Introduction

Background

This report on injury prevention and control is one of a series of biennial reports to Australian Health Ministers on each of the five National Health Priority Areas (NHPAs) — cancer control, injury prevention and control, cardiovascular health, diabetes mellitus and mental health. A report has been released recently on cancer control. Reports on cardiovascular health, diabetes and mental health will be published in 1999.

Although each report targets a group of discrete diseases or conditions, and the recommended strategies for action are often specific in nature, the NHPA initiative recognises the role played by broader population health initiatives in realising improvements to the health status of Australians. Public health strategies and programs that target major risk factors may benefit several priority areas. For example, programs aimed at reducing alcohol consumption not only reduce the incidence of injury but may also have an impact on the other NHPAs. Programs that are designed for particular settings and 'at-risk' groups (for example males aged 15–29 years) can also provide an opportunity to address a range of risk-taking behaviours which might have a beneficial impact on other NHPAs.

This report on injury prevention and control is part of an encompassing NHPA process that involves various levels of government and draws on expert advice from non-government organisations, with the primary goal being to reduce the incidence of, mortality from, and impact of injury on the Australian population.

The National Health Priority Areas initiative

Based on current international comparisons, the health of Australians is among the best in the world and should continue to improve with continued concerted efforts across the nation. The NHPAs initiative emphasises collaborative action between Commonwealth and State and Territory Governments, the National Health and Medical Research Council (NHMRC), the Australian Institute of Health and Welfare (AIHW), non-government organisations, appropriate experts, clinicians and consumers. It recognises that specific strategies for reducing the burden of illness should be holistic, encompassing the continuum of care from prevention, through to treatment, management and maintenance, and underpinned by evidence based on appropriate research.

By targeting specific areas that impose high social and financial costs on Australian society, collaborative action can achieve significant and cost-effective advances in improving the health status of Australians. The diseases and conditions targeted through the NHPA process were chosen because they are areas where significant gains in the health of Australia's population can be achieved.

From National Health Goals and Targets to National Health Priority Areas

The World Health Organization (WHO) published the *Global Strategy Health for All by the Year 2000* in 1981. In response to this charter, the *Health for All Australians* report was developed and represented Australia's 'first national attempt to compile goals and targets for improving health and reducing inequalities in health status among population groups' (Health Targets and Implementation Committee 1988). The 20 goals and 65 targets focused on population groups, major causes of sickness and death, and risk factors.

A revised set of targets was published in 1993 in the *Goals and Targets for Australia's Health in the Year 2000 and Beyond* report (Nutbeam et al 1993).

Goals and targets were established in four main areas — reductions in mortality and morbidity, reductions in health risk factors, improvements in health literacy, and the creation of health-supportive environments. However, this framework was not implemented widely.

The *Better Health Outcomes for Australians* report was released in 1994, and refined the National Health Goals and Targets program. The focus of goals and targets was shifted to four major areas for action — cancer control, injury prevention and control, cardiovascular health, and mental health. As a corollary to this, Australian Health Ministers also adopted a national health policy which committed the Commonwealth and State and Territory Governments to develop health goals and targets in the priority health areas and re-orient the process towards population health.

In 1995, it was recognised that there were a number of fundamental shortcomings of the National Health Goals and Targets process, principally, that there were too many indicators (over 140 across the four health priority areas), there was a lack of emphasis on treatment and ongoing management of the disease/condition, and there was no national reporting requirement. In implementing a goals and targets approach, emphasis was placed on health status measures and risk factor reduction. However, no nationally agreed strategies were developed to promote the change required to reach the targets set.

This led to the establishment of the current NHPAs initiative. Health Ministers agreed at their July 1996 meeting that a national report on each priority area be prepared every two years, to give an overview of their impact on the health of Australians. These reports would include a statistical analysis of surveillance data and trends for a set of agreed national indicators. It was also agreed that diabetes mellitus become the fifth NHPA.

The *First Report on National Health Priority Areas 1996* (AIHW & DHFS 1997) provided a consolidated report on programs in all the priority areas.

Development of the report

The National Health Priority Committee (NHPC) developed this report in consultation with the Commonwealth and State and Territory Governments, the AIHW through its National Injury Surveillance Unit (NISU), and with a wide range of those active in the injury prevention and research fields.

Purpose and structure of the report

This report on injury prevention and control builds on the *First Report on National Health Priority Areas 1996*. The *First Report* provided baseline data and underlying trends in the five NHPAs. This report updates these data and trends, in addition, reporting on progress in the field of injury, and identifying opportunities for improving injury prevention and control.

Chapter 1 provides an overview of injury in Australia, including the current extent and cost of the problem, the main causes of injury, the groups most at risk of injury, long-term trends in injury over time, and comparisons of the rate of injury in Australia with those of other OECD countries.

Chapter 2 summarises the current status of NHPA injury prevention and control indicators for which adequate data were available for reporting in 1997.

Chapter 3 reviews infrastructure and program developments in the field of injury in Australia. In particular, it reports on progress in injury prevention, trauma care, rehabilitation services and research funding.

Chapter 4 looks at issues in injury prevention and control, including groups and areas that are important targets for preventive activity in the future, barriers and gaps in the areas of injury prevention, and interventions available for implementation.

The report concludes with a consideration of possible strategies for improving injury prevention and control in the Australian context, and a blueprint for action which builds on Australia's record in the area of preventive strategies (Chapter 5).