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The Theoretical Underpinnings of Rural Injury and Its Impact on Prevention Programs (WI16)
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Context:
Many observations support the concept of an entity that could be described as ‘rural injury,’ yet the nature and limits of this concept are little explored. We demonstrate the complexity through descriptions along a single dimension: place.

Rural injury may be considered as consisting of both ‘Rural specific injury’ (Farm/agricultural, Forestry and Mining related injuries and Injuries in state/national parks) and also rural instances of ‘Injury which is not location specific’. Examples of the latter category include water related (especially boating & fishing), other industrial, Road Trauma, Sporting and Domestic injuries.

Objectives:

- To introduce, and outline, the concept of rural injury.
- To discuss the implications and impact of the rural injury concept for injury prevention programs in rural areas.

Key messages:

- There are specific features that affect the characteristics of injury in rural areas.
- Prevention, or minimisation, of rural-based injury incidents requires specific, relevant strategies.
- Integrative strategies (such as those that combine Haddin’s injury countermeasure strategies and Green’s PRECEDE framework) may be a particularly appropriate approach in rural areas.
- Such approaches provide opportunities for collaboration between clinicians, population health staff/units, employers/employees and other interested/relevant groupings/organisations.

Discussion and Conclusions:

While those injuries occurring in rural specific locations are clearly included as a geographical requirement, aspects of injuries in other settings appear to have features that are ‘rural variations’ of similar injury incidents occurring in metropolitan areas. In particular, rural road trauma and rural-based sporting injuries demonstrate these features; Victorian data also shows higher hospital admission rates for industrial injuries in ‘non-metropolitan’ areas; however, it is unclear if this represents different injury characteristics or differing health service delivery patterns.

Injury prevention (be it primary, secondary or tertiary) can be considered as applying at three levels - situational (the site of the injury incident), treatment access (to first aid or primary, secondary or tertiary health care) and population level injury prevention programs. Evidence exists at each of these levels indicating that differing approaches to injury prevention may be required in rural settings.
The agriculture industry also provides examples of two other issues requiring consideration; these are the combining of work and residence on the one property and a work site on which the majority of workers are self-employed and not eligible for workers’ compensation.