category is falls at around 51,000 separations and $184 million in expenditure.

It is difficult to compare these figures with those from other studies. In the AIHW study, the direct costs of injury and musculoskeletal disorder (including disorders that result from non-injury causes) in Australia for the period 1993–94, using a 'top-down' methodology, were estimated at $5.603 billion nationally. Although it is unclear as to the proportion of this sum attributable to NSW, as a third of the total Australian population is in NSW it is possible that as much as $1.68 billion is expended here. In the Moller (2000) study, the total cost of direct morbidity in NSW in 1995–96 was estimated at $1.48 billion.[5] This evidence suggests that the cost estimates presented in Table 1 are plausible.

CONCLUSION

Due to limitations associated with data sets, we are only able to complete the epidemiological profiles to be used in assessments of cost from injuries by piecing together estimates from sources other than NSW population health data. This can be avoided through longitudinal studies of particular injury events for defined populations. The 'bottom-up' methodology developed for cost information will, therefore, be far more reliable than is currently the case; and, most importantly, from a risk management perspective it will be much more conducive to the implementation of risk management strategies.

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SAFE COMMUNITIES

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Safe Communities is a World Health Organization community-based model that offers communities a collaborative approach to managing injury prevention and safety promotion. Its key feature is the creation of a local infrastructure for addressing injury and safety priorities. This infrastructure is created through partnerships between stakeholders who share a vested interest in improving the standard of their community's safety. Local solutions are developed to address the local concerns about injuries, accidents, and safety. This approach to injury prevention encourages greater cooperation and collaboration between different levels of the business sector and government agencies and strives for a high level of community input.

The model has been successful because:

- a community defines its problems and identifies potential solutions to these problems;
- injury prevention and safety promotion efforts are coordinated at a regional level;
- it ensures that community interest groups are involved and support injury prevention or safety promotion projects;
- most importantly, it has been shown to lower the injury and accident rates in some communities.

SAFE COMMUNITIES TRIALS IN NSW

Trials of the *Safe Communities* model are being conducted in three locations in NSW. These pilot projects are a joint venture between the NSW Department of Health and the Roads and Traffic Authority (RTA). Pilot projects are being conducted in the following local government areas:

- Kempsey and Hastings (the Macleay-Hastings project);
- Gundagai;
- Kiama.

In Macleay-Hastings, the community is working on issues surrounding child injury, sporting injury, fall injury, alcohol consumption and injury, pedestrian safety, and car fleet safety. Injury prevention areas that are being considered in Gundagai are road safety, fall injury prevention, sports safety, and workplace safety. In Kiama, the community is working on issues surrounding home safety, fall injury prevention, alcohol consumption,

skateboard safety, road safety, farm safety, and childhood injury prevention.

The NSW *Safe Communities* Pilot Program is two-thirds completed. The methodology for the evaluation of this pilot is described in the following article by Sefton in this issue of the Bulletin.

More information on the NSW SafeComm pilot program is available at **www.health.nsw.gov.au/public-health/health-promotion/improve/injury/injindex.htm**.

NSW *SAFE COMMUNITIES* PILOT PROJECTS—EVALUATION METHODOLOGY

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This article describes the methodology currently being used to evaluate the NSW *Safe Communities* Pilot Projects (SafeComm). The evaluation, by the University of Sydney, has been funded for three years as part of the pilot program by the NSW Department of Health and the NSW Roads and Traffic Authority to investigate the *Safe Communities* model.

OBJECTIVES

The evaluation project has both local and statewide objectives.

Local level

Objectives at the local level are to:

- develop and monitor measures of attitude and operational change, including: key informant–agency participation and participation change over the period of the project; changes in the incidence and form of local media knowledge and reporting; incorporation of the SafeComm project and/or its components into the business of local government; and level of integration of cross agency collaborations into the local planning processes;
- identify and benchmark indicators of hazard reduction;
- identify and report on suitable measures of injury outcome.

State level

Objectives at the state level are to:

- develop and implement a biannual SWOT analysis (of strengths, weakness, opportunities, and threats), which will be used to collate data from across all field methods, and to identify critical findings and trends over time.

METHODS OF DATA COLLECTION AND ANALYSIS

The evaluation employs six main methods of data collection and analysis:

- inter-organisational network analysis;
- in-depth interviews with key informants;
- impact logs;
- capacity-building indicator checklists;
- media content analysis;
- injury data reporting.

Each methods is briefly described below.

Inter-organisational network analysis

Network analysis is a quantitative mapping technique. A survey is conducted among different organisations to examine how, and to what extent, different agencies collaborate. The survey also measures the strength of those connections. It is these connections that are mapped in the network analysis.

The survey is conducted by telephone with a representative of each of the participating organisations. An initial survey was conducted during the first year of the projects (2000) and this will be repeated in the third year (2002). The data are being analysed using the UCINET data software package,[1] and graphs constructed using KrackPlot.[2]

In-depth interviews of key informants

A series of in-depth face-to-face interviews is being used to collect detailed qualitative information on the projects from the perspectives of the participants. Interviews are being conducted with participants in each project at regular intervals covering the following core issues:

- expectations of the project and the reasons behind these;
- understanding of the aims and objectives of the project;