

Public Submission Cover Sheet

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Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input checked="" type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>
Organisation	Injury Matters
First Name(s)	Sandy
Surname	Lukjanowski
Contact Details	[REDACTED]

Publication of Submissions

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Submission Guidance

You are encouraged to address the following question:

In the context of the Sustainable Health Review Terms of Reference listed below, what is needed to develop a more sustainable, patient centred health system in WA?

- Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;
- The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public;
- Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;
- Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;
- Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;
- The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;
- Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.

Sustainable Health Review 2017 Preventing injuries and supporting recovery in WA

Injury Matters

Injury Matters leads the way in preventing injury and supporting recovery by providing programs and services that enable Western Australians to live long and healthy lives. Priority injuries both unintentional and intentional in Western Australia (WA) include falls, road trauma, suicide and self-harm, poisoning, violence, drowning, and burns.

Injury Matters is a not-for-profit organisation that empowers people, communities, professionals and agencies to modify factors to prevent injury and support recovery. Injury Matters achieves this through three flagship programs: Stay On Your Feet[®], Know Injury, and Road Trauma Support WA.

- The **Stay On Your Feet[®]** program, funded by the State Government through the Department of Health, provides information, education, and support to community members and health professionals to reduce falls and fall-related injuries among older adults living in the community.
- The **Know Injury** program, funded by the State Government through the Department of Health, enhances the capacity of practitioners and organisations to deliver evidence-informed injury prevention activities by providing knowledge, training, resources, and networking opportunities.
- **Road Trauma Support WA** provides information and free counselling to reduce psychological and social distress for anyone affected by road trauma in Western Australia.

Injury has a significant impact on the health system in Western Australia.

Western Australians suffered approximately **227,000 injuries** leading to fatalities, hospitalisations, and emergency department visits in 2012 (1). These injury events **cost the WA health system almost \$1.2 billion** in 2012 (1). When quality of life costs, loss of paid productivity, and long-term care costs are included, the cost of injury in WA in 2012 expands to \$9.6 billion (1).

A snapshot of injury in WA:

- Injury has a disproportionate impact on Aboriginal people. Aboriginal people experienced more than double the rate of fatal injury and more than triple the rate of injury-related hospitalisation than other Western Australians in 2012 (1).
- Injury occurs at a greater rate in regional areas of WA (1). The Kimberley, Wheatbelt, and Goldfields regions had more than double the rate of injury events (i.e., fatalities, hospitalisations, and emergency department visits) than metropolitan areas in 2012 (1).
- Injury-related fatalities and hospitalisations occur at a greater rate among socioeconomically disadvantaged Western Australians (1).
- Alcohol is a key contributing factor to injury. Alcohol was involved in 17.5% of injury-related fatalities and 32% of injury-related emergency department visits in WA in 2012 (1).

- While the age-standardised rate of fatal injury remained stable between 2003 and 2012, the rate of injury-related hospitalisations increased from 17.3 per 1000 in 2003 to 20.5 per 1000 people in 2012 in WA (1).
- Falls are the most common unintentional injury in WA (1). Among those aged 65 years and over, the **rate of falls resulting in hospitalisation or fatality has increased** from 21.9 per 1000 in 2003 to 27.9 per 1000 in 2012, with an increase in associated costs (1). Falls are the 15th leading cause of total disease burden among those aged 65 years and over in WA (2).

PATIENT FIRST

The Western Australian health care system must put the patient at the centre of health care processes.

Our vision for the WA health system places the patient first:

- Empower consumers to understand their own care pathways and available services. Improve consumer access to information about available services, particularly older adults. This requires offline information centres and centralised information portals, as well as information provision by health professionals. Improving consumer understanding of service options may lead to greater use of prevention and early intervention services, and reduce reliance on treatment services.
- Improve transitions from hospital to community care to support continuity of care and health outcomes. Among older adults identified as a falls risk, ongoing community-based support for falls prevention is required following hospital discharge, including support for home modification and ongoing affordable strength and balance training.
- Provide equitable access to services and distribution of health care resources for those populations that experience a higher rate of injury, including Aboriginal people and people living in regional areas of WA (1). This includes the provision of culturally appropriate and culturally secure services.
- Support continuity of evidence-based service provision (i.e., prevention, early intervention, and treatment services) by providing longer-term funding to contracted services and investment to implement interventions that have shown promising results in WA trials.
- Ensure no disruption and appropriate level of care for consumers of aged care services, particularly when transitioning from Home and Community Care (HACC) to Consumer Directed Care (CDC) aged care services. Disruption to care and long waiting lists for care packages will result in patients not receiving adequate care, which may increase the risk of falls and ongoing costs to the health care system.

VALUE FOR MONEY

Injury prevention interventions are uniquely cost-effective and represent significant value for money.

A sustainable health care system must put cost-effective prevention and early intervention services first. A range of injury prevention interventions are cost-saving in that they cost less to implement than the resource costs they save (3). Research suggests that cost-saving injury prevention interventions include: anti-driving while under the influence media campaigns; youth offender programs to prevent violence, such as multi-systemic therapy; brief alcohol interventions; poison control centre telephone services; and paediatrician counselling for parents to reduce child injuries (3). Injury prevention interventions can

therefore represent significant value for money. To reduce the cost of injury to the Western Australian health system, preventative healthcare and early intervention services must become a priority.

For example, falls cost the WA health care system approximately \$273 million in 2012, and approximately half of these falls were among those aged 65 years and over (1). Cost-effective and cost-saving interventions are available to prevent falls and support recovery:

- **Strength and balance exercise programs for older adults to prevent falls** (4). A US based study found three evidence-based strength and balance training programs for falls prevention to be cost-saving when implementation costs were compared to averted direct medical costs of prevented falls (5). The Otago exercise program had an estimated return on investment of 36% for those aged 65 years and over, and 127% for those aged 80 years and over (5). Tai Chi provided an estimated return on investment of 509% and Stepping On provided an estimated return on investment of 64% (5).
- **Home modification services for older adults at risk of falling** (4,6). Home safety modification has been found to reduce both the rate of falls and risk of falling among older adults, and has been found to be cost-effective for older adults at higher risk of falls (4). For example, in a New Zealand based study of home modification for those aged 75 years and older with a severe vision impairment, the program cost per fall prevented was only \$NZ650 (7).
- **Adopt falls pathways in all Western Australian hospital emergency departments for improved clinical care of falls patients.** A falls pathway provides a system to assess falls risk and manage access to specialist care for those presenting to the emergency department following a fall (8). The implementation of a falls pathway in Fiona Stanley Hospital Emergency Department was associated with reduced inpatient bed days related to falls, equating to an estimated reduction in bed day costs of \$3.6m in the financial year 2016-2017 (8).

The above examples illustrate the cost-effectiveness of injury prevention and recovery activities. Continued and renewed investment in injury prevention represents value for money for the health system. We urge for the continued investment in existing injury prevention providers in WA.

PARTNERSHIPS ACROSS SECTORS

A sustainable health system requires partnerships across government agencies to prevent injuries.

Injury prevention is not just the business of the health system, but requires action across the spectrum of government. Inter-department and interagency partnerships are needed to prevent injuries and reduce the cost of injury to the Western Australian health system. The following vision for partnerships would support injury prevention in WA:

- Adopt a health-in-all policies approach and health-related partnerships across State Government agencies and departments. This approach recognises that a range of activities outside the health sector impact health outcomes, that all public policy influences the determinants of health, and that the responsibility for health is shared across government departments (9).
- Support local governments to engage in health promotion and injury prevention through the provision of resources and capacity building. The requirement for local governments to develop Local Public Health Plans under the *Public Health Act 2016*

offers an opportunity to provide training and resources to assist local governments to maximise health outcomes through this process.

- Improve connections between the community sector and government health agencies by providing greater transparency in relation to the implementation and monitoring of key health, drug, and suicide prevention policies. For example, the Falls Prevention Model of Care (10), developed by the WA Falls Prevention Health Network, outlines recommendations, strategies, and opportunities for preventing falls in WA. To make use of this strategy, a plan for monitoring and disseminating implementation outcomes of the WA Falls Prevention Model of Care is needed in order to identify gaps in practice and coordinate efforts to address gaps.
- Partner with appropriate departments and agencies and advocate for action to prevent injury. For example, to prevent alcohol-related injury, partnerships beyond the health care system can be developed to implement a range of evidence-based interventions, including volumetric based taxation of wine (11), a minimum price for alcohol (12), and a ban on alcohol advertising during sports and other activities that lead to high exposure to alcohol advertising among youth (13).

HEALTHY LIFESTYLES

A sustainable health care system will support healthy lifestyles that help to reduce the incidence of injury.

The aging population in WA provides new impetus to support healthy lifestyles among older adults for a sustainable health system. This includes:

- **Providing guidelines for alcohol use among older adults.** While Australians aged 70 years and over have the highest rate of abstinence from alcohol consumption, they also have the highest rate of daily alcohol use (15%) across all age groups in Australia (14). Older adults face unique factors that influence the impact of alcohol, including concurrent use of medication and physiological changes (14). Despite recognition that current general population guidelines may not be suitable for older adults (14), there are no Australian guidelines specific to this population. As the NHMRC is currently undertaking a review of the *Australian Guidelines to Reduce Health Risks from Drinking Alcohol 2009*, there is the opportunity to highlight this issue at the national level.
- **Providing subsidised access to exercise programs that improve strength and balance for community dwelling older adults**, such as Tai Chi, which reduces the risk of falling among older adults (4).

TECHNOLOGY AND INNOVATION

The injury prevention sector would benefit from easily accessible, up-to-date epidemiological injury data to support the evaluation of injury prevention activities and the identification of emerging injury issues and changes in injury trends in WA. This would involve the streamlined collation of current and age-standardised injury data across hospitals, and a regularly updated data surveillance system that is accessible to the workforce. For example, the New South Wales system, HealthStats NSW, makes data freely accessible through an easy to navigate online portal.

Investing in injury prevention is necessary not only to mitigate the increasing costs of the health system but as a means of improving the lives of Western Australians.

The following organisations play a key role in and are supportive of injury prevention in Western Australia.

We the undersigned affirm the importance of investment in injury prevention in Western Australia to support the future of a sustainable health care system. As the fourth most common cause of both death (2007 to 2011) and hospitalisation (2008 to 2012) in Western Australia (15), injury is a public health priority that needs coordinated action across all areas of government and the public sector. Injury across the age span can be predicted and prevented through coordinated evidence-based programs, policies, and services. Ongoing investment in injury prevention is imperative to improving the lives of Western Australians and critical for reducing the cost and burden of injury in Western Australia.



References

1. Hendrie D, Miller T, Randall S, Brameld K, Moorin R. Incidence and costs of injury in WA 2012. Perth: Chronic Disease Prevention Directorate Department of Health WA; 2016.
2. Hocking S, Draper G, Somerford P, Xiao J, Weeramanthri T. The Western Australian Chief Health Officer's Report 2010. Perth: Department of Health WA; 2010.
3. Pacific Institute for Research Evaluation. Injury prevention: What works? A summary of cost-outcome analysis for injury prevention programs (2014 update) [Internet]. Calverton, MD: Children's Safety Network Economics and Data Analysis Resource Center; 2014. Available from: <https://www.childrenssafetynetwork.org/publications/whatworks2014>
4. Gillespie LD, Robertson MC, Gillespie WJ, Sherrington C, Gates S, Clemson LM, et al. Interventions for preventing falls in older people living in the community (Review). In: The Cochrane Collaboration, editor. Cochrane Database of Systematic Reviews [Internet]. Chichester, UK: John Wiley & Sons, Ltd; 2012. Available from: <http://doi.wiley.com/10.1002/14651858.CD007146.pub3>
5. Carande-Kulis V, Stevens JA, Florence CS, Beattie BL, Arias I. A cost-benefit analysis of three older adult fall prevention interventions. *J Safety Res.* 2015 Feb 1;52(Supplement C):65-70.
6. Pega F, Kvizhinadze G, Blakely T, Atkinson J, Wilson N. Home safety assessment and modification to reduce injurious falls in community-dwelling older adults: cost- utility and equity analysis. *Inj Prev.* 2016 Dec;22(6):420-6.
7. Campbell AJ, Robertson MC, La Grow SJ, Kerse NM, Sanderson GF, Jacobs RJ, et al. Randomised controlled trial of prevention of falls in people aged ≥ 75 with severe visual impairment: the VIP trial. *BMJ.* 2005 Oct 8;331(7520):817-817.
8. Dumas S, Wahby O, Leyte N, Mandal B, Arendts G. The Falls Emergency Department and Aged Care Assessment Project at Fiona Stanley Hospital. Poster presentation presented at: Annual IMPROVE conference; 2017 Aug 23; Fiona Stanley.
9. Kickbusch I, McCann W, Sherbon T. Adelaide revisited: from healthy public policy to Health in All Policies. *Health Promot Int.* 2008 Mar 1;23(1):1-4.
10. Department of Health, Western Australia. Fall Prevention Model of Care. Perth: Health Strategy and Networks; 2014.
11. Cobiac L, Vos T, Doran C, Wallace A. Cost-effectiveness of interventions to prevent alcohol-related disease and injury in Australia. *Addiction.* 2009 Oct 1;104(10):1646-55.
12. Stockwell T, Zhao J, Martin G, Macdonald S, Vallance K, Treno A, et al. Minimum alcohol prices and outlet densities in British Columbia, Canada: Estimated impacts on alcohol-attributable hospital admissions. *Am J Public Health.* 2013 Nov;103(11):2014-20.
13. Anderson P, de Bruijn A, Angus K, Gordon R, Hastings G. Impact of alcohol advertising and media exposure on adolescent alcohol use: A systematic review of longitudinal studies. *Alcohol Alcohol.* 2009 Feb 23;44(3):229-43.
14. Nicholas R, Roche A, Lee N, Bright S, Walsh K. Preventing and reducing alcohol- and other drug-related harm among older people: A practical guide for health and welfare professionals. Adelaide, South Australia: National Centre for Education and Training in Addiction (NCETA), Flinders University; 2015.
15. Department of Health, Western Australia. Injury Prevention in Western Australia: A review of statewide activity. Perth: Chronic Disease Prevention Directorate, Department of Health; 2015.