

**New Plymouth iS a WHO safe community working towards being injury free**

## HIGHLIGHTS FROM THE NEEDS ASSESSMENT

New Plymouth injurySafe has now received the final report, **New Plymouth District 2006 Community Needs Assessment** (Research & Evaluation Services Ltd & HealthSearch Ltd).

The main aim of the report was to compile relevant statistical and qualitative information to identify patterns of injury in the New Plymouth District. Information for the needs assessment was obtained by:

- analysing injury data from local and national statistical collections, including mortality, hospitalisation, emergency department, injury insurance claim (ACC) and road crash injury data
- consulting with key people and organisations in New Plymouth District with an interest in injury and injury prevention
- reviewing published reports and other literature examining the development of New Plymouth injurySafe and other recent New Zealand injury prevention initiatives.

A summary document will be printed and widely distributed. In the meantime here are some key points from the needs assessment.

### Injury Deaths in New Plymouth District

On average each year, almost 30 NPD residents die as a result of injury.

About two-thirds of injury deaths among New Plymouth District residents are due to *unintentional* causes, with most of the remainder due to *intentional* causes.

In 2000-2003, most of the deaths due to *unintentional* injuries involved:

- transport accidents (8 per year)
- falls (6 per year)
- drowning / submersion (1 per year)
- accidental poisoning (1 per year).

The vast majority (85 percent) of deaths due to *intentional* injury were caused by intentional self-harm injury (7 per year).

*In the four year period 2000-2003, the average annual age-standardised death rate for injury among New Plymouth District residents was slightly higher than that of New Zealand as a whole.*

### Injury Hospitalisations

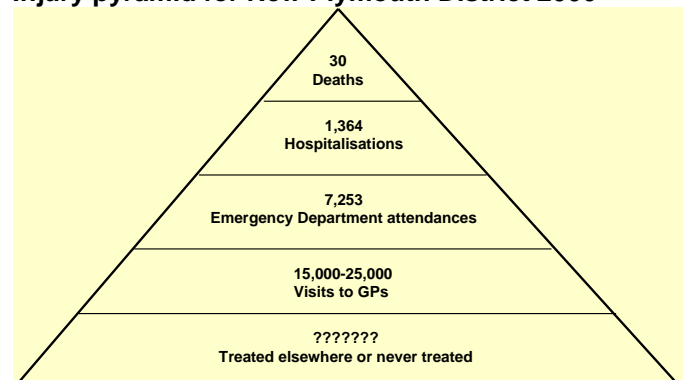
From 1989 until 1997 the rates of hospitalisation for injury in NPD were higher than for New Zealand as a whole. However, in 1998 the trend reversed and *in recent years NPD has had an injury hospitalisation rate somewhat lower than New Zealand as a whole.*

In the five year period 2001-2005 an average of 1364 NPD residents per annum were admitted to hospital due to injuries (includes both *intentional* and *unintentional*). Over this same period, 87 percent of these admissions were for *unintentional* injuries and just 8 percent of admissions were due to *intentional* injuries.

The most common groups of injuries were:

- falls (42%)
- exposure to inanimate mechanical forces (15%)
- transport-related accidents (14%).

### Injury pyramid for New Plymouth District 2006



### Community Priorities

The researchers consulted with over 30 agencies and organisations in the district and, based on their feedback, identified eight population groups perceived to be priorities for injury prevention. The report provides information on each of these groups in relation to common injuries; underlying risk factors; current or recent interventions and their perceived effectiveness; and suggested interventions. This information is summarised in a series of fact sheets for each of the eight priority areas: **1**-road users; **2**-older people / kaumätua; **3**-intentional injuries (domestic violence, suicide, assaults); **4**-young people / rangatahi; **5**-children / tamariki; **6**= people in the workplace; **6**= Māori; **8**-participants in sport or recreational activities.

**For an electronic Microsoft Word version of the full report (2MB) please email [kath.forde@acc.co.nz](mailto:kath.forde@acc.co.nz)**

### Further information about NPiS:

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