

WHAT IS INJURY PREVENTION? IT IS A PHILOSOPHY!

DEFINED = Injury prevention is an effort to prevent or reduce the severity of bodily injuries caused by external mechanisms, such as accidents, before they occur.

It is a profound change in the belief and values systems of the individual that results in a significant and enduring change of behaviour (much like conversion).

It is psychological, It is motivational, It is behavioural.

It is cultural, It needs team work, It requires analysis and evaluation.

It involves R+ or positive reinforcement. It demands clear goals.

It can include health status assessment but that is not the key.

It can include having Competent Persons or Safety Officers.

It is not advertising and it is not iphones. internets, gadgets or clouds.

It is not site inspections or auditing although that can help.

It is not a safety system although than can also help.

It is not medical or accident treatment but that can reduce severity.

It is not doing exams but it can be tests for discernment and survival.

It is not just training, but training is an important part of it.

The most effective types of Injury Prevention

- injury prevention training courses bi-annually.
- tests to identify dangerous workers or lack of judgement.
- incentives to get changes in behaviour and performance.
- reinforcement and regular encouragement via reporting.
- training needs analysis and annual performance review

12th World Conference on Injury Prevention

The key outcome of the 12th World Conference on Injury Prevention and Safety Promotion was the Tampere Declaration. The Declaration identified common aims and principles on injury and violence prevention reached by participants and the representatives of WHO at the Conference during the structured consultation process. The Tampere Declaration is linked with injuries and violence-related targets to the UN 2030 Sustainable Development Goals. The Tampere declaration expresses global commitment for stronger injury and violence prevention. It also encourages to integrate injury and violence prevention into other health and safety advocacy platforms.

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Heb 1:3 The Son is the radiance of God's glory and the exact representation of his being, sustaining all things by his powerful word. After he had provided purification for sins, he sat down at the right hand of the Majesty in heaven.

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ACC PERFORMANCE IMPROVEMENT REVIEW, INJURY PREVENTION

The following is an extract from the 25 page report which is believed to be an external review of the three main functions of ACC by Dr Murray Horn. May 2017.

Of ACC's three functions - prevention, rehabilitation and compensation – the 2014 Review found that injury prevention was least developed and was the only activity rated as 'weak' at that time. An impactful injury prevention programme is critical to achieving the ACC's vision to improve our quality of life "... by minimising the incidence and impact of injury."

The 2014 PIF report noted that, while ACC had some success over the years (especially in Roads and Rugby), injury prevention **performance was "sporadic" rather than "sustained and systematic"**. The weak rating reflected the relatively **low level of investment**; an **on-again, off again** approach; an approach to **partnering that was perceived as being "on ACC's own terms"**; an overly **narrow range of interventions** that constrained returns; and **the lack of well defined strategy** to reduce injury incidence and severity. ACC recognised these weaknesses and was committed to correcting them.

ACC has since backed this commitment with action in all of these areas. It has increased its investment in injury prevention from \$34 million in 2013/14 to \$50 million in 2015/16 and plans to raise that to \$80 million in 2018/19. At the same time, the expected return on this investment has increased from \$1 for every dollar spent in 2014/15 to \$1.87 today and is targeted to increase to \$2 per dollar invested by 2018/19. This is underpinned by better use of data to identify opportunities; more effective partnering across a wider range of partners; employing a wider range of interventions (education, subsidy, regulation, levy-setting, enforcement); to address a broader range of the causes of serious injury (eg, family and sexual violence); all guided by a much better articulated strategy for targeting and reducing the cost of injury that should help ensure a more consistent approach over time.



Photo credit: U.S. Department of Labor

ACC PERFORMANCE REVIEW – INJURY PREVENTION Dr M Horn

This has been a remarkable improvement in a relatively short timeframe. Looking at the Areas of focus described in the 'Context and Scope' section above: ACC has transitioned to a structured portfolio where **interventions are more systematic** and are starting to deliver quantifiable improvements in injury incidence and severity. The area is no longer 'weak'.

The **challenge now is for injury prevention to have a much bigger impact on aggregate injury incidence and severity** in order to materially reduce the expected growth in overall scheme costs.

While the current approach has a significant impact in specific areas, it is not yet significant enough to be material at the aggregate level: ie, total claims or costs per claim. Instead of reducing new entitlement claims from 24 to 22 per 1,000 people by 2017/18, as anticipated in 2014, these claims have actually increased to 26 per 1,000 (albeit ACC argues that better than expected economic conditions had some part to play in driving this increase). While injury prevention initiatives seem as if they are starting to have a noticeable impact on the severity of injury, it is unlikely to be material for some time yet. The **Financial Condition Report 2016 notes on page 5 that "... in order for there to be a material impact on levies and appropriations, both the level of investment and the return need to grow.**

" It is **unlikely that simply scaling up the current approach will be enough**, even if ACC were prepared to continue to spend ever larger sums on injury prevention. The best prospects from existing partners are likely to be already underway. Without further innovation in ACC's injury prevention business and operating models, diminishing returns will start to set in.

Identifying these innovations is the next performance challenge in injury prevention. It may well be that making a material impact on a \$3.5 billion increase in the lifetime cost of new claims each year requires a far better targeted and co-ordinated effort across all of government (although this is the responsibility of whichever agency has leadership across government). In the meantime, however, ACC has to take the lead in working with its partners in areas where the benefits to the Scheme are highest.



There is **scope for innovation that can further increase returns**, even with what is currently known about 'what works' to deliver better outcomes. Data could be used even more effectively to **better target the right activities to the right group of people at the right time**. There is also scope to **engage an even broader range of partners** in helping to deliver a common outcome (eg, in developing the fledgling relationship with District Health Boards and others in the health and social sector to tackle treatment injury). There is also scope to systematically broaden the range of interventions used by ACC and its partners so that they 'multiply' the impact of ACC's monetary investment (as publishing District Health Boards' treatment injury statistics will do and changing the way treatment injury is funded could potentially do). It is instructive that the **District Health Boards are focussing more attention on treatment injury** in large part because ACC has shifted perceptions of the size of the problem (eg, the 2014 Financial Condition Report noted that with the expected growth in treatment injury claims, "...the lifetime costs of new claims will surpass the Motor Vehicle Account by 2020 and the Work Account by 2023").

An important step in assessing the size of this challenge, and in aligning the aspirations and incentives of ACC and its partners, is to **develop targets** for the expected and required impact of ACC's injury prevention activity on injury incidence, severity and overall scheme costs. The 2015 Financial Condition Report recommended the development of a medium- to **long term target for the intended overall impact** on injury reduction as a result of ACC's injury prevention activities: **ie, an outcome target**.

To deliver an outcome target, ACC needs to partner with all those organisations that are necessary and sufficient to deliver the outcomes that contribute to the overall target. To be most effective, ACC and its partners then need to agree contributory outcome targets and ensure that the incentives facing each partner are aligned to **delivering those targets**. This needs to be supported by a different approach to funding: ie, a 'tight' (on specifying result); 'loose' (on specifying how that result should be achieved); 'tight' (on accountability for delivery) approach to funding.

While ACC has made real progress in improving its ability to partner with others, neither ACC nor its current partners are yet at the point where it will be easy to meet these requirements. It is no surprise that this 2015 Financial Condition Report recommendation has not yet been closed and that ACC is still working with its partners in each portfolio of activity to develop these targets.

The partners we spoke to were keen to **have the desired outcomes better specified and happy to be held to account for delivering activities they control but wary of being held accountable for delivering outcomes**, even as part of a broader partnership. In part this reflects a concern over what is controllable by them, in part a concern over what their partners will actually do, and in part a concern about their own ability to deliver in untested areas. In some cases, it also **reflects the fact that a period of discovery is required before they can be confident about what will really work best**.

If ACC accepts that simply investing more in the current approach is not enough to really shift the dial on injury prevention, then it will need to work through these sort of issues. Given current capacity of ACC and its likely partners, this **additional effort will need to be focussed on a few areas with the greatest prospects of significantly higher returns**. Concentrating more of its portfolio on larger investments means taking more risk. Ideally, this should be an explicit decision that is reflected in a requirement for a much higher expected return than the current 2:1 ratio from the next tranche of investments in injury prevention.