

# Reducing injury



Injury is a leading cause of preventable death and permanent disability in Australia, and is the primary source of death among people aged 1 to 45 years, putting significant pressure on our health care system.

The draft National Injury Prevention Strategy 2020 to 2030 uses the leading causes of disability burden (measured as Disability Adjusted Life Years (DALY)) to identify categories of injury prevention as illustrated in **Figure 1. Leading causes of burden of injury based on Disability Adjusted Life Years (DALY), 2015.**

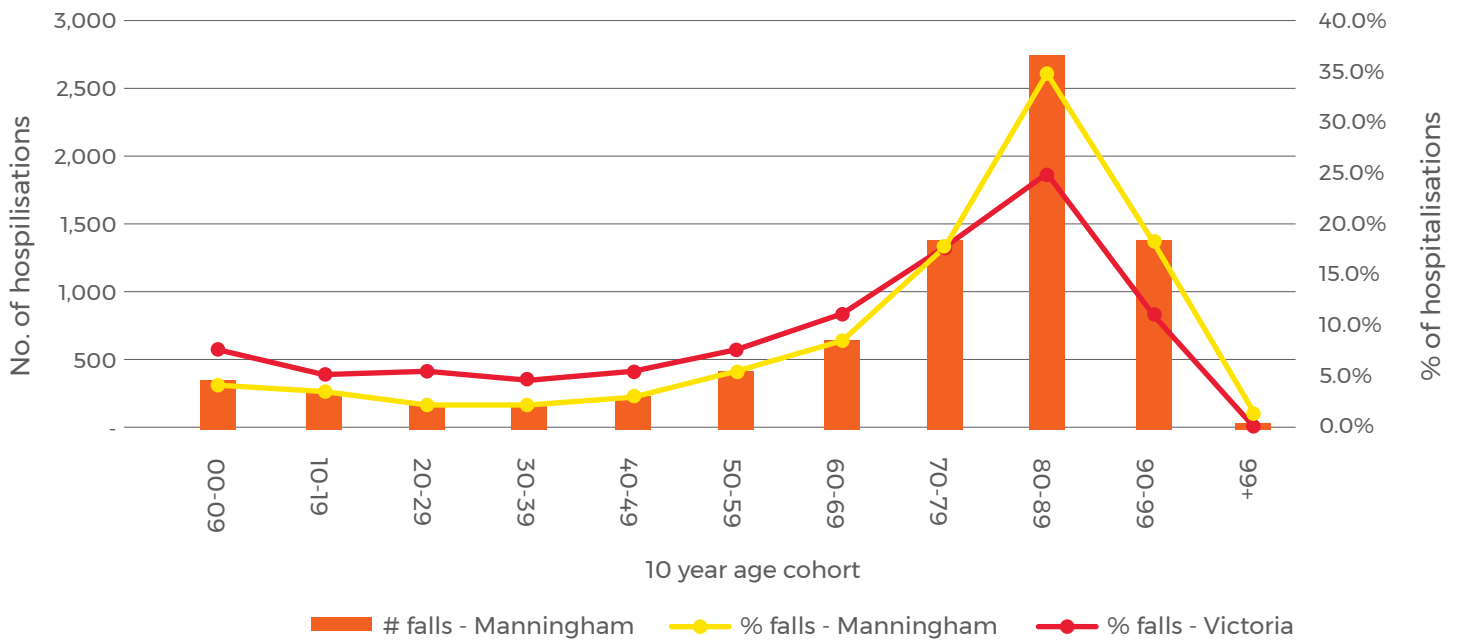
Rank	Overall	0 to 14 years	15 to 24 years	25 to 64 years	65+ years
1	Suicide and self-inflicted injuries	Other unintentional injuries	Suicide and self-inflicted injuries	Suicide and self-inflicted injuries	Falls
2	Falls	Road transport injury	Road transport injury	Poisoning	Suicide and self-inflicted injuries
3	Poisoning	Falls	Other unintentional injuries	Road transport injury	Road transport injury
4	Road transport injury	Drowning	Poisoning	Falls	Other unintentional injuries
5	Other unintentional injuries	Homicide and violence	Falls	Other unintentional injuries	All other external causes of injury
6	Homicide and violence	Other land transport injuries	Homicide and violence	Homicide and violence	Poisoning
7	Other land transport injuries	Suicide and self-inflicted injuries	Other land transport injuries	Other land transport injuries	Other land transport injuries
8	Drowning	Fire, burns and scalds	Drowning	Drowning	Drowning
9	All other external causes of injury	Poisoning	Fire, burns and scalds	All other external causes of injury	Fire, burns and scalds
10	Fire, burns and scalds	All other external causes of injury	All other external causes of injury	Fire, burns and scalds	Homicide and violence

Source: AIHW 2015 Burden of Disease Study, as contained in the (draft) National Injury Prevention Strategy 2020-2030 (p.5)

## Falls

Between 2015 and 2020, Manningham experienced 7,789 hospital admissions due to falls. The majority occurred in the 80 to 89 age cohort, representing 35% (2,726 admissions) of the total number of admissions. This number is significantly higher than the Victorian percentage of 26%. See **Figure 2. Hospitalisations due to falls** below.

**Hospitalisation due to falls 2015 to 2020**

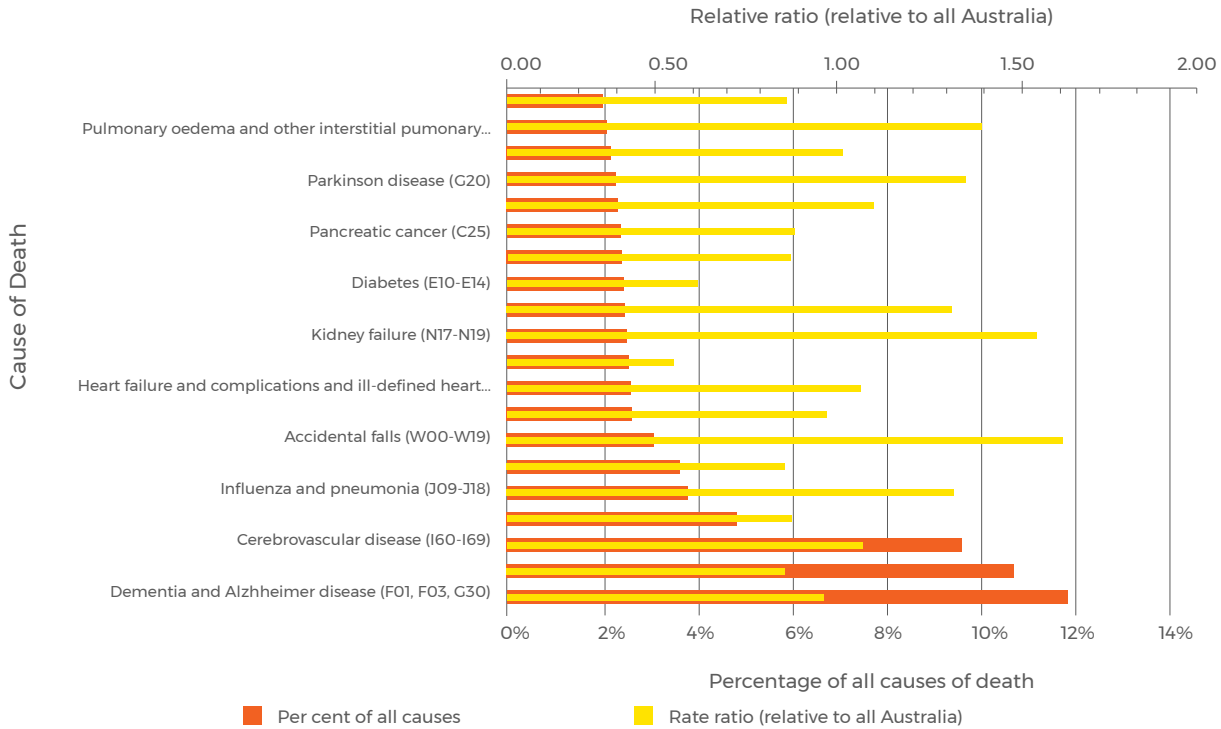


Source: Victorian Emergency Minimum Dataset (VEMD) July 2015 to March 2020, Victorian Agency for Health Information

As such, falls are a significant cause of injury in older Manningham residents, particularly among older females, with the 80 to 89 age cohort representing 21.6% of the total hospital admissions.

Furthermore, accidental falls represented 3.2% of female deaths in Manningham between 2013 and 2017. However, they occurred at a significantly higher rate of incidence compared to Australia, at a rate ratio of 1.56 persons, as illustrated below in **Figure 3. Manningham - Females - Leading causes of death 2013 to 2017**.

# Manningham - Females - Leading causes of death 2013 to 17

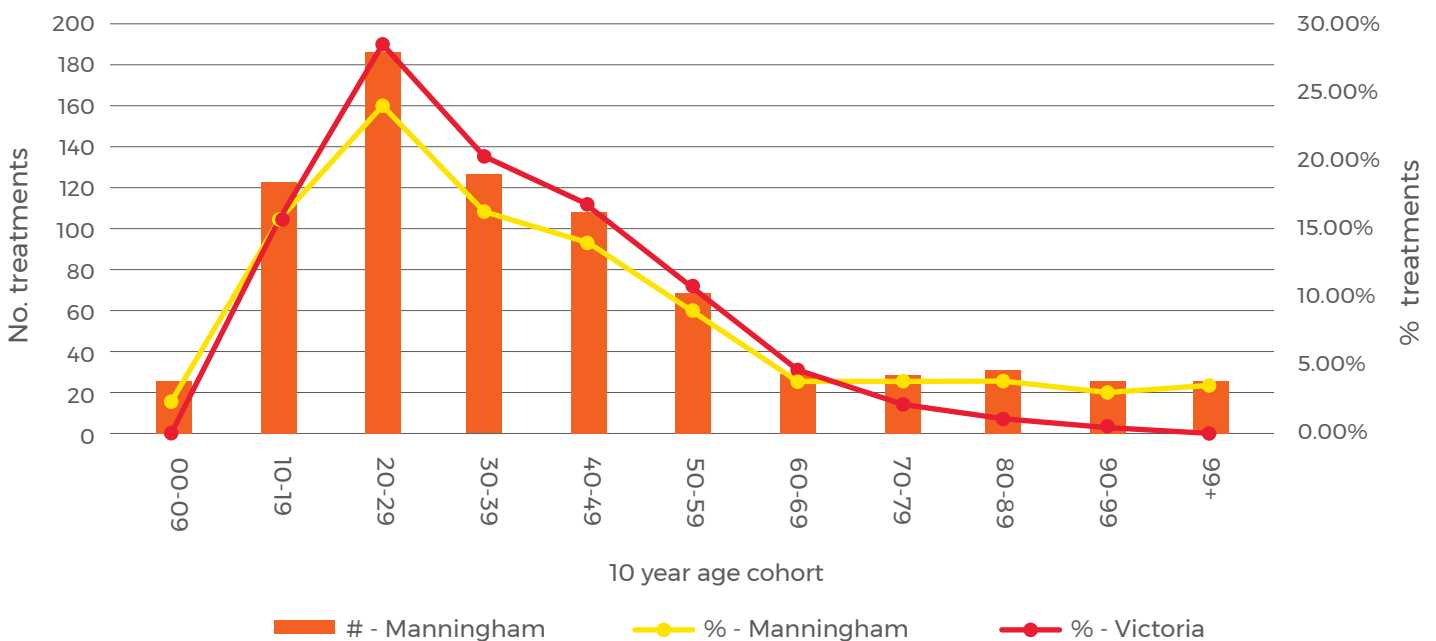


Source: Australian Institute of Health and Welfare,

## Intentional injuries

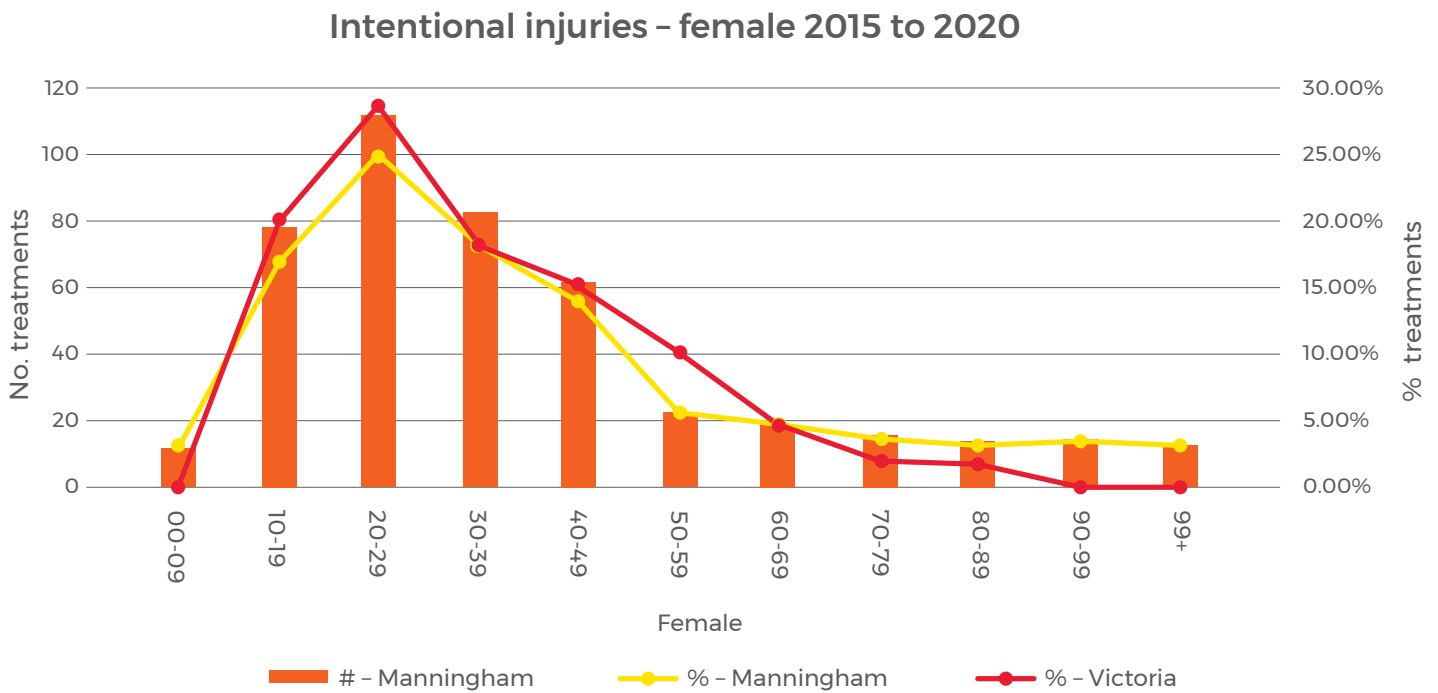
Between 2015/16 and 2019/20, Manningham residents were treated for 771 intentional injuries in hospital. They had either intentionally self-harmed or been involved in an assault. Those in the age category 20 to 29 years accounted for 24% of the total intentional injuries treated. The Manningham trend aligns with Victoria's until the 70 to 79 age cohort, where the percentage of Victorian presentations starts to decline but Manningham's stays stable. See **Figure 4. Intentional injuries treated in hospital** below.

### Intentional injuries treated in hospital



Source: Victorian Emergency Minimum Dataset (VEMD) July 2015 to March 2020 Victorian Agency for Health Information

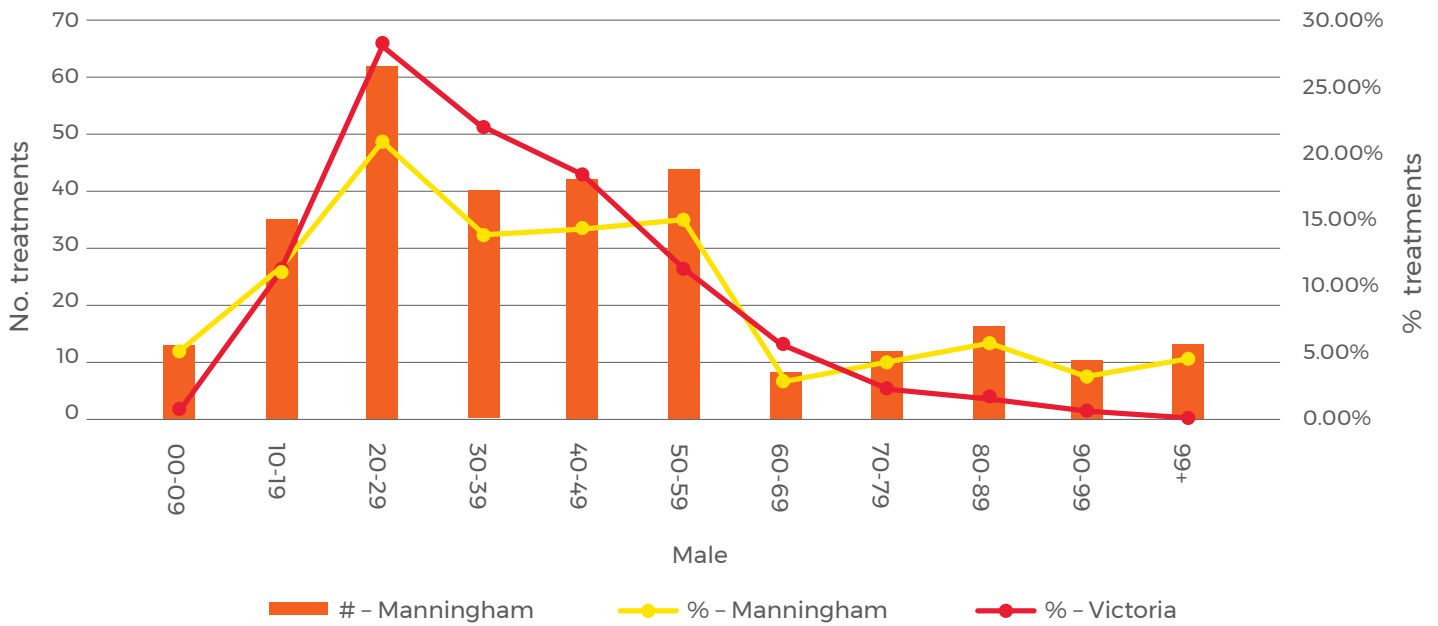
When we disaggregate the data by sex, females accounted for 447 (58%) of the total treatments for intentional injuries from 2015 to 2020, the majority taking place in the 20 to 29 year age group. See **Figure 5. Intentional injuries - female** below. The female incident pattern is similar to the total treatments illustrated in Figure 2.



Source: Victorian Emergency Minimum Dataset (VEMD) July 2015 to March 2020, Victorian Agency for Health Information

While males accounted for less treatments for intentional harm, (295 or 38%), their pattern of presentations is much more sporadic. Similarly to the female presentations, most occur in the 20 to 29 age cohort. However, rather than tapering off, treatments start to increase again between the 40 to 49 age cohort and 50 to 59 age cohort. Another small increase also occurs in the 80 to 89 age cohort. See **Figure 6. Intentional injuries - male** on the next page.

## Intentional injuries - male 2015 to 2020

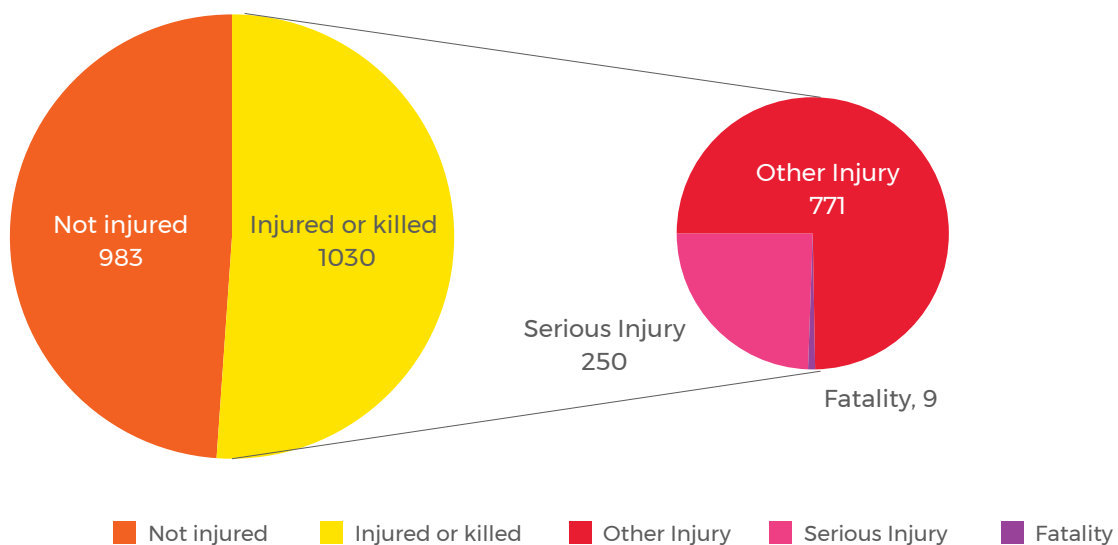


Source: Victorian Emergency Minimum Dataset (VEMD) July 2015 to March 2020, Victorian Agency for Health Information.

## Road transport injury

In the period 2014 to 2018, 820 accidents occurred on Manningham's roads which involved 2,013 people. More than half (50.7%) were injured in some way, with 250 seriously injured. Unfortunately nine people lost their lives. See **Figure 7. Severity of transport accident injury (2014 to 2018)** below.

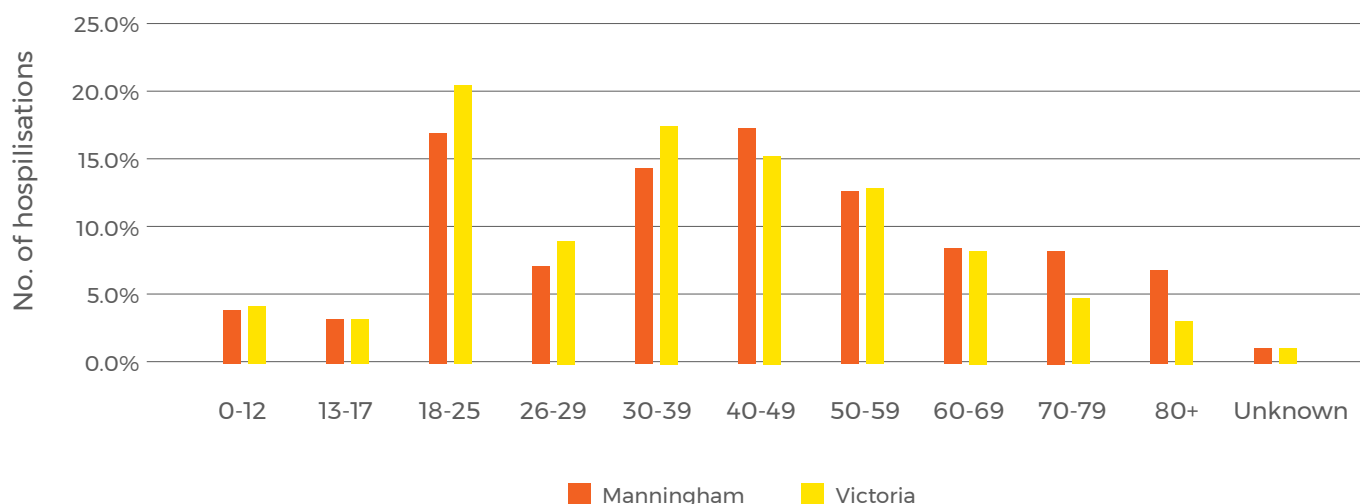
### Manningham, Severity of injury 2014 to 2018 (Persons)



Source: VicRoads

The age of those that were killed or injured is generally in line with Victorian state figures for the same period. However, of note is the lesser proportion in Manningham of people aged 18 to 39, and the greater proportion of people aged 70+ who were killed or injured as illustrated in **Figure 8. Age of persons killed or injured due to transport accidents (2014 to 2018)** below.

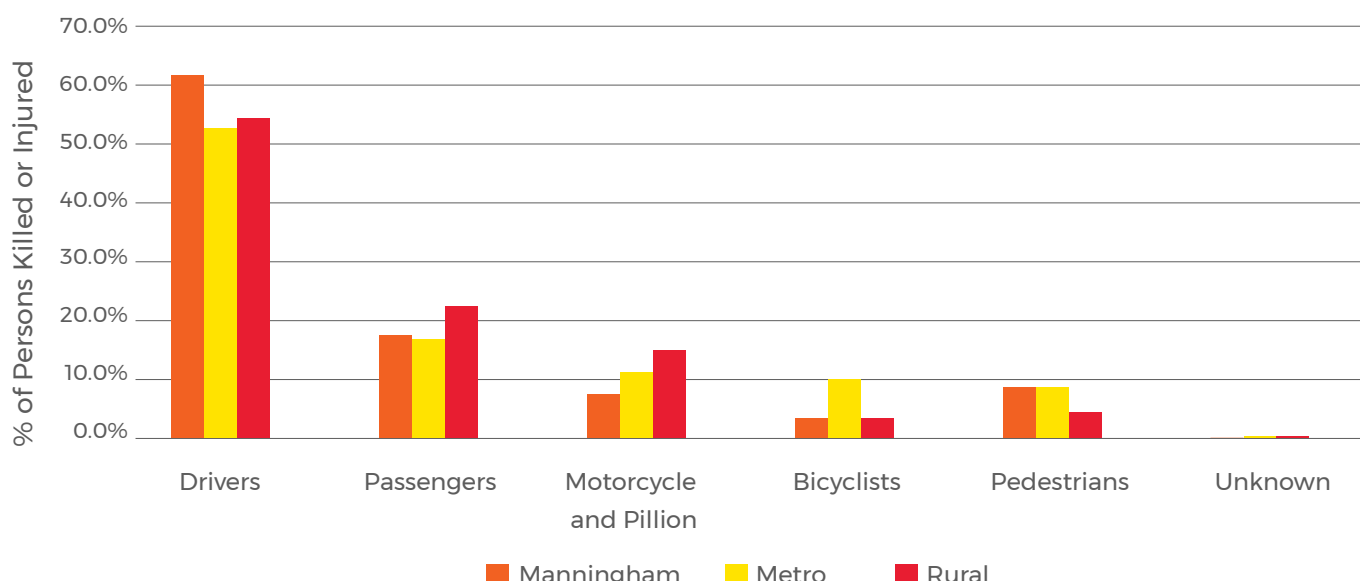
**Age of persons killed or injured due to transport accidents (2014 to 2018)**



Source: VicRoads

In Manningham, people killed or injured in an accident are more likely to be a driver and less likely to be a motorcyclist or bicyclist than is the case for metropolitan and rural averages, as illustrated in **Figure 9. Persons killed or injured by road user type (2014 to 2018)** below.

**Road User Type - Persons killed or injured (2014 to 2018)**



Source: VicRoads

# WHAT'S HAPPENING AT A NATIONAL, STATE AND LOCAL LEVEL

## National approach

The draft *National Injury Prevention Strategy 2020-2030* (the Strategy) has a dual focus on preventing injury among priority populations (Aboriginal and Torres Strait Islander peoples, rural and remote communities, and low socio-economic status cohorts) and across different age cohorts (0 to 14 years, 15 to 24 years, 25 to 64 years, 65+ years). The draft Strategy includes 30 objectives each with supporting actions designed to reduce injuries relating to intentional self-harm; falls; poisoning; road and land transport; homicide and violence; and, drowning.

The draft Strategy identifies alcohol, extreme weather events and better planning for the built environment as cross-cutting themes which impact on all age cohorts and priority populations.

## State approach

The Victorian Injury Prevention Program encompasses a range of policy, research and activities including:

1. Victorian Injury Surveillance Unit at Monash University which analyses, interprets and disseminates injury data on deaths, hospital admissions and emergency department presentations.
2. Kidsafe Victoria, an independent for-purpose organisation, dedicated to the prevention of unintentional death, injury and associated disability to children.
3. Resources to prevent child poisoning, distributed to parents through local Maternal and Child health services.
4. Injury prevention is embedded in the Achievement Program in order to create safe learning spaces in early childhood and school settings.
5. The Victorian Road Safety Alliance and its key program, the Victorian Road Safety Partnership.

## Local approach

**Council Vision:** A liveable and harmonious city

**Mission:** A financially sustainable Council that listens, consults and acts with integrity, value and transparency.

The *Healthy City Strategy 2017-2021* identifies falls (particularly among older residents), road safety and suicide (particularly among gender diverse people) as safety issues in the community.

*While this data reflects many aspects of our community, we recognise that it is not comprehensive and does not reflect everyone's experience in Manningham. We commit to identifying these gaps and seeking data, as it becomes available, to fill them. If you are aware of data, not included here, that better reflects your community, please email [manningham@manningham.vic.gov.au](mailto:manningham@manningham.vic.gov.au) with the subject heading 'new data information'.*