KNOW JURY IN THE VHEATBELT

Injury is the leading underlying cause of death in Western Australia for ages 5-44 years. (1)

In 2015 throughout the Wheatbelt there were 45 fatalities and 2,452 hospitalisations due to injury. These hospitalisations consumed 8,438 bed days at an approximate cost of \$19.516.639.

The leading causes of these hospitalisations were falls and road trauma; whilst road trauma and suicide were the leading causes of fatalities.

> Individuals aged 65+ contributed to the highest proportion of injuries in the Wheatbelt from 2011 to 2015.

Aboriginal peoples experienced over

**8** times

the rate of injury hospitalisations in the Wheatbelt from 2006 to 2015 compared to non-Aboriginal people.







186 80 Mount Marshall 490 80 69 449 Koorda 238 12 121 154 98 Yilgarn 982 175 Wyalkatchem 766 661 611 202 194 145 Bruce Rock 222 168 Brookton 199 117 174 Pingelly 48 136 117 95 181 1.024 139 Narrogin 86 310 102 West Arthur

Injury is the physical or mental harm to a person resulting from intentional or unintentional contact with an object, substance or another person.

The Know Injury program is provided by Injury Matters in partnership with the Department of Health WA

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Figure 1. The number of hospitalisations (2012 – 16) within Wheatbelt local governments due to injury.



	Hospitalisations		Fatalities	
	Number	ASR*	Number	ASR*
Falls	3,326	766.2	26	5.5
Road Trauma	1,684	488.6	106	29.3
Drowning	16	N/A	N/A	N/A
Violence	473	146.1	5	N/A
Suicide and Self-Harm	515	156.6	68	19.6
Burns and Scalds	227	62.8	N/A	N/A
Poisoning	250	63.9	20	5.9

Figure 2. The number and rate of injury hospitalisations/fatalities in the Wheatbelt from 2011-15.

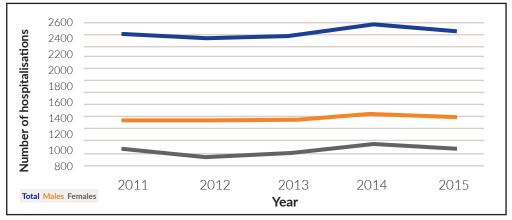


Figure 3. The number of injury hospitalisations in the Wheatbelt from 2011-15, by gender.

## References:

1. Australian Bureau of Statistics. 3303.0 Causes of Death, Australia, 2017 [Internet]. Australian Bureau of Statistics; 2018. All data has been generated using Health Tracks Reporting, by the Epidemiology Branch, Department of Health WA in collaboration with the Cooperative Research Centre for Spatial Information (CRC-SI).

## Data notes:

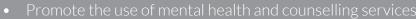
All hospital separations and fatalities within this report are identified using the principle diagnosis ICD-10-AM codes of S00-T98. \*ASR's (Age Standardised Rate) are standardised with the Australian 2001 standard population and expressed per 100,000 people. Any hospitalisation or fatality counts less than five have been supressed within this document to protect privacy and data confidentiality (N/A).

## How can we reduce the impact of injury in the Wheatbelt?

Gaining an insight into the prevalence of injury within the Wheatbelt region can assist in identifying injury areas which may require targeted prevention interventions. Given the incidence of road trauma, falls and suicide and self-harm in the Wheatbelt some actions which can be taken to reduce their prevalence include:

JICIDE AND ELF-HARM

 Support local health professionals to complete Mental Health First Aid training.



FALLS

• Engage in Stay On Your Feet® campaigns to increase community members' awareness of actions that the can take to reduce their risk of falling.



• Promote local strength and balance exercise classes.

ROAD TRAUMA

 Improve road infrastructure by sealing shoulders, installing audible edge lines, removing roadside hazards and installing safety barriers.

 Generate awareness of the importance of road safety by distributing WALGA Roadwise's resources





Visit www.knowinjury.org.au/know/injury-topics for additional injury prevention interventions.

We acknowledge the Traditional Custodians of the lands and waters throughout Western Australia and pay respects to Elders past and present. We recognise the importance of continued connection to culture, country and community for Aboriginal and Torres Strait Islander peoples.