Public Health Association of Australia:
Policy-at-a-glance – Injury Prevention and Safety Promotion
Policy

Key message: 1. New National Injury Prevention and Safety Promotion Plan(s) should be developed, implemented and resourced to replace the previous plan which ended in 2014.
2. A coordinating group should be established and resourced to monitor the implementation and review of the plans and advices 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.
5. Injury prevention interventions and efforts need to be informed by quality data, epidemiological research, and evaluation.
6. Research funding support from sources such as the National Health and Medical Research Council (NHMRC) need to be reflective of the health burden associated with injury, to build the evidence of effective interventions, which in turn supports effective interventions.

Summary: 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.

Audience: Federal, 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 Policy Statement

The Public Health Association of Australia recognises that:

1. 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.

2. Injuries are the single highest cause of death for Australians under 35 years of age, responsible for 7.6% of all deaths in 2009-10. There were over 10,000 injury related deaths in Australia in 2009-10. The major causes of these deaths were falls (33%), suicide (21%), and transport (14%).

3. Injuries resulted in about 420,000 people admitted to hospital in 2009-10. The major causes were falls (38%), transport; for example road accidents (13%), and self-harm and assault (12% combined). Over one and a half million (1,668,462) patient days in hospital were attributable to injury in 2009-10, with an average length of stay of 4 days.

4. Health costs associated with injury are estimated at $2.6 billion per annum. For example the direct costs of treating falls in older people alone exceeds $498 million per annum.

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 Australians. 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.

7. Injuries, particularly from falls are a common cause of loss of independence in older people and often lead to premature death and disability. The estimated number of hospitalised injury cases due to falls in people aged 65 and over in 2009-10 was 83,800 – more than 5,100 extra cases than in 2008-09. 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 less than 14 years of age in Australia is related to injury. Children aged 0-14 years account for 14% of all hospitalised injury cases in 2009-10. For very young children (aged 0-4 years), the leading cause for injury hospitalisation was an unintentional fall (42%).

9. Injury hospitalisation and death in rural Australia is 1.5 times higher than in urban areas.
10. In 2004 (the most recent plans), the Australian government released three nation injury prevention plans:
   b. The *National Aboriginal and Torres Strait Islander Safety Promotion Strategy* – ongoing; and
   c. The *National Falls Prevention for Older People Plan: 2004 Onwards*.

   a. Maintenance of a national strategic framework for action
   b. Children
   c. Youth and young adults
   d. Adults
   e. Older people
   f. Rural and remote populations
   g. Aboriginal and Torres Strait Islander peoples
   h. Alcohol

12. 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:
   - **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

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:
   a. Insufficient resourcing directed in injury prevention for data collection and analyses, information and evaluation and infrastructure funding.
   b. Fragmentation of effort. Areas for action include the integration, coordination and collaboration across sectors.
PHAA Policy Statement on: Injury Prevention and Safety Promotion

c. Capacity of the injury prevention workforce. Areas for action include both strengthening and enlarging.
d. 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 reduce demands on hospitals, general practitioners and other medical services.

15. 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.

The Public Health Association of Australia resolves to:

16. 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.

17. Advocate for the allocation of funding to prevent injury in Australia in a manner commensurate with the public health burden.

18. 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.

19. Advocate for nationally coordinated injury prevention programs and measures to be introduced to replace the initiatives that ended in June 2008.

20. Advocate for the inclusion of proposed injury indicators in Australian Health Care Agreements.

21. 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.

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

First adopted at the 2010 Annual General Meeting of the Public Health Association of Australia. The latest revision has been undertaken as part of the 2016 policy review process.
References


5. cat. no. PHE 17. Canberra: AIHW.


