities and Community Care 2009](#) which were developed by the Commission and endorsed by Australian Health Ministers in November 2009.

Latest Falls Prevention Research and Practice

The Falls Prevention Guidelines are due to be reviewed in 2013-2014. Keeping the Falls Prevention Guidelines up to date is important. The Commission provides:

- [A register of Falls Prevention Guidelines issues and errata](#); and
- [Links to latest falls prevention research and practice organisations](#)

The Australian Commission on Safety and Quality in Health Care



Level 7, 1 Oxford Street, Darlinghurst NSW 2010

GPO Box 5480, Sydney NSW 2001

Phone: (02) 9126 3600 (international +61 2 9126 3600)

Fax: (02) 9126 3613 (international +61 2 9126 3613)

email: mail@safetyandquality.gov.au

Preventing Injury

Work safe Tasmania



Tasmanians are being injured at work every day.

Some workers return, all try to... some never work again.

The health and community services sector and the transport industry are identified in the top three industries most at risk of severe injury in Tasmania.

The campaign aims to raise awareness of manual handling issues in these industries and also reinforce the need for all Tasmanians to take on board the key message of the WorkSafe Tasmania campaign, which is that *'the most important reason for making your workplace safe, is not at work at all'*

WorkSafe Tasmania Month Register now to attend an event

Safety is everyone's responsibility. Whatever your role is at work, promote this message to everyone and get them thinking about safety at work. WorkSafe Tasmania Month program of events and registration is open. A whole month of events for you to attend. [Check out the calendar and register online now.](#)

You can now register to attend one of the 162 free events being held in Queenstown, Burnie, Launceston and Hobart during WorkSafe Month 2011. Check out what's on offer in the Program of Events below.

This year we have the exciting option of registering online, to make it easier for you.

To register to attend online, [click here.](#)



To register for the event please contact: Lyn Holden
03 6212 9333 or email
l.holden@Tasracing.com.au



From our region

Longford Community Health Centre

National Farm Safety Week

Longford CHC have been actively promoting National Farm Safety Week by distributing CDs, these have been compiled using information from Farm Safe Australia Inc.

The OH & S information and documents located on the cd are very relevant to farm safety and a great resource tool to assist in developing and maintaining a safe work environment on farms.

Anyone requiring further information can visit www.farmsafe.org.au or phone 02 675282 10.



Healthy Bones Week

Our first combined services awareness week, Healthy Bones was a huge success with over a hundred resource bags packed with plenty of information, activities, recipe books, dental products and growth charts all being well received by our clients



The Healthy Bones Display complete with skeleton and the Oral Health display focusing on Infant Dental Health have caught the attention of many visiting clients.

With the ongoing assistance of Health Promotion North the centre is developing resources that are both interesting and relevant to our clients needs, these will be available to staff and clients past the awareness weeks.

To access any of these health promotion resources please speak to Lisa at Longford Community Health Centre.

From our region

John L Grove & Allambi

What a great effort—just under \$300 raised for the RSPCA!

Cupcake Day was held on August 15th at John L Grove and was attended by around 30 staff.

Cup Cake Awards went to Kellie Jarman, Marlene Lindsay, Chaylea Brasher and the LGH Catering Team.

Thanks to everyone who baked, donated and made the afternoon such fun



From our region

Beaconsfield

Go Red for Women



Thanks to all those staff members who helped to make this awareness and fundraising activity so successful.

From the community nurses, Kaye Binns, Cathy Porch (for their organisational prowess) to the Catering Service (yummy red food at the afternoon tea) to all staff who dressed in their finest red clobber and had a cuppa with our clients.

It was truly wonderful to see how happy the clients were at the afternoon tea.



Tom and Ami

New staff introduction – Monica Doyle, enrolled nurse, joined us on 6 June 2011

From our region

Deloraine

Touring TABIS exhibition July and August 2011



During July and August we hosted the TABIS travelling exhibition "A Brush with my Brain".

Our official opening was held on Thursday 21 July with Jonathon Bowden opening the exhibition.

Jonathon has been directing the art class since 2005 which is open to all Northern Tasmanians who live with some form of acquired brain injury.

Jonathon related some interesting stories of the paintings and artists journeys. Gordon Brooks talked about his inspiring story of his personal journey and how belonging to this group has made such an important difference to his life. Gordon had two pieces on display.

Above is a photo of Jonathon Bowden, Pip Stanley (Diversional Therapist) and Gordon Brooks in front of one of Gordon's artwork.

We had quite a diverse group at the opening coming from Deloraine Day Centre, Arts Deloraine, some of the artists from the group, staff and community members who all enjoyed a lavish spread hosted by Deloraine District Hospital.



The exhibition was on our walls until the end of August.

Knitting for Patience

We are inviting members of our community to take part in "**Knitting for Patience**"...

All you have to do is choose some needles, (they don't even have to

match) and stitch a few rows... plain, purl, rib, patterned...whatever suits. (The aim is to keep 36 stitches on the needles J) These yarns have been sourced and hand-dyed locally and you'll be contributing to a "Scarf" which will drape over our bridge during the Tasmanian Craft Fair, as part of



the Window On Deloraine Street Venue. This public knitting will be a display of our community's capacity to be patient.

Baskets have been taken around to Doctors surgeries, Day Centres, Nursing homes and our hospital to encourage participation whilst waiting for appointments.

Knitting for Patience is a Window on Deloraine project presented by Arts Deloraine, with funding from Deloraine District Hospital, Dept of Health and Ageing, Tas Community Fund, Regional Arts Fund and in partnership with Deloraine Rotary's Tasmanian Craft Fair.

From our region

Deloraine

Knitting for Patience cont..

below: Dying day for the wool used in project



Above Community casting on day at Deloraine Deli

Meander Valley Early Years project

Report from Libby Beyerle, Community Health Social Worker.

An update on progress for the 2011 Meander Valley Early Years project of 'Building Relationships'.

'Family Bags' have been printed and filled with 'goodies' and have begun distribution throughout the community. The first one at Deloraine Primary was a fantastic success.

Our intention has been to focus on 'health promotion' with a positive slant and I believe we have put together a worthwhile collection of goodies. Our new 'info card' of important phone numbers etc is also looking good and will be included in the bags.



The launch at each of the schools entailed a puppet show by Sean Manners. A new library of picture

books relating to issues of social & emotional development is now available to browse (& loan). **FREE** morning / afternoon tea was provided at each venue for parents who came along and they received their 'Family Bag'.

As our focus is about building relationships and demonstrating a commitment of support to our families raising children, we welcomed anyone from the community and /or service providers who were able to come along to any (or all) of our visits to schools / child care or Deloraine House.

We are continuing to work on finalising dates for end term 2 / term 3 where we will be revisiting schools with Alex Dyer (music therapist) and / or a story telling session with assistance of volunteers

Just a final word - I would like to say thank you to all those who have so enthusiastically considered their capacity to contribute to our project this year with ideas, time & support. I realise everyone is bound by program guidelines and overwhelming expectations but I believe that together we can offer a genuine early intervention strategy with an emphasis on relationships and therefore make a difference along the way.

To our schools, and child care - a HUGE Thank You for being willing to allow us visit your communities. As the hub of early childhood - I hope we can support the wonderful work you already do for children and families into the future.

From our region

Deloraine

Million Step Challenge

The cost of the Global Corporate Challenge this year was \$100 each person which was significantly higher than last year so after consulting with staff it was decided to do an in house challenge.

To keep in line with the starting date of the Global Corporate Challenge we commenced our in house walking challenge at the same time. Seems that the feedback is that most staff who wish to participate are happy to use their own pedometer, so we went with that to keep the costs down. We designed our own roster to record our steps and will provide certificates for significant milestones to staff.

We are calling it the Million Step challenge based on the premise that if we walk the recommended 10,000 steps per day we will have stepped out 1,120,000 steps!!

The Global Corporate Challenge web site takes you to places all over the world. Well we don't think we need to miss out on that so asked staff to submit photos of where they walk and we can share them with each other.

One of our staff members tells us how wonderful it is at 4.30am in the morning when she is out walking. We would really like to see a photo of that as it would be highly unlikely that any of us will see that in person. We are fortunate in Deloraine that we can take sights like this in just walking to work or a short walk from our hospital.



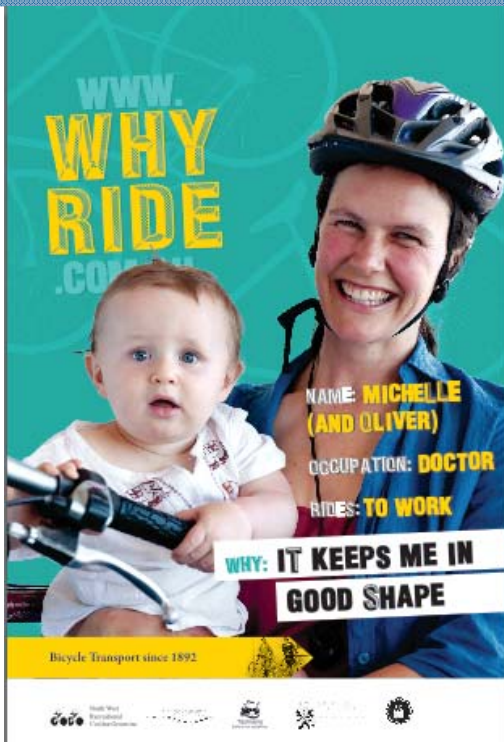
Paul Harris Fellows award for Lester Jones, DON

During the recent Deloraine Rotary changeover dinner a Paul Harris fellow recognition was presented to Lester Jones for his work at Deloraine Hospital and Community Health services and his work in the community.



This is the highest recognition the Rotary Club of Deloraine present for extra ordinary service to the community. Congratulations Lester.

Local campaigns



The 'Why Ride' campaign is a celebration of the reasons why people ride a bike, walk and catch the bus. Everyone has an excuse why they always have to drive a car, yet the benefits of driving are more often than not dwarfed by the positives of riding, walking and bussing. While cars are a dominating transport option, thousands and millions of people across Tasmania, Australia and the World are choosing to power themselves from A to B or let public transport do the driving for them.

The 'Why Ride' campaign intends to improve attitudes between road users through showcasing the types of people who chose active transport options.

The campaign consists of a series of Bus Ads in Hobart, Launceston and Burnie complimented by this website, social media and promotional print material. The campaign

is backing a competition for whoever can come up for the best reason for why they ride, walk or bus.

Along with our valued sponsors and affiliates, Why Ride is especially grateful to the Tasmanian State Government, Hobart City Council, Launceston City

Coun-

"SO BIKE ME"

Hayley Tristram (Health Promotion Coordinator) wins the prize for the best cycling slogan for TBUG (Tamar Bicycle Users Group)

JOIN THE COMMUTER REVOLUTION



ride to work day 2011
Wednesday 12th October



National Women's
Health Policy 2010



The *National Women's Health Policy 2010* (NWHP) is a recent development of the Commonwealth government to "guide us through the next 20 years to improve the health and wellbeing of all women in Australia."

The policy also "aims to promote Health equity through our close attention to the social determinants of health" and further "recognises that immediate, medium and long-term actions can be taken by individual women, policy makers, program managers and service providers to improve women's health."

Nicola Roxon
Minister for Health
and Ageing

How can the new national women's health policy support Tasmanian women?

Let's decide!

**Providers of services to women
are invited to a state summit to consider**

Women's Health: Developing a Tasmanian Agenda

The summit is an opportunity to:

*Examine the NWHP priorities for the purposes of
developing a Tasmanian agenda for women's health.*

Envision a Tasmanian agenda for women's health.

*Identify and progress opportunities for collaboration and
implementation of a Tasmanian agenda for women's health.*

DATE: Thursday 13 October 2011
TIME: 10:00am – 3:00pm
VENUE: Tailrace Centre, 1 Waterfront Drive,
Riverside (Launceston)

Summit Facilitator is Denele Crozier, Executive Officer of Women's Health NSW, the peak body for 24 non-government Women's Health Centres in NSW. Denele has extensive experience in women's issues and promoting a women's social view of health. Denele is a member of the NSW Premier's Expert Advisory Council for Women, a member of the NSW Premier's Council on Preventing Violence against Women, a Board Member of the New South Wales Council of Social Services (NCOSS) and a Committee Member of the Australian Women's Health Network.

RSVP by Friday 30 September is essential. Please contact the Hobart Women's Health Centre for further information, to RSVP, to receive your summit document pack and to advise of any dietary requirements. Email: info@hwbc.com.au Tel: 6231 3212.



The summit is a partnership of the Tasmanian Women's Health Program and Hobart Women's Health Centre.



Coming up



TASMANIAN INFANT MENTAL HEALTH CONFERENCE
STRONG FOUNDATIONS:
PROMOTING GOOD MENTAL HEALTH IN INFANCY AND EARLY CHILDHOOD
8 - 9 NOVEMBER 2011
WREST POINT, HOBART

The Tasmanian Early Years Foundation and Statewide and Mental Health Services, Department of Health and Human Services, are hosting a conference on the importance of good infant mental health.

The conference has three main objectives:

- To raise the importance of infant mental health
- To support the focus of mental health services on promotion, prevention and early intervention
- To provide opportunities for training and networking for infant mental health for service providers in both adult and children services across all sectors

Who should attend?

- Psychologists and psychiatrists
- General Practitioners
- Child and Adolescent Mental Health Service staff
- Early years educators
- Childcare workers
- Gateway services
- Child Health and Parenting Services staff
- Child protection staff
- Intensive Family Support Services
- Personal Helpers and Mentors

Highly respected speakers from Tasmania and interstate will be sharing their experiences of working in the field and innovative approaches to service delivery in this complex area. As well as a number of keynote addresses, there will be a number of participatory workshops.

SMHS will be running pre – and post-conference workshops for relevant practitioners in the field.

Further details will be available soon, but book your diary now for 8 – 9 November for this important conference.

For further information on the conference, contact Mark Green, CEO, TEYF - foundation@earlyyears.org.au or 6232 7096.

For further information on the pre- and post-conference workshops, contact Jane Austin, SMHS - jane.austin@dhhs.tas.gov.au or 6230 7812.

Useful information

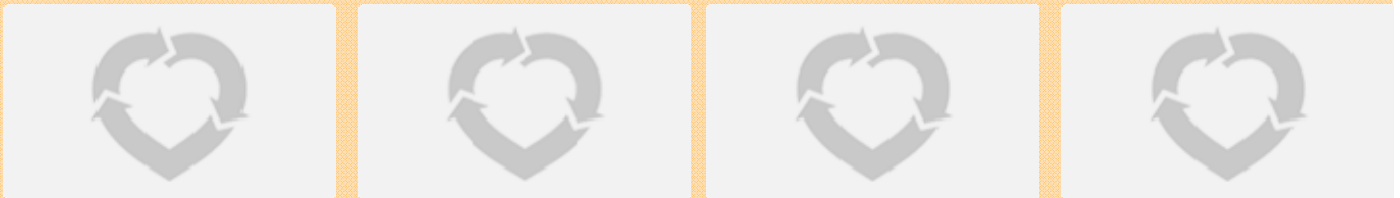
Services

The Gamblers Help program run through Relationships Australia continues to provide a valuable free service in the North to anyone affected by problem gambling. Our program includes free personal counselling, financial counselling, community education and community awareness sessions.



Problem gambling is a significant issue for many local government areas, with evidence to show that electronic gaming machine addiction is creating hardship for many low-income families. Some problems can develop through not really understanding how gambling works, some are to do with how gaming machines operate, and others just grow out of trying to escape life's other problems. Different people respond in different ways and can be helped in different ways

Self-exclusions can be a practical method of taking a break. Sometimes signing a written commitment to stay away for a period of time can be useful. This decision is legally binding between the individual and the venue and can easily be arranged through Gambler Help services.
or more information or to book in for an appointment, call Relationships Australia on 6336 7000.



Organ Donation – Do you know your families wishes?

The ongoing DonatLife campaign **Know their wishes, OK?** aims to increase family consent rates by promoting the need for Australian families to discuss and know each other's organ and tissue donation wishes.

For many people, Organ and Tissue donation is an opportunity to give new hope to others. In 2010, 309 organ donors gave 931 Australians a new chance in life while tissue donors significantly improved the lives of many more Australians. A total of 416 Australian lives have been saved or improved by donated organs from 141 deceased donors in the year to date (January – May 2011). This is a 19% increase in organ donation outcomes over the same period in 2010. (118 organ donors) and represents highest donation outcome for the same period since national records began.

However, there are still more than 1600 Australians waiting for this lifesaving opportunity.

Know their wishes, OK? encourages Australians to ask the people close to them about their donation decision so that, should the situation ever arise, they will confidently know if their loved one wanted to become an organ and tissue donor.

So what can you do?

- Discuss your organ and tissue donation wishes with loved ones
- Join in the campaign by downloading a range of information and campaign materials to promote **Know their wishes, OK?** in your family, community, school or workplace.
- Contact DonatLife Tasmania on 03 6270 2209, email donatelifet Tasmania@dhhs.tas.gov.au or at www.donatelifegov.au

Professional Development Opportunities

New evidence based oral health promotion resource from Vic Health
[http://docs.health.vic.gov.au/docs/doc/Evidence-based-oral-health-promotion-resource-\(2011\)](http://docs.health.vic.gov.au/docs/doc/Evidence-based-oral-health-promotion-resource-(2011))

Below is a link to Professor Marian Pitts talk entitled: **Sexuality and relationships education, a MUST in Tasmanian schools.** The audio begins about 2 minutes into the talk.

MyMedia Player (Streaming):

<http://mymediaservice.utas.edu.au:8080/ess/echo/presentation/7411103b-8eeb-494c-a810-01797ac1a40f>

20 October 2011 - The Salvation Army Bridges out of Poverty Conference – Launceston Strategies for Communities and Professionals. This workshop is designed for managers, community organisations, government departments, law enforcement, counsellors, employment agencies, health care professionals and social service providers. It will show you tools to take a lot of the stress out of managing your caseload and optimising outcomes for the people with whom you work.

WHEN: Wednesday 20th October 2011, 9.30am – 4.30pm
WHERE: Function Room, Tailrace Centre, 1 Waterfront Drive, Riverside
COST: \$220 per person
REGISTRATION: 0400 210 466 / Launceston.doorways@aus.salvationarmy.org

September 2011 - SAFE [Self-Abuse Finally Ends] in Oz: - 'An Introduction to Working with Individuals Who Self-Abuse' a 2 day workshop. This workshop will provide participants with an insight into the headspace of one who self-abuses in order to better understand their 'real' world and experiences; focussing specifically on their thoughts, feelings and behaviours. Dates: Launceston – 12th & 13th September 2011
Hobart – 15th & 16th September 2011
Further information, registration Annie Slocombe 0433 085 367 or Di Wines 0417 303 505
E safeinoz@wideband.net.au www.safeinoz.com.au

22-23 November 2011 - The Future of Food lies in Your Hands! Hobart, Tasmania The Public Health Association's (PHAA) 2nd National Food Futures Conference. Contact Janine Turnbull or Julie Woollacott,
E: events@phaa.net.au or conference@phaa.net.au.
P 02 6285 2373, Fax: 02 6282 5438,
<http://www.phaa.net.au/2ndFoodConference.php>

Infection Control Conference – early bird registrations and grant applications close 10th July Hobart 29th-30th September. **Two grants of \$250 available for rural and remote areas close 10th July.** Details at: www.thetica.net.au

Office of the Anti-Discrimination Commissioner Training, Education and Development Calendar:

<http://www.antidiscrimination.tas.gov.au/>
For this calendar period 3 new short courses have been added;

- o Engaging diversity
- o Racial diversity and preventing discrimination, harassment and bullying
- o Disability awareness and preventing discrimination, harassment and bullying

Registration / information http://www.antidiscrimination.tas.gov.au/education_and_training
Information: Roz or 6233 4841
E roz.smart@justice.tas.gov.au or louise.adams@justice.tas.gov.au

Article of interest: Barriers to walking

<http://www.theage.com.au/news/national/safety-fears-a-barrier-to-walk-ing/2006/10/23/1161455664178.html>

Professional Development Opportunities

16-20 November 2011 Creating Happiness Intentionally (CHI), Poatina Chalet, Tasmania -delivered by Sandy MacGregor, his work and seminar information view hyperlinks or website:

[Creating Happiness Intentionally Live In Seminar](#)
o [http://www.calm.com.au/seminar_details.php?id=3&mode=details&name=Creating Happiness Intentionally \(CHI\) Seminar](http://www.calm.com.au/seminar_details.php?id=3&mode=details&name=Creating Happiness Intentionally (CHI) Seminar)

o www.lifepurpose.com.au
Seminar cost (excl accommodation) \$997 + \$100 for a Pre-CHI if you have not attended Sandy's 2 day seminar.

Accommodation and all meals-Prices range from \$70-130/ night depending on accommodation option. Magnificent mountain views are a bonus! Contact Jenny Lawes for registration details (she may be able to arrange a discount)
jenny.lawes@dhhs.tas.gov.au

27-30 September **8th National Aboriginal & Torres Strait Islander Environmental Health Conference, Darwin NT** -visit - www.natsieh.com.au

13-14 October: **CO-OPS** [community based obesity prevention sites]- **National Workshop** Brisbane. <http://www.co-ops.net.au/> To register your interest contact admin@co-ops.net.au

20-21 October: **Step Up, Reach Out - developing an inclusive breastfeeding society.** Canberra. ...[more](#) or <http://www.breastfeeding.asn.au/news/2011.html> and more www.lrc.asn.au

27 September 2011-LEAN and Leadership Masterclass –LEAN processes aim to improve safety and quality of care, patient experience, efficiency of care delivery and leadership.

o **Where:** Grange Meeting and Function Centre, Campbell Town

o **RSVP:** Friday September 9, 2011. Spaces limited be quick!

To register: <https://www.surveymonkey.com/s/NH2SRJN>

Target group: (Executive) Directors, ADON's and Middle managers (NUMs).For queries email: pieter.vandam@dhhs.tas.gov.au

19 - 22 September - **National Men's Health Gathering**, Perth Western Australia men-shealth@pco.com.au or www.workingwithmen.org.au

26th September -**Department** of Nutrition and Dietetics at Monash University is hosting '**What's New? Dietary Guidelines for Infants & Children Nutrition Seminar** Details on the website <http://www.med.monash.edu.au/nutrition-dietetics/>

Working in Health Promoting Ways: A Strategic Framework for DHHS 2009 – 2012 establishes the Department's commitment to promoting safe, healthy individuals, workplaces and communities. View the framework at <http://www.dhhs.tas.gov.au/>

14 - 16 November: **3rd Rural & Remote Mental Health Symposium** - Mecure, Ballarat Victoria
Ph: (07) 5528 2501 **Fax:** 07 5528 5291
ruralhealth@anzmh.asn.au

28th & 29th November '**Social Participation: Knowledge, Policy and Practice**' Conference La Trobe University. **Visit** website www.latrobe.edu.au/isp for further information

The Australian Health Promotion Association 20th **National** Conference was held from 10-13 April 2011 at the Cairns Convention Centre. The conference program and abstracts, PowerPoint presentations, conference photos and the Report on the Social Determinants Think Tank are available at <http://www.healthpromotion.org.au/events/past-events/304-20th-national-conference>

Arts and health website Increasing evidence supports participation in creative activities directly improves health and wellbeing of individuals and communities. The Arts and Health Foundation a non-profit organisation promoting increased arts practices in health settings <http://www.artshealthfoundation.org.au/>

Coming Up

2011 Health Events calendar **NOW AVAILABLE ONLINE!!**

www.dhhs.tas.gov.au/healthpromotion/related_links

S E P T E M B E R	Month of	Prostate Cancer Awareness Month	www.prostate.org.au
	1-7	Spina Bifida Awareness Week	www.sbfv.org.au/
	1-7	National Asthma Week	www.asthmaaustralia.org.au
	1-8	Adult Learners Week	www.adultlearnersweek.org
	4-11	Child Protection Week	www.napcan.org.au
	5-11	Eczema Awareness Week	www.eczema.org.au
	8	International Literacy Day	www.un.org/depts/dhl/literacy
	9	Int. Foetal Alcohol Spectrum Disorder Day	www.adca.org.au
	10	National Gynaecological Awareness	www.gain.org.au
	10	Suicide Prevention Day	www.lifeline.org.au
	12	World First Aid Day	www.redcross.org.au
	12-18	National Stroke Week	www.strokefoundation.com.au
	15	Worldwide Lymphoma Day	www.lymphomacoalition.org
	16-26	Dementia Awareness Week	www.alzheimers.org.au
21	World Alzheimers Day	www.alzheimers.org.au	
26	World Heart Day	www.heartfoundation.com.au	
O C T O B E R	Month of	Anxiety and Depression Awareness	www.beyondblue.org.au
		Breast Cancer Awareness	www.nbocc.org.au/
		Walktober (Tasmania)	www.walktober.com.au
		Foot Health Month	www.apodc.com.au
	1	International Day of Older Persons	www.un.org/observances/days
	1-7	Seniors Week	www.cotatas.org.au
	2	International Day for Non-Violence	www.un.org/observances/days
	4-11	Amputee Awareness Week	www.limbs4life.com
	7	National Walk to Work Day	www.walk.com.au
	7	R U OK? Day	www.ruokday.com.au
	8	World Hospice & Palliative Care Day	www.pallcare.org.au
	9-15	Mental Health Week	www.mentalhealth.org.au
	9-15	National Week for Deaf People	www.deafau.org.au
	9-15	National Haemophilia Awareness	www.haemophilia.org.au
	10	World Mental Health Day	www.mentalhealth.org.au
	12	World Arthritis Day	www.arthritistasmania.com.au
	13	Stress Less Day	www.stressdown.org.au
	16-22	National Nutrition Week	www.nutritionaustralia.org
	16	World Food Day	www.un.org.au
	16	Skilled Burnie 10	www.burnieten.com.au
	17-21	Work Safe Tasmania Week	www.workcover.tas.gov.au
18-24	National Carers Week	www.carersaustralia.com.au	
20	World Osteoporosis Day	www.osteoporosis.org.au	
24-31	Children's Week	www.childrensweek.com.au	
24-30	Occupational Therapy Week	www.ausot.com.au	
24	World Polio Day	www.polioaustralia.org.au	
25	Pink Ribbon Day	www.pinkribbonday.com.au	
25	National Kidsafe Day	www.kidsafetas.com.au	
N O V E M B E R	Month of	Lung Cancer Awareness Month	www.lungnet.com.au
		Muscular Dystrophy Awareness	www.mda.org.au
		Miracle Babies Month	www.miraclebabies.com.au
		November	www.november.com
	4	World Diabetes Day	www.worlddiabetesday.org
	7-11	Community Health Nursing Week	www.anf.org.au
	8-12	Australian Lung Cancer Day	www.lungnet.com.au
	14-20	National Psychology Week	www.psychology.org.au
	15-21	Spinal Injuries Awareness Week	www.spinal.com.au
	16	International Day for Tolerance	www.un.org/observances/days
	20	Universal Children's Day	www.un.org/observances/days
21-27	National Skin Cancer Action Week	www.cancer.org.au	
25	White Ribbon day	www.whiteribbonday.org.au	

Next Edition:

If you would like to submit health promotion information, please forward it to us via email
By 18/11/11

Remember the focus will be on the DHHS Health Promotion Framework each edition. The next priority area will be:

Improving access to nutritious, safe and affordable food

Articles due by November 18th 2011



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