Public Health Association of Australia:

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

Key messages:
1. New National Injury Prevention and Safety Promotion Plan(s) should be developed, implemented and resourced.
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.
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 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 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 and Local Governments, policy makers and program managers.

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

Date policy adopted: September 2013

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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 the single highest cause of death for Australians up to 44 years of age, responsible for almost half of all deaths between ages 1-44 years\(^1\). There were almost 10,000 injury related deaths in Australia in 2004-05\(^2\). The major causes were falls (30%), suicide (24%), and transport (18%).

3. Injuries resulted in about 420,000 people admitted to hospital in 2009-10\(^3\). The major causes were falls (38%), transport (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\(^4\). For example the direct costs of treating falls in older people alone exceeds $498 million\(^5\) 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\(^6\). 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\(^7\). 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. \(^3\) 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 account for 14% of all hospitalised injury cases in 2009-10. For very young children (aged 0–4), the leading cause for injury hospitalisation was an unintentional fall (42%).

9. Injury occurs in many settings and organisations requiring setting-specific solutions and actions to reduce injury rates that are meaningful in those contexts. Individuals in many sectors have knowledge, responsibility and authority that can contribute to injury prevention, which is why it is vital to have an appropriately recognised framework and identified body to provide the required leadership.

10. Injury hospitalisation and death in rural Australia is 1.5 times higher than in urban areas.

The Public Health Association of Australia notes that:

11. In 2004 (the most recent data), the Australian government released three national injury prevention plans:
   - The National Aboriginal and Torres Strait Islander Safety Promotion Strategy - ongoing; and
   - The National Falls Prevention for Older People Plan: 2004 Onwards.

   - 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

13. 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
14. 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

15. Preventing injuries is cost-effective. Preventing injuries 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.

16. Injury prevention is complex and interventions efforts will need to be informed by a broad base from quality data and research (such as epidemiological, biomechanics, engineering, behavioural and public health). They will also need to be evaluated.

17. 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.

18. 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. Also, many other important settings/contexts for injury are being ignored because they are currently excluded or not considered important.

19. The National Injury Prevention Working Group (NIPWG) had been established under the Australian Population Health Development Principal Committee (APHDPC) to implement the national injury prevention plans. The focus of the NIPWG whilst in session had been restricted to a small number of actions under The National Falls Prevention in Older People Plan: 2004 Onwards, and no resources were allocated to support this work. As of 2012, this only nationally focussed group has been disbanded following restructure of reporting lines within the APHDPC. Also none of the other injury prevention priorities were significantly progressed in any way due to a lack of national coordination.

The Public Health Association of Australia resolves to:

20. 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 plan(s) to address injury in their jurisdictions.
21. Advocate for the inclusion of injury prevention as a priority area under the Australian National Preventative Health Agency.

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

23. 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. This includes specifically exploring 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 including across different sectors/setting of injury.

24. Advocate for nationally coordinated injury 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;
   - injury prevention measures that protect children, with particular consideration given to creating safer products and environments; and
   - injury prevention measures that are targeted at people living and working in rural Australia.

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

26. 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.

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

*Adopted in 2010, revised and re-endorsed 2013*

This policy was developed and adopted as part of the 2010 policy review process and revised and re-endorsed at the PHAA AGM in 2013.
References:


8 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.
