

## Injury Prevention and Safety Promotion Policy Position Statement

**Key messages:** This policy seeks to outline a series of principles and tangible actions designed to ensure a comprehensive policy and program framework for injury prevention and safety promotion efforts in Australia.

- Key policy positions:**
1. New *National Injury Prevention and Safety Promotion Plan(s)* should be developed, resourced, and implemented to replace the previous plan which ended in 2014. This should also include a strategy around workforce.
  2. A coordinating group should be established and resourced to monitor the implementation and review of the plans and advise all levels of government on injury prevention action.
  3. Preventing injuries is cost-effective and can reduce demands on hospitals, general practitioners, and other medical services. For example, preventing falls and fall injury promotes independent living for older people, as well as reducing health care demands including transfer to residential aged care facilities.
  4. Injury prevention is vital and needs to be considered integral to the national preventative health program. It should be considered a core part of any CDC program in Australia.
  5. Injury prevention interventions and efforts need to be informed by quality data, epidemiological research, translation, and evaluation.
  6. There is a need to strengthen and enlarge the capacity of the injury prevention workforce. Research funding support from sources such as the National Health and Medical Research Council (NHMRC) and Medical Research Future Fund (MRFF) need to be reflective of the health burden associated with injury, to build the evidence of effective interventions, which in turn supports effective interventions.

**Audience:** Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.

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

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# Injury Prevention and Safety Promotion

## Policy position statement

PHAA affirms the following principles:

1. In 2004 (the most recent plans), the Australian government released three national injury prevention plans:
  - a. The *National Injury Prevention and Safety Promotion Plan: 2004-2014*.
  - b. The *National Aboriginal and Torres Strait Islander Safety Promotion Strategy* – ongoing; and
  - c. The *National Falls Prevention for Older People Plan: 2004 Onwards*.
2. The *National Injury Prevention and Safety Promotion Plan (2004-2014)* identified eight priority areas for action in injury prevention:
  - Maintenance of a national strategic framework for action
  - Children
  - Youth and young adults
  - Adults
  - Older people
  - Rural and remote populations
  - Aboriginal and Torres Strait Islander peoples
  - Alcohol
3. Ten Principles for effective injury prevention were articulated in the *National Injury Prevention and Safety Promotion Plan (2004-2014)* to provide a strong platform for action (these are still relevant):

**Principle 1:** Appropriate resource levels of injury prevention

**Principle 2:** Leadership in injury prevention

**Principle 3:** Coordination and integration of effort

**Principle 4:** Informed and capable injury prevention workforce

**Principle 5:** Access to quality data and its analysis

**Principle 6:** Commitment to equity of access

**Principle 7:** Evidence-based planning

**Principle 8:** Supportive legislation and policy

**Principle 9:** Marketing, research, and evaluation of initiatives

**Principle 10:** Sustainability of injury prevention initiatives

4. 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:

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5. Insufficient resourcing directed to injury prevention for data collection and analyses, information and evaluation and infrastructure funding.
6. Fragmentation of effort. Areas for action include the integration, coordination, and collaboration across sectors.
7. Capacity of the injury prevention workforce. Areas for action include both strengthening and enlarging.
8. 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.
9. Preventing injuries is cost-effective.<sup>1</sup> Preventing injuries can reduce demands on hospitals, general practitioners, and other medical services.
10. Whilst the Australian Government currently allocates funds to national programs for some specific injury issues (e.g., 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.
11. Social, commercial, technological, and environmental determinants of health contribute to injury prevention and need to be addressed for injuries to be prevented.

### PHAA notes the following evidence:

12. Injury prevention and control was endorsed as a National Health Priority Area by Australian Health Ministers in 1986, in recognition of the national burden that injury imposes.
13. Injuries are the single highest cause of death for Australians aged 1-44 years of age, responsible for 8.4% of all burden of diseases.<sup>2</sup> There were 13,400 injury related deaths in Australia in 2019-20.<sup>2</sup> The major causes of these deaths were falls (43%), suicide (24%), and accidental poisoning (11%).<sup>2</sup>
14. Injuries resulted in about 575,000 people admitted to hospital in 2020-21.<sup>2</sup> The major causes were falls (42%), contact with objects (15% (transport; for example, road accidents (12%)), and self-harm and assault (9% combined). The average length of stay of 4.4 days.<sup>2</sup>
15. Health costs associated with injury are estimated at \$8.9 billion per annum, representing 7.6% of health expenditure.<sup>2</sup>
16. 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.
17. Injury accounts for 15% of the health gap between Aboriginal and Torres Strait Islander People and non-Indigenous Australians.<sup>3</sup> Intentional (when there was intent to cause injury such as self-harm, assault, and suicide) and unintentional injury is the third highest cause of this gap.
18. Injuries, particularly from falls are a common cause of loss of independence in older people and often lead to premature death and disability.<sup>4</sup> The estimated number of hospitalised injury cases due to falls in people aged 65 and over in 2020-21 was 141,600 – nearly 60,000 extra cases than in

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2009-10 (83,800).<sup>2</sup> 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.

19. We acknowledge that falls are a major contributor to the injury burden and require their own national strategy, in line with the areas of road safety and water safety.
20. Over one third of deaths of children less than 14 years of age in Australia is related to injury.<sup>5</sup> Children aged 0-14 years account for 14% of all hospitalised injury cases in 2009-10.<sup>2</sup> For very young children (aged 0-4years), the leading cause for injury hospitalisation was an unintentional fall (42%).<sup>2</sup>
21. Injury hospitalisation and death in rural Australia is 1.5 times higher than in urban areas.<sup>6</sup>

### **PHAA seeks the following actions:**

22. Advocate for the development and implementation of new National injury prevention and safety promotion plan(s), and resources allocated to support implementation and evaluation of the plan(s). State, Territory, and local governments should also develop plans to address injury in their jurisdictions.
23. Advocate for the allocation of funding to prevent injury in Australia in a manner commensurate with the public health burden.
24. Advocate for an injury prevention coordinating group (comprised of both government and non-government organisation representatives) to be established and resourced to monitor the implementation and review of the plan(s) and advise all levels of government on injury prevention action.
25. Advocate for nationally coordinated injury prevention programs and measures to be introduced to replace the initiatives that ended in June 2008 both federally and at State and Territory levels.
26. Advocate for the inclusion of proposed injury indicators in Australian Health Care Agreements.
27. Support multidisciplinary and intersectoral efforts at injury prevention research and education, participate in consultation processes and planning groups to ensure that injury prevention is considered and incorporated into policies.
28. Work collaboratively with other key injury prevention organisations, including the Australian Injury Prevention Network (AIPN), to achieve positive outcomes in injury prevention.

### **PHAA resolves to:**

29. Advocate for the above steps to be taken based on the principles in this position statement.

**ADOPTED September 2023**

**(First adopted 2010, revised 2013, 2016 and 2023)**

## References

1. Miller, TR, & Levy, DT. 2000. Cost-outcome analysis in injury prevention and control: eighty-four recent estimates for the United States. *Medical Care*, 38(6), 562
2. Australian Institute of Health and Welfare. Injury in Australia: Web report 25 Nov 2022. <https://www.aihw.gov.au/reports/injury/injury-in-australia/contents/introduction>: AIHW.
3. 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.
4. National Public Health Partnership (NPHP). 2004. The National Falls Prevention for Older People Plan: 2004 Onwards. Canberra: NPHP.
5. AIHW: Bradley C 2013. Hospitalisations due to falls by older people, Australia 2009–10. Injury research and statistics series no. 70. Cat. no. INJCAT 146. Canberra: AIHW.
6. Taylor, DH, Peden AE, and Franklin, RC. 2022. "Disadvantaged by More Than Distance: A Systematic Literature Review of Injury in Rural Australia" *Safety* 8, no. 3: 66. <https://doi.org/10.3390/safety8030066>