

Health action on prevention of injury – a suggested starting point

Injury is a major cause of mortality and morbidity in Australia, accounting for the loss of more Disability Adjusted Life Years than (for example) diabetes, or all infectious diseases combined. While the immediate traumatic consequences of injury are rightly a reason for concern, many injuries (e.g. of the brain or spinal cord; hip fractures) also have chronic effects, which are under-recognised. While injury prevention is not the direct role of health, failures of injury prevention will most often be Health's problem. Current estimates suggest that injury cost 6.7% of the Health budget in 2000-2001. Other than some road trauma and occupational costs, health bears the cost of the impact of most trauma events in the community.

The importance of the health sector in safety and injury prevention is acknowledged elsewhere. For example, the WHO has the Violence and Injury Prevention Program, and one of the US Centers for Disease Control is dedicated to injury prevention. In Australia, injury prevention has been recognised as warranting public health attention at least since the Better Health Commission of the mid-1980s, but resources committed to it have been small, especially in recent years.

Health has a clear role to play in preventing injury in the Australian community, be it road trauma, occupational injury, falls, health care injury, drowning, burns, or sports injury, and whatever the role of human intent.

Many of the best opportunities for injury prevention sit with the sectors and agencies that have responsibility and authority in the settings in which injuries occur. Most injuries do not occur in settings that are the responsibility of the health sector, though some do, such as pharmaceutical poisoning and injury during health care. However, serious injuries, no matter where they occur, contribute to the burden on hospitals and other health care services. Partly as a consequence of this, the health sector is uniquely able to provide statistical and other information on the occurrence of injury of all types so providing a basis for priority setting and monitoring. Furthermore, since the health sector bears the cost of the impact of most trauma events in the community it has a legitimate place at any policy development table. The role is best described as coordination and liaison.

It is NOT the role of health to fix all the problems, nor to pay for the development and implementation of all the solutions. It IS the role of health to provide leadership, to reveal, describe and measure the problems (through its data sets and analysis), and to encourage agencies to work towards better solutions (be it through legislation, regulation, enforcement, design management, or community and behavioural solutions).

The Australian Injury Prevention Network (AIPN) suggests that health (at the Commonwealth level) take action on injury prevention through the following:

- Establish a national task force focussed on the prevention and management of injury from all sources. This should be attended by people with expertise in each of the critical arenas. The role of the task force should be similar to that of the recently announced Prevention Taskforce. It could also oversee a range of initiatives which meet the principles of the national Injury Prevention and Safety Promotion Plan 2004 – 2014 (reproduced below).
- Strengthen the capacity of the existing group within the Department of Health and Ageing (Lifestyle Prescriptions and Injury Prevention section) which will work with the Taskforce and will encourage the establishment of a similar role in each state health department.
- The task force needs to examine the benefit of key health related data sets and work with the states towards their improvement, so that risk environments and behaviours can be exposed through the data, risk indicators can be developed and so we have evidence of the best approaches for state and national agency investment in injury prevention.

The AIPN urges Health to reactivate activities on injury prevention. The suggested actions are low-cost, but are likely to have maximum benefit in the shortest time through enhancing recognition of the need for action across the diverse areas that need to be involved and through ensuring that we have the best possible resources for measuring the problem and monitoring activities to prevent and control it.

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**SUMMARY OF THE OBJECTIVES OF THE NATIONAL INJURY PREVENTION AND SAFETY
PROMOTION PLAN: 2004 - 2014 July 2005**

- 1. Appropriate resource levels for injury prevention and safety promotion.** Investment in injury prevention should adequately reflect that injury is a leading cause of death and disability in each of the identified priority population groups.
- 2. Leadership in injury prevention and safety promotion.** The health sector has a lead role in supporting injury prevention through appropriate action in terms of advocacy, the provision of quality analysis of injury data, coordination, skill development and exemplary policies and standards.
- 3. Coordination and integration of effort.** Collective action on injury prevention and safety promotion planning and activity is essential to close gaps and minimise duplication of effort. This requires the active participation of all levels of government, community groups, businesses, families and individuals working in partnership.
- 4. Informed and capable injury prevention and safety promotion workforce.** Strategic planning at federal, state and local levels will ensure that individuals whose work context encompasses injury prevention and safety promotion are sufficiently informed and skilled to undertake best practice in the prevention of injuries.
- 5. Access to quality data and its analysis.** The health sector has a major role to play in providing quality data and its analysis for use in injury prevention and safety promotion planning, monitoring and evaluation by its partners. Through the use of quality data and its analysis, programs can appropriately anticipate and respond to changes in injury patterns, exposure to risks and population trends.
- 6. Commitment to equity of access.** Planning and delivery of injury prevention and safety promotion activities will aim to reduce inequalities in injury outcomes within and between groups, and to remove cultural and economic barriers to the uptake of interventions, by creating equity of access to information, services and products to those groups at greatest risk of injury.
- 7. Evidence-based planning.** Injury prevention and safety promotion activity will be based on evidence of effective interventions and, where possible, good information about the political and social context in which interventions will be introduced.
- 8. Supportive legislation and policy.** Sustainable changes in behaviour and the environment to reduce the risk of injury can be facilitated by supportive laws, policies and regulations operating at federal, state, local and community levels. Furthermore, supportive environments, created by policies and legislation, can on their own sometimes lead to behaviour change.
- 9. Monitoring, research and evaluation of initiatives.** Identifying and implementing interventions that make the best use of resources (both organisational and financial) will be assisted by systems and infrastructure that ensure the ongoing monitoring and evaluation of interventions. Such systems should be designed to identify what works or what doesn't, the contextual factors that influence the uptake of interventions and outcomes, and emerging knowledge about proven or promising interventions.
- 10. Sustainability of injury prevention and safety promotion initiatives.** Creating lasting change is most feasible if it is developed within the context of appropriate policies or legislation, the creation of safer products and environments, and the development and maintenance of intersectoral networks and sharing of resources and purpose.