

- Being male was the greatest predictor of reporting an injury in the previous 12 months. The odds of reporting an injury were approximately one and a half times higher for males compared with females.
- For people who reported currently having a mental health problem, the odds of reporting injury were 43 per cent higher compared with people who did not have a mental health problem.
- The odds of reporting an injury increased by three per cent with each standard drink consumed on a usual drinking day.
- There was a one per cent reduction in the odds of reporting having an injury with each one year increase in age.

Trends over time

The WA Health and Wellbeing Surveillance System has continuously collected information on injury and poisoning since 2002. Table 5 shows how trends have changed within that time.

Table 5 Changes in indicator trends over time, 2002 to 2005⁷

	Favourable trend	Little or no change	Unfavourable trend
Prevalence of injuries and poisoning for boys 0 to 15 years			✓
Prevalence of injuries and poisoning for girls 0 to 15 years		✓	
Prevalence of injuries for males 16 years and older	✓		
Prevalence of injuries for females 16 years and older	✓		

- The reported prevalence of injury and poisoning for boys has increased since 2002.
- The reported prevalence of injury and poisoning for girls has not changed since 2002.
- The proportion of males and females aged 16 years and older who reported having an injury which required treatment by a health professional has decreased since 2002.

End Notes and References

1. Australian Institute of Health and Welfare, National Health Priority Area, Injury prevention and control. Internet address: www.aihw.gov.au/nhpa/injury/index.cfm
2. Epidemiology Branch Analysis of ABS Mortality Data and Hospital Morbidity Data, Department of Health WA.
3. Draft National Injury Prevention Plan: 2004 Onwards (NPHP, 2004).
4. For more information on the WA Health and Wellbeing Surveillance System contact the Epidemiology Branch or visit the Epidemiology website: http://intranet.health.wa.gov.au/hic/epidemiology/new_epi/publications/index.asp
5. For adults, injury was defined as any injury that occurred in the previous 12 months that required treatment by a health practitioner. For children, accidental poisoning and injuries that occurred in the previous 12 months that required treatment by a health practitioner were included.
6. Based on 2004 estimated residential population for WA.
7. Changes over time were assessed using SPSS V14.0 Time Series and Linear Regression.

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Monitoring National Health Priority Areas in WA – Injury and Poisoning

WA Health and Wellbeing Surveillance System Epidemiology Branch

Key Implications from this bulletin

The results in this bulletin suggest that there is a need to continue to focus on developing strategies to:

- reduce the prevalence of injury for boys up to the age of 15 years
- reduce the prevalence of people under the age of 45 years who think about and/or try self-harm.

The results also suggest there be increased awareness of:

- the association between increased alcohol intake and the risk of injury
- the association between mental health problems and risk of injury.

Some facts about injury and poisoning

Injury and poisoning are responsible for significant physical, psychological and cognitive disability and almost half of all deaths in people under 45 years of age. Injury has been identified as one of seven National Health Priority Areas because of the potential for improved health outcomes and reduction of associated health costs.¹

The WA Health and Wellbeing Surveillance System annually surveys over 6500 Western Australians of all ages. Information is collected on a wide range of health and wellbeing issues, health conditions, lifestyle risk factors, protective factors and socio-demographics.

Injury and poisoning have a significant impact on the Western Australian community with 50.8 deaths per 100,000 persons in 2004, 6,397 hospitalisations for children aged up to 15 years and a further 32,769 hospitalisations for people aged 15 years and older in 2004.²

National indicators that have been developed to evaluate strategies for reducing the impact of injury and poisoning primarily focus on mortality figures and hospitalisation statistics. However, additional measures, which are implied in the Draft National Injury Prevention Plan,³ are collected by the WA Health and Wellbeing Surveillance System,⁴ and will provide the focus for this bulletin. These measures include:

- reported prevalence of injury for children and adults
- reported prevalence of falls for children and adults
- reported prevalence of self-harm.

Prevalence of injury and poisoning⁵

Table 1 shows the prevalence of reported injury and poisoning for people by sex and age group, and the total estimated number of people affected in each age group.⁶

Table 1 Self-reported prevalence of injury and poisoning, by age and sex, and area of residence, WA, 2005

Indicator	Males %	Females %	Estimated No. of people
0 to 15 yrs	21.9	10.0	68,812
16 to 24 years	34.7	20.2	70,934
25 to 44 years	32.4	15.9	140,819
45 to 64 years	20.4	16.9	90,269
65 years & over	15.9	15.8	36,434

The term prevalence is equal to the percentage or proportion of the population who have a condition.

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Delivering a Healthy WA

- The prevalence of injury and poisoning was higher for males compared with females who were younger than 45 years of age.
- The prevalence of injury and poisoning was highest among males aged 16 to 44 years.
- Approximately one in five people from metropolitan, rural and remote areas reported having an injury in the last 12 months that required treatment by a health professional.
- Overall, approximately six per cent of the WA population had injuries that were attributed to falls in the previous 12 months. The prevalence of falls was highest among males aged 16 to 24 years (11.5 per cent) and females aged 65 years and older (10.4 per cent).

Specific child injuries and accidental poisoning

The prevalence of specific types of injuries reported for children and the estimated number of children affected by injury and poisoning, are shown in Table 2.

Table 2 Self-reported prevalence of injuries by type, for children aged 0 to 15 years, WA, 2005

Injury types and poisoning	Prevalence %	Estimated no. people
Broken bones	4.0	17,184
Head injuries with loss of consciousness	0.9	3,657
Accidental burns requiring hospitalisation	0.1	499
Accidental poisoning requiring hospitalisation	0.3	1,147
Any other injury requiring treatment by a health professional	13.0	55,774

- In 2005, 16 percent of children reported having at least one injury that required treatment by a health professional in the previous 12 months.

Prevalence of suicidal ideation and self-harm

Table 3 shows the prevalence of people aged 16 years and older who seriously considered hurting themselves or ending their own life, and the prevalence of attempted suicide in the previous 12 months.

Table 3 Self-reported prevalence self-harm, by age group, persons aged 16 years and older, WA, 2005

	Prevalence %	Estimated no. people
Seriously considered self-harm		
Persons aged 16 to 24 years	7.5	19,140
Persons aged 25 to 44 years	4.4	25,479
Persons aged 45 to 64 years	3.9	19,014
Persons aged 65 years and older	1.3	2,979
Attempted suicide		
Persons aged 16 to 24 years	0.6	1,584
Persons aged 25 to 44 years	0.8	4,645
Persons aged 45 to 64 years	0.3	1,268
Persons aged 65 years and older	0.1	161

- The prevalence of people who reported that they had seriously considered harming themselves in the previous 12 months decreased with age.
- One in thirteen people aged 16 to 24 years compared with one in seventy-seven people aged 65 years and older had seriously considered self-harm in the previous 12 months.
- Approximately 12 per cent of people aged 16 years and older who reported that they had seriously considered self-harm also reported that they had attempted suicide in the previous 12 months.

Health Service Use

Figures 1 and 2 show the prevalence of primary health, hospital-based and allied health service use within the previous 12 months for children and adults with and without self-reported injury.

Figure 1 Health service use in the previous 12 months, children with and without reported injuries, WA, 2005

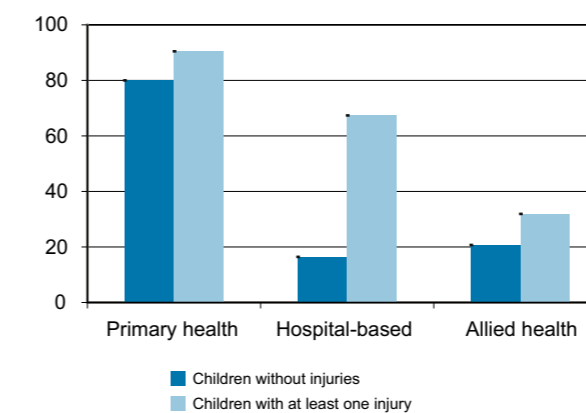
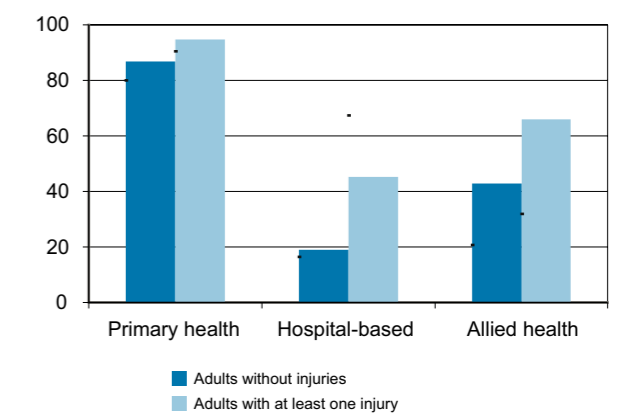


Figure 2 Health service use in the previous 12 months, adults with and without reported injuries, WA, 2005



- Hospital-based health service use was more than three times higher for children who reported having an injury compared with those who did not.
- Hospital-based health service use was more than two times higher for adults who reported having an injury compared with those who did not. Primary health and allied health service use were also significantly higher for adults who reported an injury.

Associates of injury

People share characteristics. For example, a person can be male, middle aged, a non-drinker and live in a socially disadvantaged area.

Table 4 shows what characteristics were associated with an increased likelihood of reporting an injury in the past 12 months that required treatment by a health professional, for people aged 16 years and older. These were age, sex, the number of standard alcoholic drinks and currently being on treatment for a mental health problem.

The 'Odds Ratio' reported in Table 4 indicates how much more (or less) likely a person was to have reported having an injury. Odds ratios greater than one indicate an increased likelihood of reporting an injury.

Table 4 Personal characteristics associated with reporting Injury, persons aged 16 years and older, WA, 2005

Characteristics	Odds Ratio
Age	0.99
Number of standard alcoholic drinks consumed on a usual drinking day	1.03
Currently on treatment for a mental health problem	1.43
Is male	1.56