



Name: Injury Matters

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Participant background

1. For the purposes of this consultation, which of the following best describes you:
I am an industry or advocacy organisation, professional association or peak body
2. Which of the following care sectors will your feedback relate to? Please select all that apply.
Aged care; Disability; Health
3. What kind of care supports, services and programs do you have experience with, and in what jurisdictions?
The participant did not respond to this question.

1. Reform of quality and safety regulation to support a more cohesive care economy

1. To what extent do differences in quality and safety regulation make it costly or complex to provide or access care services?
The participant did not respond to this question.
2. What are the reasons for your answer?
The participant did not respond to this question.
3. To what extent should quality and safety regulations be more aligned across the different care service sectors and jurisdictions?
The participant did not respond to this question.
4. What are the reasons for your answer?
The participant did not respond to this question.

2. Embed collaborative commissioning to increase the integration of care services

1. What is your experience with collaborative commissioning
The participant did not respond to this question.
2. What are the benefits of pursuing greater collaborative commissioning?
The participant did not respond to this question.
3. What are the barriers to collaborative commissioning, and do you have any suggestions for solutions that would lead to better collaboration in the commissioning of care services?
The participant did not respond to this question.

3. A national framework to support government investment in prevention

1. What are the main barriers to governments investing in evidence-based prevention programs across the care economy?

Injury Matters agrees with the consultation's suggestion of barriers associated with the need for upfront payments (despite the long-term benefits taking time to be quantified) and the fact that the benefits cross different government departments.

Additional barriers include the;

- Multiple layers of government across Australia,
- Limited evidence quantifying the true long-term benefits of prevention initiatives,
- Costs associated with evaluating the impact of small-scale prevention initiatives,
- Costs associated with delivering initiatives in regional/remote locations,
- Limited resources resulting in the prioritisation of clinical treatments,
- Cyclical nature of Australia's political/funding landscape, and
- Short-term funding pools making it challenging to build sustainable initiatives.

2. What are some examples of successful prevention programs (this could include discontinued programs)?

Injury prevention:

As outlined in the yet to be released National Strategy for Injury Prevention, "Injury is a major cause of preventable death and disability in Australia. It is the leading cause of death among people aged 1 to 44 years, putting a lot of pressure on our health care system. By identifying the most common causes of injury and the best prevention measures, we can help people stay safe."¹

From drowning prevention activities conducted by Royal Life Saving WA, to drug and driver education provided by the WA Department of Education and Our Watch's activities to embed gender equality and prevent violence, Western Australia is fortunate to have several successful injury prevention programs. Despite these programs' longstanding nature, short-term funding cycles continue to make it challenging for organisations to build sustainable programs.

Falls:

Falls continue to cause a significant burden in Australia, particularly among older adults, yet they are preventable.

Not only do prevention activities reduce people's likelihood of experiencing a fall, they also have other health benefits and can improve individuals' quality of life. Numerous research studies reinforce the ability of coordinated falls prevention programs to have quick health and financial returns. Cochrane reviews have demonstrated that exercise

programs have the potential to reduce the rate of falls by 24%² and that home hazard interventions reduce the overall rate of falls by 26% among older adults living independently in the community.³ Multi-component interventions have also been shown to be effective in preventing falls among community-dwelling older adults and residents of aged care facilities.⁴

The Stay On Your Feet® program has been successfully raising awareness of the importance of falls prevention among Western Australian older adults since 2001. This program is funded by the WA Department of Health's Population and Prevention Directorate and is delivered by Injury Matters.

The Stay On Your Feet® program utilises the Move Improve Remove campaign messages, developed by Injury Matters in 2014, to address the modifiable risk and protective factors for falls prevention through awareness raising and workforce engagement activities. Move Improve Remove captures eight modifiable risk factors for falling and provides positive reinforcement for older adults to take steps, which reduce their risk of falling to ensure they remain independent and can continue living the life they enjoy.

Over the life of the program, Injury Matters has followed an extensive evaluation framework, including impact evaluation activities conducted by an external provider. Both qualitative and quantitative results gathered from program participants support the value and success of the program in increasing community members' awareness that falls are preventable and health professionals' knowledge, skills and confidence to identify and support falls prevention activities for older adults.

The 2022/23 Stay On Your Feet® impact surveys were completed by 301 older adults and 319 health professionals, key results aligning to the program objectives included;

- 88% of older adult impact evaluation participants disagreed with the statement "there is nothing you can do to prevent older people from falling" (n=266).
- Since engaging in the Stay On Your Feet® program, 75% of older adult participants reported that they are more aware of how to prevent falls (n=227).
- 98% of older adult respondents were able to recall (unprompted) at least one risk factor for falling (n=290).
- 98% of health care professional survey respondents were able to recall at least one strategy that decreases a person's risk of a fall (n=313).
- 83% of health care professionals were in agreement that following their engagement in the Stay On Your Feet® program they are more aware of falls prevention strategies (n=266).

References:

1. Australian Government Department of Health and Aged Care. National Strategy for Injury Prevention. <https://www.health.gov.au/our-work/national-strategy-for-injury-prevention> (2023).

2. Sherrington, C. et al. Exercise for preventing falls in older people living in the community. Cochrane Database Syst. Rev. (2019)
doi:10.1002/14651858.CD012424.pub2.

3. Clemson, L. et al. Environmental interventions for preventing falls in older people living in the community. Cochrane Database Syst. Rev. (2023)
doi:10.1002/14651858.CD013258.pub2.

4. Hopewell, S. et al. Multifactorial and multiple component interventions for preventing falls in older people living in the community. Cochrane Database Syst. Rev. (2018)
doi:10.1002/14651858.CD012221.pub2.

3. How can governments better support investment in prevention activities that have broad and long-term benefits for the Australian community?

Some key opportunities available for governments to better support investment in prevention activities include the;

- Allocation of at least 5% of every government's health budget to prevention activities.

- Allocation of more long-term prevention program funding.

- Incentivise programs that address the underlying social determinants of health.

- Mandate evaluation and knowledge translation activities within all grants, included the provision of funding to cover these activities.

- Improve collaboration between the Federal and State governments to ensure funding pools are not duplicated across the country.

- Improve collaboration across government departments.

- Include quantifiable short and long-term outputs within all government strategies/action plans to ensure that corresponding resources are allocated to the most appropriate initiatives to achieve the desired outputs.

- Hold government departments accountable to the prevention goals and activities committed to within all strategies/action plans.

There is no questioning that given our growing and ageing population, there will be an increased demand for healthcare services. Therefore it is important, now more than ever, that we increase all governments investment in prevention activities. Additional investment in prevention activities will not only reduce long-term government expenses but also increase the quality of life of all Australians.

Expansion of Health Promotion Charities :

Charities registered as Health Promotion Charities can qualify to become a Deductible Gift Recipient (DGR) via the Australian Taxation Office (ATO). DGR's are organisations

that can receive tax-deductible donations. If a donation is tax-deductible, donors can deduct the amount of their donation from their taxable income when they lodge their tax return. Thus, organisations that qualify as a Health Promotion Charity with DGR status have greater ability to generate funds via philanthropic donations to help them achieve their purpose.

Injury is currently excluded from the Health Promotion Charities definition of 'diseases' which results in the dependence of injury prevention organisations to raise funds predominantly through government grants.

Broadening the definition of Health Promotion Charities to include 'prevention of injury' enables greater opportunity to attract funding from philanthropic bodies. Changes in eligibility to qualify as a Health Promotion Charity would enable injury prevention organisations to have a greater impact on the reduction of injury in Australia, which will result in an overall improvement to the health of Australians. Additionally, the revision would significantly support the injury prevention not-for-profit sector by improving the ability to provide competitive remuneration features and benefits that other Health Promotion Charities are able to offer within comparative roles, therefore improving the recruitment and retention of a vital professional and qualified injury prevention workforce and providing opportunity for increased productivity among these professionals.