Public Health Association of Australia submission on National Injury Prevention Strategy 2020-2030

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Preamble

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia.

The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and a key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.
Introduction

PHAA welcomes the opportunity to provide input to the National Injury Prevention Strategy 2020-2030. Firstly, we congratulate the team for this draft Injury Prevention Strategy – there is a need for an overarching strategy which addresses the significant burden of injury in Australia and as such we provide the following comments in the spirit of improving the strategy. To do this, we have commented on the following: Vision/targets/timeframes; audience/outcomes/expectations; structure/issues/gaps; links to other strategies/cross-cutting issues/systems-based approach; and how will this plan make a difference?

In summary we believe that a strong emphasis on the determinants of health are required to help address the burden of injury, a systems-based approach should be applied to the strategy, there needs to be short/medium/long term targets for each of the areas, the targets need to be clearly targeted, preferably measurably, and create a sense of urgency.

PHAA Response to the consultation draft

Vision/target/time frames

The vision would be improved by setting a hard target of zero deaths, rather than a reduction (recognising that this would be an aspirational target). An alternative vision would be - achieve a zero injury deaths in Australia and significantly reduce the number of life altering injuries by addressing inequalities.

The meaning of the term ‘burden’ may be unclear, and should be clarified to ensure that the vision is unambiguous. A possible alternative may be ‘life altering’, but others terms should be considered.

The 3 core outcomes would benefit from being tighter and more targeted, including clarification of what measures are being used for ‘burden’. It would be helpful for short (2-3 years), medium (4-5 years) and long term (10 years) targets to be reflected throughout the document. This will enable monitoring and assist with immediate motivation for action. There should be 3 core outcomes for deaths separated out, and it may be useful to identify a reduction specifically in hospitalisations, as this has a financial benefit to the health system.

Without baseline data, it is difficult to know what a 40% decline in injury burden would look like. It would be helpful to clarify the timeline to confirm if a 40% reduction over 10 years should equate to an approximately 4% reduction per annum, or whether the policy and program outcomes would have different short, medium and long-term reduction goals.

The third core outcome should identify the three cross-cutting priority areas and include quantifiable a measure and timeframe.

The Strategy has been divided in multiple ways, reflecting the multisectoral, complex nature of injury and its prevention. However, it should be clear what the strategy is trying to achieve in each area. For example, rather than rural and remote being an homogenous group, rate of injury increase with remoteness, therefore different strategies and targets may be needed within the rural and remote grouping. It may be helpful to link each section back to the clear overall targets and outline achievement expectations.

PHAA supports the three priority populations identified, and the appropriateness of a life stages approach.
The cross-cutting factors of alcohol and the built environment are supported. Extreme weather events should also be considered, and the areas proposed within are appropriate, however this is a relatively new area for injury prevention and the links to disaster management should be strengthened.

A more detailed glossary with definitions for some key concepts would be helpful. For example, does ‘burden of harm’ only reflect DALYs or does it also include the broader definition of injury to include spiritual, emotional and cultural costs?

**Audience/outcomes/expectations**

The document would benefit from clarification of the intended audience, which should include government departments including health departments, the injury prevention community and the public. The use of a systems-based approach to help frame the strategy and engage the wide group of audiences required to drive change would add value.

The principles in action should be clearly reflected in each of the areas.

It would add value to include the rationale for the selection of objectives, as it the alignment with DALYs is not always clear. For example, the top 5 objectives for DALYs for 15-24 year olds do not appear to align with the 5 priority actions. Suicide and self-harm should be disaggregated as while they share some of the same risk and protective factors, this is not always the case.

The use of a system-based approach would also help to identify areas where action is missing. For example, in the poisoning section, the suggested actions are around against therapies and user awareness, but there is no mention of prescriber role/system, complementary pain control strategies, or prevention efforts.

**Structure and gaps**

A clear summary structure would allow the reader to know what is required to reduce injuries in Australia. The figure on page 1 and the table on page 3 are helpful in this regard, and would be enhanced if the objects in the table on page 3 were SMART.

The section on research gaps is valuable. The inclusion of where and how gaps in research, policy and action are understood, and how these could be articulated and addressed, would be beneficial. The plan should acknowledge that we need to address these gaps and work towards developing an understanding of the gaps within the systems-based approach. It is not immediately clear how this section was developed - there are other research gaps which could be included, and the balance between research, action and policy changes could be improved. It may be helpful to use this section to develop a greater understanding of the gaps, with the research gaps provided as an example. This would fit within a short timeframe, and action on these could become medium and long term targets.

The document should include a strong and clear focus on the determinants of health, with the principles in action weaved throughout.

The inclusion of brain injury in the strategy could be improved. The submission from Brain Injury Australia may be helpful in this regard.

It would be helpful for the document to include evidence supporting the objectives and selection of the priority areas for action.

**Links to other strategies**

The document notes that there a range of existing National Strategies covering various areas relating to injury prevention. It would be helpful for this strategy to clearly outline its relationship with these, and what gaps are filled or would remain with this new Injury Prevention strategy in place. Clear linkages
between this and other strategies may help to minimise both gaps and duplications, and maximise cross-sectoral coordination.

Some important existing strategies such as Closing the Gap are not specifically injury focused, but greater action may occur if injury were identified. One approach may be to review strategies from an injury perspective, and engage with the responsible agencies to develop appropriate injury related strategies for these areas. Ideally, future iterations of these strategies would include an injury focus.

**Workforce**

The reduction of injuries requires policies and actions which ultimately depend upon a strong workforce. It would be helpful for the section on making progress to note the need for clear support for a skills and culturally appropriate workforce. For example, strengthening the injury focused skills of Aboriginal Health Workers may help to better address injury for Aboriginal and Torres Strait Islander people.

State and Territory Government and agencies will need to deliver this Strategy, which should be clearly articulated in the document. This may be achieved by including the development of State and Territory level strategies and action plans, as one of the actions in this National Strategy.

**Conclusion**

PHAA supports the broad directions of the draft National Injury Prevention Strategy 2020-2030. However, we are keen to ensure:

- A clear and strong focus on the determinants of health
- The inclusion of short, med and long-term targets
- Clear links with other existing strategies

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to reducing injuries in Australia.

Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.

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