



Public Health Association of Australia:

Policy-at-a-glance – Injury Prevention and Safety Promotion Policy

- Key message:**
1. The *National Injury Prevention and Safety Promotion Plan* (2004-2014) identifies eight priority areas for action in injury prevention. There are significant gaps in the current Plan that require addressing in order that injury prevention initiatives are successful.
 2. Preventing injuries is cost-effective and can immediately reduce demands on hospitals, general practitioners and other medical services. Preventing falls also reduces demands on residential aged care facilities.
 3. Injury prevention interventions and efforts need to be informed by quality data, epidemiological research, and evaluation. Whilst the Australian Government currently allocates funds to national programs for some specific injury issues, there has been no federal funding for a nationally coordinated injury prevention program and/or a nationally coordinated falls prevention program since June 2008.

Summary: This policy seeks to outline a series of principles and tangible actions designed to address the above-mentioned concerns to ensure a comprehensive policy and program framework for injury prevention and safety promotion efforts in Australia.

Audience: Australian, State and Territory Governments, policy makers and program managers.

Responsibility: PHAA's Injury Prevention Special Interest Group (SIG)

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INJURY PREVENTION AND SAFETY PROMOTION – A PUBLIC HEALTH APPROACH POLICY

*For further information in relation to **intentional** injury, refer to the Public Health Association of Australia's Domestic/Family Violence Policy.*

The Public Health Association of Australia recognises that:

1. Injury prevention and control was endorsed as a National Health Priority Area by the Australian Health Ministers in 1986, in recognition of the national burden that injury imposes.
2. Injuries are responsible for almost half of all deaths between ages 1- 44 years¹. There were almost 10,000 injury related deaths in Australia in 2004-05². The major causes were falls (30% of injury deaths), suicide (24% of injury deaths), and transport (18% of injury deaths).
3. Injuries were responsible for about 356,000 hospital admissions in 2004-05³. The major causes were falls (35% of injury hospitalisations), transport (14% of injury hospitalisations), sports (10% of injury hospitalisations) and self-harm (7% of injury hospitalisations).
4. Health costs associated with injury are estimated at \$2.6 billion⁴. The direct costs of treating falls in older people alone exceeds \$498 million⁵.
5. Injury risk patterns vary according to a range of factors, including age, gender, geographic location, occupation, culture, and socio-economic status. Injury prevention therefore requires a cross-sectional, multi-disciplinary approach. Effective strategies in injury prevention exist, with interventions drawing on a mix of environmental change, behavioural change, policy and legislative development and community involvement.
6. Injury accounts for 15% of the health gap between Indigenous and non-Indigenous Australians⁶. Intentional and unintentional injury is the third highest cause of the gap in burden of disease between Indigenous and non-Indigenous Australians.
7. Injuries, particularly falls, are a common cause of loss of independence in older people and often lead to premature death and disability⁷. A fall is the most common reason for premature admission to residential aged care facilities. Falls can also lead to increased social isolation for older people.
8. Over one third of deaths of children under 14 years of age in Australia are related to injury and children are frequently admitted to hospital due to injury⁸. Major causes of injury-related deaths and hospitalisations include transport, drowning, and poisoning.

9. Injury occurs in many settings, and organisations and individuals in many sectors have knowledge, responsibility and authority that can contribute to injury prevention.

The Public Health Association of Australia notes that:

10. In 2004 the Australian government released three national injury prevention plans:
 - The *National Injury Prevention and Safety Promotion Plan: 2004-2014*;
 - The *National Aboriginal and Torres Strait Islander Safety Promotion Strategy* - ongoing; and
 - The *National Falls Prevention for Older People Plan: 2004 Onwards*.
11. The *National Injury Prevention and Safety Promotion Plan (2004-2014)* identifies eight priority areas for action in injury prevention:
 - Maintenance of national strategic framework for action
 - Children
 - Youth and young adults
 - Adults
 - Older people
 - Rural and remote populations
 - Aboriginal and Torres Strait Islander peoples
 - Alcohol
12. Ten principles for effective injury prevention have been articulated in the *National Injury Prevention and Safety Promotion Plan (2004-2014)* to provide a strong platform for action:
 - Appropriate resource levels for injury prevention
 - Leadership in injury prevention
 - Coordination and integration of effort
 - Informed and capable injury prevention workforce
 - Access to quality data and its analysis
 - Commitment to equity of access
 - Evidence-based planning
 - Supportive legislation and policy
 - Marketing, research and evaluation of initiatives
 - Sustainability of injury prevention initiatives
13. The deficiencies acknowledged in the *National Injury Prevention and Safety Promotion Plan (2004-2014)* require addressing in order that injury prevention initiatives are successful. Gaps include:
 - Insufficient resourcing directed in injury prevention for data collection and analyses, information and evaluation and infrastructure funding
 - Fragmentation of effort. Areas for action include the integration, coordination and collaboration across sectors
 - Capacity of the injury prevention workforce. Areas for action include both strengthening and enlarging
 - Quality of, access to, and dissemination of injury information. Areas for action include identifying the need for better, more accessible and improved dissemination of data and information
14. Preventing injuries is cost-effective. Preventing injuries can immediately reduce demands on hospitals, general practitioners and other medical

services. Preventing falls also reduces demands on residential aged care facilities.

15. Injury prevention interventions and efforts need to be informed by quality data, epidemiological research, and evaluation.
16. The Howard Government introduced two specific sources of funding for injury prevention initiatives: The *National Falls Prevention in Older People Initiative* (approximately \$2.4 million per annum) and the *National Injury Prevention Program* (approximately \$1.3 million per annum from the Investment in Preventative Health measure). These programs concluded on 30 June 2008.
17. Whilst the Australian Government currently allocates funds to national programs for some specific injury issues (eg. road safety, water safety, suicide prevention), there has been no federal funding for a nationally coordinated injury prevention program and/or a nationally coordinated falls prevention program since June 2008.
18. The National Injury Prevention Working Group (NIPWG) has been established under the Australian Population Health Development Principal Committee (APHDPC) to implement the national injury prevention plans. The focus of the NIPWG has been restricted to a small number of actions under *The National Falls Prevention in Older People Plan: 2004 Onwards*, and no resources have been allocated to support this work.

The Public Health Association of Australia resolves to:

19. Advocate for implementation plans to be developed, and resources allocated to support implementation of the three national injury prevention plans.
20. Advocate for an injury prevention advisory group (comprised of both government and non-government organisation representatives) to be established to identify specific legislative, policy, or program changes with potential to reduce national costs and burden of injury, improve national efficiency and effectiveness in responding to injury, and propose measures to make the necessary reforms.
21. Advocate for nationally coordinated injury and falls prevention programs and measures to be introduced to replace the initiatives that ended in June 2008. Such programs should also include:
 - injury prevention measures that are specifically designed and targeted at Aboriginal and Torres Strait Islander peoples to contribute towards closing the gap in health and life expectancy between Indigenous and non-Indigenous Australians;
 - injury prevention measures that are specifically designed and targeted at older Australians to support positive active ageing, reduce fall injury and promote social inclusion; and
 - injury prevention measures that protect children, with particular consideration given to creating safer products and environments.
22. Advocate for the inclusion of proposed injury indicators in the next Australian Health Care Agreement.
23. Support multidisciplinary and intersectoral efforts at injury prevention research

and education, and participate in consultation processes and planning groups to ensure that injury prevention is considered and incorporated into policies.

24. Work collaboratively with other key injury prevention organisations, including the Australian Injury Prevention Network (AIPN), to achieve positive outcomes in injury prevention.

Adopted 2010

This policy was developed and adopted as part of the 2010 policy review process.

References:

¹ Australian Institute of Health and Welfare (AIHW). 2008. Australia's Health 2008. Cat no. AUS 99. Canberra: AIHW.

² Henley G and Harrison JE. 2009. Injury Deaths, Australia, 2004-05. Injury research and statistics series no. 51. AIHW cat no. INJCAT 127. Adelaide: AIHW.

³ Bradley C and Harrison J (2008). Hospital separations due to injury and poisoning, Australia 2004–05. Injury Research and Statistics Series Number 47. (Cat. no. INJCAT 117) Adelaide: AIHW

⁴ Mathers C, Vos T, Stevenson C 1999. The burden of disease and injury in Australia. AIHW cat. no. PHE 17. Canberra: AIHW.

⁵ Moller J. 2003. Projected costs of fall related injury to older persons due to demographic change in Australia: report to the Commonwealth Dept of Health and Ageing. Canberra: New Directions in Health and Safety.

⁶ VosT, Barker B, Stanley L, Lopez AD. 2007. The burden of disease and injury in Aboriginal and Torres Strait Islander peoples. 2003. Brisbane: School of Population Health, The University of Queensland.

⁷ National Public Health Partnership (NPHP). 2004. The National Falls Prevention for Older People Plan: 2004 Onwards. Canberra: NPHP.

⁸ National Public Health Partnership (NPHP). 2004. The National Injury Prevention and Safety Promotion Plan: 2004-2014. Canberra: NPHP.