

## Chapter 5

# Opportunities and future directions

There is increasing recognition of the opportunities within levels of government to improve the implementation of injury prevention and control initiatives. Some of these opportunities involve program and infrastructure developments. Others are in the form of positive or negative incentives, or are levers that utilise existing infrastructures to improve the uptake and efficiency of injury control strategies. Positive incentives take the form of program or project funding or cost sharing, while negative incentives take the form of sanctions such as discounting of funding or stricter specification of actions required. In addition, barriers created by organisational fragmentation can be addressed. These opportunities and levers are briefly outlined below. Further work is required to develop these ideas into an appropriate form for implementation.

## 5.1 Program and infrastructure development

### Prevention

#### National Injury Prevention Advisory Council

The Commonwealth Department of Health and Family Services has established the National Injury Prevention Advisory Council (NIPAC) to provide high-level, independent advice to the Department, the National Health Priority Committee (NHPC) and the National Public Health Partnership Group on strategic directions for injury prevention.

The membership comprises injury prevention managers from State and Territory health departments, as well as practitioners and researchers from a variety of fields and sectors with an interest in injury prevention. This composition ensures that links are maintained between the Commonwealth and the States and Territories, and acknowledges the significant role the latter play in injury prevention. It also strengthens the partnerships that have developed across the different sectors in the injury prevention constituency.

#### National Injury Prevention Strategy

The Commonwealth Department of Health and Family Services has developed a framework to clarify its role in the implementation of injury prevention strategies in Australia. The framework will form the basis for a national injury prevention strategy to be developed by the Department and NIPAC in collaboration with other key stakeholders. The strategy will address the fragmentation noted earlier in this report and provide a basis for ensuring that injury issues are considered within broader national initiatives such as the National Public Health Partnership (NPHP) and the NHPAs.

## Opportunities and future directions

The broad directions for the strategy as agreed in consultation with State and Territory injury prevention managers are set out below.

*Affirm health agencies at Commonwealth and State and Territory levels as the leaders, catalysts and advocates for injury prevention by:*

- maintaining an overview of injury at a national level and, in collaboration with other sectors, identify national priorities for action;
- facilitating action nationally in areas of identified need; and
- promoting the incorporation of injury prevention strategies into public policy in health and other sectors.

*Enhance and maintain a viable injury prevention infrastructure in Australia by:*

- developing and maintaining a well-trained injury prevention workforce in health and other sectors;
- ensuring timely national and international exchange of information on injury prevention; and
- committing adequate resources at Commonwealth and State and Territory levels to undertake the work identified in the implementation framework.

*Develop a basis of sound evidence for setting priorities and choosing injury prevention and treatment strategies by:*

- supporting the development and maintenance of specific injury surveillance and reporting systems that will provide relevant information on the causes and outcomes of injury;
- supporting the research necessary to provide the evidence of the effectiveness and efficiency of widespread intervention strategies; and
- ensuring that interventions implemented on a broad scale are based on sound evidence.

### Training

Training plays a vital role in ensuring that there is an informed response to important issues, and that the resources allocated to injury prevention are used effectively. In the absence of a critical mass of well-trained injury prevention policy makers, researchers and practitioners, stimuli to promote injury control have limited effect. Injury control requires specialist knowledge and the development and delivery of properly planned programs rely on well-trained personnel.

Two types of levers are required to increase the effectiveness of training. The first is the development of a sound, locally applicable research base to serve as a foundation for training. Existing funding approaches have not resulted in the necessary foundation of high-level injury research in Australia. This lack of injury research material and expertise within the academic community has a direct, limiting effect on the implementation of injury control programs and significantly reduces the quality of training available. The development of a solid base of research and expertise within at least two universities is likely to prove the most cost-effective way of quickly addressing this issue.

The second training related lever is the specific inclusion of injury prevention coursework in the curricula of health management, policy, promotion and public health courses. This would require the appointment of suitably skilled and experienced injury prevention and control experts to the academic staff of public health courses. This issue is discussed in Section 4.2.

The NPHP forms the framework for development of training in these areas. The relevant committees of NPHP should include representatives from the injury prevention field. This will ensure the inclusion of:

- core material about injury prevention in the training of public health professionals;
- elective components that clearly identify the specific skills and knowledge areas (eg extension of disease epidemiology) for injury control work and arrangements for teaching them; and
- opportunities for students to undertake research-based thesis work on injury surveillance and prevention topics.

### **Information systems for priority setting, monitoring and evaluation**

The implementation of appropriate surveillance systems and the refinement of injury indicators provide clear opportunities for significantly improving understanding of injuries and the interventions which are most effective in preventing them.

Potentially useful actions include:

- accelerating the introduction of uniform emergency department surveillance that presents a realistic approach to manageable data collection within the hospital setting and has the flexibility to address particular areas of interest such as domestic violence;
- establishing a National Coroners Information System (NCIS) to provide much needed information about the specific cause of deaths due to injuries, and information concerning the activity, setting and other situational factors relating to the injury event and subsequent death. There has been difficulty in coordinating funding from potential users. Negotiations are underway between all interested parties to establish the NCIS as soon as possible;
- establishing national sports injury data collections and reporting systems. Sports, which are responsible for very large numbers of injuries, are treated by a variety of practitioners and there is no coherent national approach to sports surveillance. However, a great deal of work has been done on defining the need for, and ways of proceeding with, systems. Coordination of evolving systems and incentives for maintaining comparable information with adequate attention to exposure measures is needed;
- establishing registers of injuries. As is accepted practice with certain infectious diseases and child abuse, there is a limited number of types of injuries, generally rare but serious conditions, with identified prevention opportunities, for which national registers should be established. Such a register has recently been developed for spinal cord injuries, and could be developed for severe burns and brain injuries which are treated at a limited number of sites;
- agreeing on national definitions for child abuse and neglect data collections;

## Opportunities and future directions

- developing indicators that more accurately reflect the burden of injuries and their comparative importance. The burden of injuries is reflected not only by the number of lives affected but also in numerous other ways, including time off work, direct treatment costs and costs associated with living with a disability. In addition, exposure data (such as kilometres travelled, person hours at a machine, or similar) are required to accurately assess whether incidence of injury is associated with high use or low use. Indicators assist priority setting and intervention evaluation. It is important that indicators provide comparable data on the burden of different injuries and the benefits of certain interventions. Injury risk factors and exposure data need to be obtained in a nationally consistent manner so that data can be pooled and the power of analyses improved, and comparable data are available for different States, Territories and regions; and
- developing, as a matter of some urgency, standardised implementation indicators that allow the comparison of an intervention in different settings. In practice, monitoring the impact of an intervention often involves measuring interim indicators (which are believed to lie on the causal pathway to injury outcome) such as changes in policies, products, practices and environments. In addressing the need for better evidence of what works in preventing injuries, it is essential that standardised implementation indicators are developed and adopted nationally where possible. How do we know we are having an impact on the risk factors for falls in older people? Is one strategy more effective than another? Is the impact of a program implemented in one region duplicable in another? Such questions can best be answered if there are accepted implementation indicators for different causes of injuries.

### Target groups and areas

A number of recent developments are shifting the focus of injury prevention research and practice. These developments include the NHMRC report on *Unintentional Injury in Young Males 15–29 Years* (NHMRC 1997a), improved data on injuries in Indigenous Australians, the availability of data concerning injuries in rural and remote areas, the recent national gun buy-back scheme, and emerging evidence of effective strategies in child abuse prevention. By devoting more attention to these largely neglected injury problems, a new balance is being achieved between targeting specific injury problems and adopting a population focus. There are clear gains to be made by the health sector developing national intersectoral strategies targeting young males, Indigenous peoples, interpersonal violence including domestic violence and child abuse, rural and remote areas, and alcohol misuse.

### Effective interventions

As discussed in the previous chapter, there are a number of effective and promising prevention intervention strategies which, if implemented, offer the opportunity for reducing injury rates.

## Trauma care

### Intersectoral committees and plans

A review of the present trauma management systems suggests that those States and Territories with State/Territory-wide trauma committees and trauma plans are best placed for effective collaboration between sectors responsible for retrieval, treatment and data management. These committees are also well placed to identify the opportunities for reducing avoidable deaths due to delays in receiving definitive trauma care. All States and Territories could benefit from such intersectoral committees and plans.

### Information sharing

There is also scope for improving information sharing between States and Territories about innovations and evaluation findings with respect to trauma management and data collection systems.

### Uniform clinical indicators

There would be value in exploring the use of uniform clinical indicators and the extension of data systems to include treatment outcomes and rehabilitation indicators.

## Rehabilitation

### Expansion of Commonwealth services

There is scope for the expansion of rehabilitation services provided by the Commonwealth to cover on a needs basis all ages and all causes of injury rather than to focus solely on vocational rehabilitation.

### Standards

Further improvements could be realised through the implementation of a standards, protocols and quality assurance mechanism for rehabilitation services in Australia.

## 5.2 Funding levers

States, Territories and the Commonwealth can use funding levers to influence progress in the implementation of injury initiatives in four ways as follows:

- by funding injury prevention programs. There is a need to clarify initiatives that address both national and State/Territory priorities, and allocate funds accordingly;
- by including performance indicators and incentives in funding arrangements; for example, purchase agreements with service providers could specify performance indicators which are linked to improved safety;

## Opportunities and future directions

- by ensuring that mainstream funding arrangements do not create perverse incentives that result in imbalances in support for injury prevention, treatment and rehabilitation. For example, it is necessary to ensure that funding for prevention is available to reduce the load on treatment facilities and for the total needs of those injured to be met by coordinated care across the spectrum of trauma care, inpatient treatment and rehabilitation; and
- by targeting research funding at injury. Such funds could address evidence-based treatment and rehabilitation, influences in injury-causing behaviour, and technical and allocative efficiency in rehabilitation and treatment services.

Given the level of unmet demand for treatment and rehabilitation, it is unlikely that savings in these areas can be easily identified which could be applied in injury prevention initiatives. In the same way, it is unlikely that investment in injury prevention would, in the short term, result in reductions in demand for injury treatment and rehabilitation services. Governments need to give injury prevention high priority as an investment in future health gain for the nation.

### 5.3 Legal levers

Although regulation may be an unpopular mechanism for addressing health issues, some of the most effective interventions have been based on legislation. The outstanding example is road safety where seat belt wearing regulation, speed limits, blood alcohol level control and enforcement, and compulsory bicycle helmet wearing have all been shown to lead to large reductions in injury rates. The most recent example of a regulatory approach to injury control has been the introduction of uniform gun legislation in Australia and the gun buy-back scheme. The effectiveness of this strategy in reducing injury will not be known for several years, but there is clear evidence that it has reduced the number of some types of guns in the community.

#### Laws regarding reporting of injury

Injury surveillance is vital to setting priorities and developing intervention strategies. At present, it relies on by-product data containing poor levels of information. The timeliness and specificity of available information is inadequate. There are no formal incentives for clinical services to provide the type of information useful for prevention and these services are reluctant to divert resources to surveillance.

Public health has a long history of mandatory reporting of certain communicable diseases. This approach has not been applied to injury. The recent report on public health law by Bidmeade and Reynolds (1997) argues that widespread mandatory reporting of injury should not be attempted and that cooperative strategies are preferable. It does, however, point out that should there be difficulty in obtaining sufficient information for effective prevention, legislation requiring certain injuries to be reported could be considered. Mandatory reporting of injury could occur at two levels. Firstly, reporting of specific types of injury could be required (for example, near drowning in domestic swimming pools). Secondly, emergency departments and possibly general practitioners, could be required to contribute to a sample-based injury surveillance system on a rolling basis.

### Alcohol licensing

Alcohol is a significant contributing factor to a wide range of injury events, including motor vehicle crashes, drowning, occupational injury, and violence. Legal controls on the serving of alcohol can be linked with health education regarding appropriate serving practices and venue design to reduce excess consumption of alcohol. This not only has a positive impact on injury but also on the disease consequences of alcohol.

In remote areas, including Indigenous communities, difficulties may arise when alcohol licensing is administered by the community council that holds the licence, particularly given that alcohol sales often constitute the principal source of income for the community. Legislation that works well in some areas may have fatal flaws in others. The review of public health-related legislation could consider appropriate model legislation to overcome these difficulties and to make this available to the State and Territory governments that cover remote areas.

Legislative strategies for reducing the contribution of alcohol to injury should not only be considered in remote and Indigenous communities. Alcohol appears to be a growing contributor to violence in urban areas and strategies that work across the board are likely to prove valuable.

### Mandatory safety standards

Mandatory safety standards are commonplace in the work environment and in the context of road safety. The *Trade Practices Act 1974* provides powers to require mandatory standards for consumer products and services. The *Therapeutic Goods Act 1989* provides similar powers with respect to medications and other therapeutic substances.

Comparatively limited use has been made of the powers under the Trade Practices Act. A recent review of mandatory standards by the Commonwealth Minister of Small Business and Consumer Affairs has identified a number of areas where voluntary codes have not been effective and where business would benefit from clear enforceable guidelines on required safety standards. Mandatory standards have been approved for cots and child-resistant cigarette lighters. These standards define clear performance benchmarks and will help protect business against liability claims and increase opportunities in the European and United States export markets.

If the appropriate mix of mandatory and voluntary standards is to be achieved in Australia, there will be a need for improved surveillance, technical capabilities, and research to identify hazards and develop appropriate design solutions. Increased use of mandatory standards based on sound evidence, would benefit the health of Australians and improve the competitiveness of Australian business.

## 5.4 Insurance arrangements

There are several types of insurance cover for injury of which motor vehicle and work cover are the most prominent. The latter are compulsory and are typically managed by a single State entity. Coverage in other areas (eg sports, professional indemnity, public liability, product liability and personal disability) is not comprehensive and is provided by a wide range of general insurance companies.

## Opportunities and future directions

In the case of the latter category of insurance, there are few incentives for a particular company to contribute to prevention activities. Premiums can be adjusted to maintain profit margins and any lowering of the overall risk of injury as a result of outlays on prevention activities benefits competitors. Some insurers have developed risk management programs for their own clients or have used specific interventions to differentially lower the risk of their clients compared with those of other companies.

Companies with a large market share or a monopoly are more likely to support preventive programs. Two examples in Australia of insurers that have become strongly involved in preventive or risk management strategies are the Transport Accident Commission of Victoria and the Local Government Liability Scheme in South Australia. These insurers are characterised by a monopoly or concentrated market share, and operate in areas where there is significant government pressure to limit premiums and where coverage is either compulsory or almost universal.

Workers' compensation insurers have also developed risk management programs. There has been a particular focus on small business. For these businesses, claims history is an unreliable indicator of risk due to the small number of employees and the Poisson distribution of injury claims. Some workers' compensation insurers have therefore decided to set premiums according to a risk assessment and have provided discounts for businesses that comply with standards of risk control.

The interim *Review of Professional Indemnity Arrangements for Health Professionals* (DHS 1993) noted that despite the possibility of catastrophic claims, 'another noteworthy aspect of the current insurance arrangements in the public sector is the absence of comprehensive case and risk management strategies'.

In relation to adverse events and medical misadventure, the Commonwealth is supporting a range of national collaborative activity aimed at improving the safety and quality of health care services. These collaborations are focusing on key issues addressed in *The Final Report of the Taskforce on Quality in Australian Health Care* (AHMAC 1996) covering: information technology; implementation of guidelines and protocols; performance information; a focus on consumers; accreditation issues; and improved health service management. One of the aims is to reduce the risk and incidence of injury for patients within the acute health care sector and associated sectors through, for example, better admission and discharge planning.

## 5.5 Intersectoral policy arrangements

There are important opportunities for improving the development and implementation of specific injury strategies by establishing effective links between sectors. Ideally, such links require agreements at the highest policy levels, strategies for ensuring that interventions are implemented efficiently, and partnerships between all the relevant sectors. For example, the NHMRC report *Unintentional Injury in Young Males 15–29 Years* (NHMRC 1997a), emphasised that a number of sectors face the problem of reducing injury in this high-risk group. It is likely that a coordinated approach by the relevant sectors would be more effective and cost efficient than separate, fragmented strategies. Thus, the health, transport, sport, workplace, and education sectors could develop complementary strategies for prevention of injury among young males. The recently established NIPAC is well placed to identify those areas requiring intersectoral action.

There is also potential for enhanced injury prevention through greater involvement of non-government health sector groups in planning and implementing injury strategies. Such groups include various specialist medical colleges and the Australian Injury Prevention Network.

### 5.6 The way forward

There are numerous untapped opportunities for advancing injury prevention and control programs and research. These include improving training, increasing the critical mass of managers with advanced knowledge of injury prevention strategies, advancing injury data collection systems, introducing processes that ensure that research, policy and implementation are properly linked, and using available structures as levers for change. The road safety area provides a clear example of the gains that can be made and sustained through research, resources, and dissemination of information on best practice, many of which have been made possible through funding, legal and insurance levers.

Although much of the action in injury prevention is appropriately undertaken at local and State and Territory levels, clear gains can be made by establishing a mechanism for intersectoral cooperation on a range of national injury prevention initiatives. Such mechanisms would require support from the highest levels of government at Commonwealth, State and Territory levels and should target specific interventions and focus on high-risk populations.

The newly formed NIPAC is well placed to assist in improving intersectoral mechanisms and policy development, and to provide expert advice on the array of levers for change available to the injury prevention area. The Commonwealth Department of Health and Family Services will develop a National Injury Prevention Strategy in cooperation with NIPAC, and seek the resources and cooperation of States and Territories and other sectors to ensure effective and efficient attention to priority issues.

In keeping with international developments, there is considerable potential for establishing a series of standard indicators to reflect the burden of different types of injuries and to provide interim outcomes of the impact of major intervention programs. Such indicators would control for spurious fluctuations generated by shifts in treatment and service policies, and ensure comparability between States, Territories and regions.

There is a clear need for additional research in the area of injury prevention and control. NIPAC will provide a valuable source of advice for determining research priorities. The Strategic Research Development Committee of the NHMRC provides a mechanism for developing a strategic approach to funding identified injury surveillance and control priorities. This report provides some criteria and strategies which should assist in formulating a manageable list of priorities for research.

