

# KNOW **INJURY** IN THE GREAT SOUTHERN



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

Injury is the leading underlying cause of death in Western Australia for ages 5-44 years.<sup>1</sup>

In 2015 throughout the Great Southern there were 38 fatalities and 1,420 hospitalisations due to injury. These hospitalisations consumed 5,481 bed days at an approximate cost of \$11,671,611.

The leading causes of these hospitalisations were falls, road trauma and assault; whilst falls, intentional self-harm and road trauma were the leading causes of fatalities.

Individuals aged **65+** contributed to the highest proportion of injuries in the Great Southern from 2011 to 2015.

Aboriginal peoples experienced over **1.9 times** the rate of injury hospitalisations in the Great Southern from 2006 to 2015 compared to non-Aboriginal people.

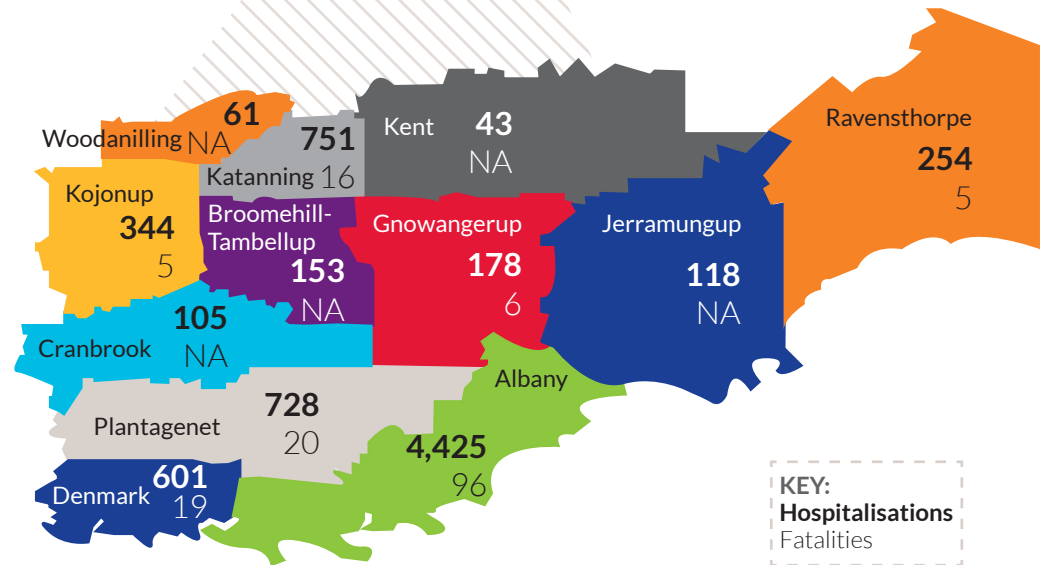
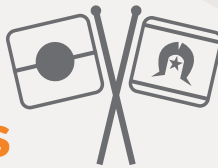


Figure 1. The number of hospitalisations (2012-16) and fatalities (2011-15) within Great Southern local governments due to injury.

Partner:



The Know Injury program is provided by Injury Matters in partnership with the Department of Health WA  
 t: (08) 6166 7688 e: info@knowinjury.org.au [www.knowinjury.org.au](http://www.knowinjury.org.au)

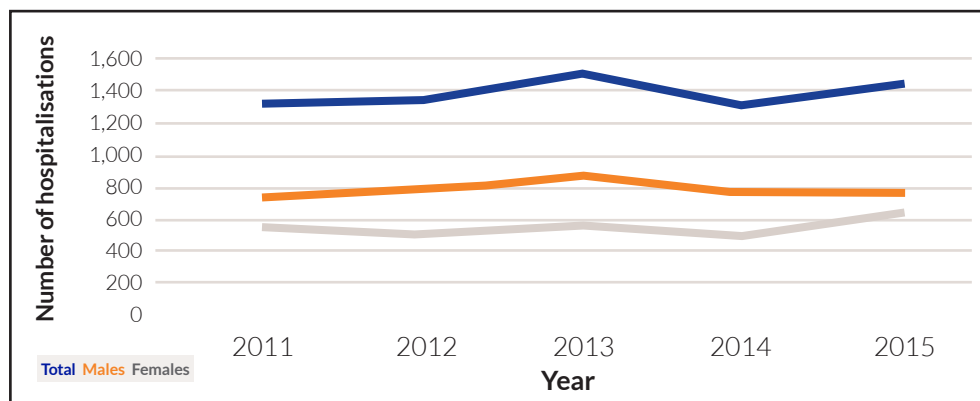
We acknowledge the Traditional Custodians of the lands and waters throughout Western Australia and pay respects to Elders past and present. We recognise the importance of continued connection to culture, country and community for Aboriginal and Torres Strait Islander peoples.



KNOW  
**INJURY** IN THE  
GREAT SOUTHERN

	Hospitalisations		Fatalities	
	Number	ASR*	Number	ASR*
Falls	1,781	512.8	44	10.4
Exposure to mechanical forces	999	356.9	5	N/A
Road trauma	926	342.7	33	10.7
Assault	283	117.6	N/A	N/A
Intentional self-harm	241	92.6	42	13.9
Poisoning	120	39.2	13	N/A
Burns and Scalds	119	42.2	0	N/A
Drowning	14	N/A	9	N/A

**Figure 2.** The number and rate of injury hospitalisations and fatalities in the Great Southern from 2011-15.



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

**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 suppressed within this document to protect privacy and data confidentiality (N/A).

## How can we reduce the impact of injury in the Great Southern?

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

- FALLS**
  - Engage in Stay On Your Feet® campaigns to increase community members' awareness of actions that they 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.
- ASSAULT**
  - Increase the capacity of first responders intervening in cases of family and domestic violence.
  - Restrict alcohol advertising at sporting venues.
- INTENTIONAL SELF-HARM**
  - Support local health professionals to complete Mental Health First Aid training.
  - Promote the use of mental health and counselling services.

Visit [www.knowinjury.org.au/know/injury-topics](http://www.knowinjury.org.au/know/injury-topics) for additional injury prevention interventions.

**References:**

- Australian Bureau of Statistics. 3303.0 - Causes of Death, Western Australia, 2018. (2019). All data has been generated using HealthTracks Reporting, by the Epidemiology Branch, Department of Health WA in collaboration with the Cooperative Research Centre for Spatial Information (CRC-SI).