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Previous strategies and limitations of implementation: getting the most out of a strategy

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Background

National Health Priority Areas

- dementia
- obesity
- arthritis and musculoskeletal conditions
- asthma
- diabetes mellitus
- mental health
- **injury prevention and control**
- cardiovascular health
- cancer control.



Who owns the problem?

The health sector largely owns the problem because it:

- largely meets the costs and resource demands for medical care
- is uniquely positioned to collect and monitor injury data
- can apply epidemiological skills for strategic problem definitions
- is responsible for providing high quality integrated health care

Who owns the solutions?

Health: Co-ordination, leadership, monitoring, treatment, advice to government

Many other sectors: Policy, interventions, enforcement

- Transport
- Labour
- Building
- Product Safety
- Agriculture
- Sport
- Marine
- Local Government

Limitations of past strategies

- Short-lived
- Poorly funded
- Capacity built – then dissipated
- Limited state engagement
- Limited inter-sectoral or whole of government engagement
- No ongoing focal point or co-ordinating body (such as NIPAC)
- Injury subsumed and lost in new national public health models
- Absence of performance measures
- Injury prevention research, policy, implementation remain fragmented

National injury strategies: WHO



Purpose: Establishes the government's strategic directions and framework to improve national injury prevention performance in partnership with other sectors.

Target audience: All sectors of government, industry, the public health sector, non-government organizations (NGOs), the tertiary research and education sectors, research funding bodies, the media and the community.

Strategic principles (WHO)

Common set of underpinning principles:

- Leadership by the health sector
- Whole of government support for injury prevention through legislation, policy, standards, codes and resources
- Co-ordination and integration of effort by multiple relevant government departments, industry, NGOs, media and community
- Evidence-based planning
- Increased availability and access to high quality comprehensive injury surveillance and violence data.

Strategic principles WHO

Common set of underpinning principles (cont):

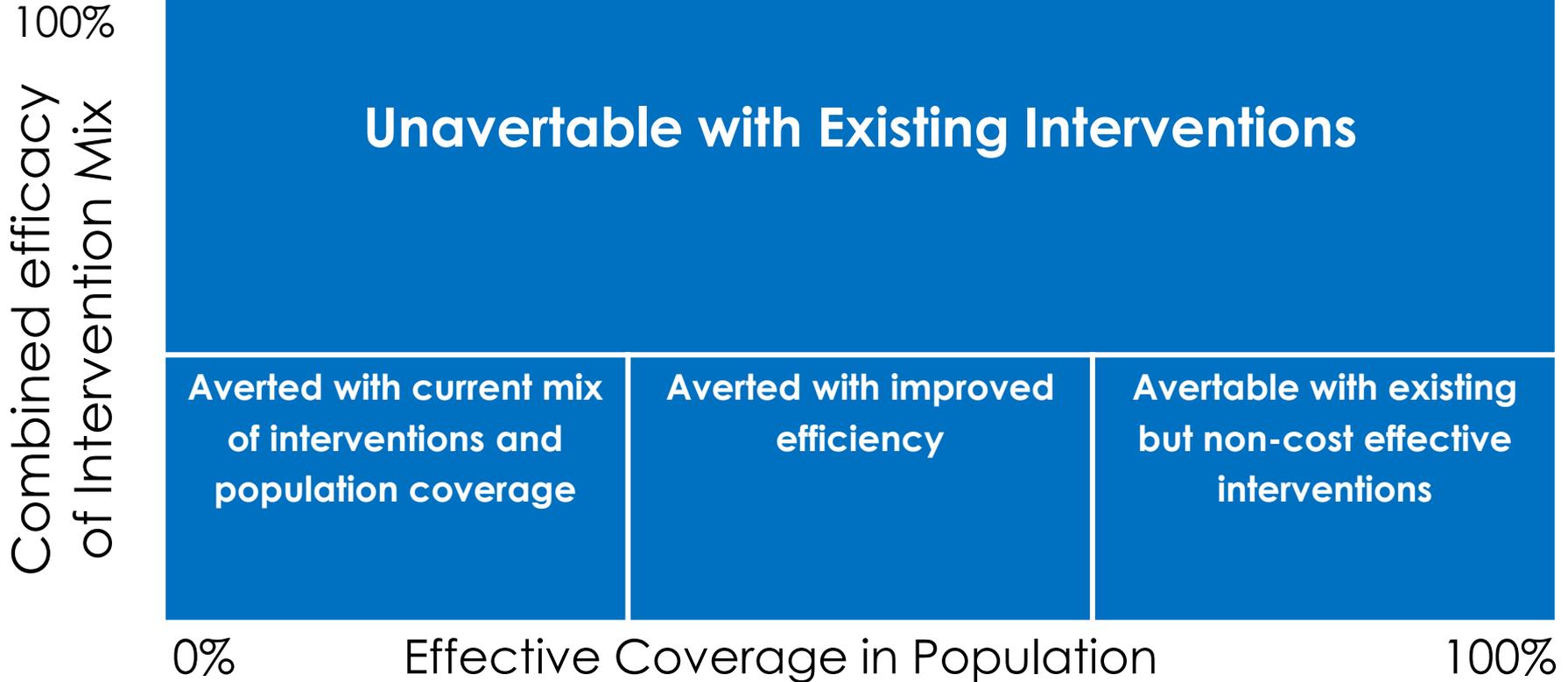
- Research and program evaluation on causes, interventions, programs and practices
- Build and sustain the capacity to deliver effective injury and violence prevention knowledge and effective interventions
- Commitment to equity of access
- Appropriate resource levels for prevention
- Re-direction of activities from problems that have been largely solved or are of lesser significance

Goals, targets

Purpose

- Raise awareness about the injury problem; build consensus around possible solutions and develop a coherent, effective response involving all partners
- Where baseline and trend data are well established:
 - possible to set specific objectives and to measure outcomes
 - may be possible to set specific targets for reductions

The Burden Box



Prioritisation for injury prevention

Criteria:

- Injury frequency and rate are high
- Severity/burden is high
- The problem is amenable to proven interventions
- Action in-line with government policies
- Cost effective countermeasures and implementation strategies available
- Sustained effect (cumulative effect of structural change)
- Relevant infrastructure is available
- Substantial reach of the intervention is achievable

Advantages of investing in injury prevention

- Sustainable public health gains can be made in the relatively short term
- The contribution of injury prevention to improved health span in Australia over 1960-1999 was worth \$680billion*.
- Furthermore, reducing unintentional injuries by 30% would save over \$370billion, greater than Australia's total net foreign debt*.

**Exceptional Returns: The value of investing in health R&D in Australia.
Access Economics 2003*

Some current key policy issues



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- MRFF priority setting process
- Government action following Productivity Commission *Data Availability and Use* Inquiry
- Proposed implementation of a general safety provision into the law following the ACL Review (2017)
- Senate inquiry recommendations re MMS regulation



References

1. Rebecca Mitchell, Rod McClure The development of national injury prevention policy in the Australian health sector: and the unmet challenges of participation and implementation Australia and New Zealand Health Policy 2006. **3**:11 <https://doi.org/10.1186/1743-8462-3-11>
2. Doris Schopper, Jean-Dominique Lormand and Rick Waxweiler (eds). Developing policies to prevent injuries and violence: guidelines for policy-makers and planners. WHO 2006.

http://www.who.int/violence_injury_prevention/publications/39919_oms_br_2.pdf