

CORRECTED TRANSCRIPT

RURAL AND REGIONAL SERVICES AND DEVELOPMENT COMMITTEE

Inquiry into Country Football

Melbourne – 10 May 2004

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Ms Kay Ann Copeland, Executive Officer, Sports Medicine Australia, Victorian Branch (sworn).

The CHAIR – Under the powers conferred on this committee by the Constitution Act and the Parliamentary Committees Act, this committee is empowered to take all evidence of these hearings on oath or affirmation. I wish to advise all present at these hearings that all evidence taken by this committee, including submissions, is, under the provisions of the Constitution Act, granted immunity from judicial review. I also wish to advise witnesses that any comments made by witnesses outside the committee's hearing are not protected by parliamentary privilege.

You obviously have a submission for us, so if you could please go through that and we'll have some questions for you afterwards.

Mr MARINO – Thanks for the opportunity to present some information on sport-related injury and the impact sports injury has on football today. I will commence by giving an overview of the impact of sports injury in Australian football and conclude with some of the impacts that sports injury may have on football participation in Victorian regional communities.

It's fair to say that sports injuries are a significant public health issue. According to a recent report it is estimated that sport and recreation injury costs the Australian community over \$1.5 billion per year. The research also suggests that injury and the fear of suffering injury are significant barriers that deter participation in physical activity in a sport such as football. Naturally, this is a further addition to our health burden as it limits the ability and the desire of individuals to participate in healthy activities such as football.

Unfortunately, however, injury is seen by many as simply being part of the game, part of activity and part of sport. Therefore people think it should be accepted into. Smartplay's recent research with coaches, administrators and players from a group of regional football clubs indicates that many people believe injury prevention efforts should be centred around rehabilitation rather than on prevention in the first place, because of the perception that the latter is too difficult to achieve. Sports Medicine Australia and Smartplay obviously defy this perception. We are of the belief that much can be done to reduce the risk and incidence of sports injury. In fact, it's been suggested by sports injury epidemiologists that up to 70 per cent of injuries can be eliminated from sport through the implementation of relatively simple sports-safety strategies and practices.

Some relatively recent research by the Monash University Accident Research Centre indicates that football accounts for about 20 per cent of all sports and recreation-related injuries that are presented to hospital emergency departments in Victoria. Similarly, about 10.5 per cent of all sport and recreation admissions to Victorian hospitals that are sport-related admissions are in fact derived from football. However, the Latrobe Valley is the only region where this kind of specific data is available. The figure of 29 per cent of all sport-related emergency department presentations are football-related injury. So we see a difference between the level of admission data, or at least presentation data, in a regional area where we've got available health data compared to metropolitan regions – so injury is in fact more an issue in regional areas than in metropolitan areas. And this is consistent with similar data that indicates that sport and recreational presentations in Victorian regional and rural hospitals are higher in proportion to those in Melbourne metropolitan hospitals. It's fair to say that the reasons for this are unclear.

Whilst the figures presented are simply indicators, they service to suggest that sports injury and the perceptions associated with sports injury may be contributing factors to the current circumstances of Victorian country football. Declining populations is an issue, as was highlighted by Mardie in the previous presentation. And like circumstances serve to exacerbate the risk associated with injury in football. For instance, diminishing player pools means a greater likelihood of using younger, underdeveloped, sometimes unfit and even previously retired players, to fill the teams. In doing so, this is basically creating a cycle of injury; so we've got diminishing pools, we're draining on player pools, recruiting players that are not prepared for the game or underprepared for the game, leading to a greater risk of injury. As a result we have more injured players, and that cycle continues. So it's a cycle that we've tried to illustrate.

Similarly, diminishing volunteer numbers and increasing costs may reduce the likelihood of injury-prevention positions, such as first aid officers and sports trainers being filled. Needless to say, this includes the ability to fill positions such administrator positions that have the power to implement sports safety strategies.

Sports injuries, like country football, is clearly a complex issue, and in many instances the issues are multi-faceted and are often ingrained in the steadfast culture of sports. The solutions are often complex and therefore need to be based on sound evidence if we are to move forward in addressing injuries and issues associated with sport such as

country football. I appreciate the opportunity to give an insight into the complex issue of sports injury and hope that sports injury can be considered in your recommendations. Perhaps if you have any questions –

Mr INGRAM – I'll open up. The difference in presentations is interesting, and I'm not too sure of the comparisons, but a lot of the metro clubs have probably got better access to medical practitioners who may sit on the sidelines and attend to simple things like a head wound and a couple of stitches in the rooms, and a lot of presentations in country areas, may be just the fairly basic tidying-up of a head cut or something like that. Is any evidence – or what is your experience?

Ms COPELAND – We probably don't have that information. The only level that could tell you that would be at the AFL level, and levels at national-based competitions. We do know though that there is great demand in the country football area for training for their trainers, because they end up responsible for a lot of what happens. There is also the need, because of the distance from which you might be playing, to get to actual emergency services. So the sports trainer bears a lot of responsibility in country football areas for actually managing preventative injury area. If you are in a metropolitan area, you have very good ambulance access for something that is very critical. You have help available on weekends for X-rays, and then there are hospital emergency departments closer. So it falls either to a sports trainer being there who is qualified, or possibly people actually won't present for quite a period of time in country areas because by Monday they've got to go back to work and do whatever they're supposed to be doing, and it might then become more of a chronic injury because it hasn't been managed at all.

Mr MARINO – I think it would be fair to say that in some of the recent focus groups we conducted in the Latrobe Valley with football clubs, there was a lack of confidence in the services that were available to country football clubs and therefore, for treatment purposes, many of them were travelling to specialist sports medicine centres in metropolitan areas.

Ms COPELAND – We have specialty designations in terms of community for those people who are sports physicians and sports doctors, and they again predominantly reside in metropolitan Melbourne. It's not that GPs in country areas aren't doing their job. It's that their specialty qualifications don't normally exist in this area. And there is a great difficulty getting more and more education out to people in those areas and making it useful, and therefore upskilling them so that they can handle these problems.

Mr INGRAM – Would you concede that one of the other issues is that we know from evidence that is presented that in particular in more isolated rural areas the large number of people that are in the community are involved in football, because there's not soccer, there's not lacrosse, hockey, basketball being played on the weekend – so your presentation rates may be more reflective of actually what's going on.

Mr MARINO – True, and on that subject I do stress that the reason the discrepancy is not clear – although it's fair to say that sport injuries are at higher presentation proportionate levels in rural regional areas than they are in metropolitan regions – now the reason for that may be various. It may be that sport has a greater –

Mr INGRAM – Participation rate.

Mr MARINO – Participation rate. They could be presenting possibly versus going to private centres, as they may do in metropolitan regions. So it may be a variety of reasons. I think part of the difficulty is that we actually don't know the hard reasons for that.

The CHAIR – 70 per cent of sports injuries are preventable, you contend. What kinds of things aren't being done to prevent injuries, because obviously there must be quite a few extra things that can be done to prevent injuries? What kinds of recommendations should we be putting forward to make sure that we're actually helping to prevent injury, because obviously the health of the sport and all those sorts of things is based on people playing, people being able to play? People in country towns, for example – one of the reasons for not playing is that they can't afford to miss work anymore. People can't do that anymore, so it's a major factor in why it's harder to get players, for example. So it's really important, I think, that we can keep as many people playing as possible.

Ms COPELAND – You take it first.

Mr MARINO – Look, without having a magic wand to fix the problem – I mean, certainly from an injury perspective, one of the things that is quite clear is the lack of data that we have about sports injury in regional areas – in fact, sports injury in general. One of the proposals that we've put forward is that we need to have a much more

efficient sports injury surveillance system and a way of actually identifying the sorts of injuries. Essentially what we're trying to do is identify how the problem is coming about, identify the types of injuries, the numbers of injuries, and in fact how we can go about then reducing those numbers of injuries.

The CHAIR – Can I just stop you there. MUARC has done quite a lot of work with inquiries into accidents and deaths and injuries on Victorian farms. And MUARC has done quite a bit of work in being able to break down a number of the types of injuries that present. Is that kind of information available for sports injuries?

Mr MARINO – Yes, there is; it's fairly crude information. All we're really identifying at this point is the number of injuries that presented that are sport-related. There is increasing improvement in the breakdown of that data and trying to identify the types of activities involved, but it's still not sufficient. We argue that there needs to be a greater involvement at the local level to try to identify the injuries that are occurring. Clubs need to have greater ownership in identifying the sorts of injuries that are occurring as being part of the solution, rather than us suggesting what's occurring and imposing solutions on them.

The CHAIR – Sorry I interrupted you. What were you trying to say, sorry?

Mr MARINO – Not at all. Kay, do you want to speak now?

Ms COPELAND – I was going to comment on surveillance systems. The interesting thing in key other areas – arm injuries, traffic accident injuries, et cetera – is the local surveillance that is available. The interesting thing in sport is that we can only talk about hospital admissions, and yet for us we think is actually at the top of the pyramid. We just don't have this sort of knowledge on the ground, and until we do, we actually won't know what's going on. Therefore, how can we prevent it? At the moment, the way to prevent it – and this would probably follow on from some of the points David Parkin made earlier – Australians lead the way in many educational programs for people in sport; coaches, administrators, sports trainers.

Australia is the only country in the world that runs an educational program for volunteers in first aid in sport. Most other sport is either professional sport in other countries, or they don't have a program for education; we actually do. So we actually lead the way in many things; it's actually getting it out – getting it right out to the people who need it. Like everything, it's much easier to conduct it if you're in metropolitan Melbourne, where I can guarantee too many people come to the call than in a town that only has six or eight interested. David made the comment earlier that we lead the way, and we have to keep pushing it out. We have to get the coaches skilled in many of the prevention techniques we do know about; we have to get the administrators skilled in making sure they bother to make sure there's water on the ground or the goalposts are padded. Most of those programs are actually funded now, and you could get access to money for those. So it's a pushing out what we already have, or providing more funds to get it out further. We know from our experiences – we're involved in VicHealth's program, where they provide funding for sports injury prevention programs, for padding, for goalpost padding – things like that – and that's a very well-run program that gets information out. We just don't know that most people know about it still [indistinct]. So opportunity still exists, it's literally pushing further out.

Dr NAPTHINE – The VicHealth programs in terms of goalpost padding and things like that is well received and well known. The clubs later cheer with bated breath for the next instalment! Can I ask – and excuse my ignorance – but when was Smartplay Victoria established? What is its budget? How many staff do you have? And what does it actually do? If I'm going to my local football club at Port Fairy or Pambula to talk to them about Smartplay, would they have heard of it, and what would you have done for them?

Ms COPELAND – Smartplay was established as a tripartite agreement between three areas of government – Sport and Recreation Victoria, which is the Department of Victorian Communities; the Department of Human Services, and VicHealth. We began in 1998 and established our name Smartplay in 1999. Our yearly budget is \$135 000. For that, the role is to promote sports injury prevention across all of Victoria. With that sort of a budget we have one manager, which is Nello. We do have an accompanying program. VicHealth funds the participation for health program into state sporting associations and that puts a second full-time staff member in place in our office. But their role is to work at the State Sporting Association's level on policy and implementation of policy in the injury prevention area.

We did a survey about our impact based on that level of funding – originally it was a promotional program with leaflet information – responding to inquiries, putting out a newsletter, developing a website. And I'll let Nello give you a little bit more information.

Mr MARINO – Effectively we operate across three areas. The first area is about providing memberships of clubs and associations with information, access to information about sports safety and sports injury prevention. We do that through the usual sources – printing resources, online basic resources and the like, but largely we try to focus on building the capacity of local sporting clubs. The second area is about trying to promote the issue of sports injury prevention broadly, in the media and elsewhere. And certainly you’ve highlighted the media today, and some of the stories associated with media. Unfortunately, as far as injury is concerned, we don’t want to hear the really bad stories about an injury. Sometimes injuries are glorified. What we’re actually trying to do is take a picture of some of the positive things that are happening in local sport and clubs and associations, so that some sort of role modelling occurs. Finally, we’re trying to develop some local projects. Apart from the work that Kay mentioned – the State Sporting Association’s VicHealth program – the other work that we are trying to do is to work with local government with the knowledge that local government holds a significant stake in facilities or the environment that in particularly country football is associated with. We’re trying to work with them to ensure that sports safety is ingrained in some of the practices and policies that are promoted and conducted by local government.

Dr NAPHTHINE – Do you see your role in future actually providing training for trainers and people who service sports?

Ms COPELAND – Yes. Sports Medicine Australia developed a Sports Trainers Education Program Australia-wide. So Sports Medicine Australia provides that. Smartplay promotes that concept out into sporting clubs – in that they need to have trained individuals. They also have workshops in the area of the development of risk-management plans and how to become a smart and safer club or a smarter playing club, which is about what you have to look at. But again, we go back to some of the issues you’ve spoken about earlier today – which is you need a good administrator or volunteer in the club who cares enough to go and put these things in place, and if they’re having enough trouble funding their jumpers and getting a coach and enough players, injury prevention does fall down the line. One of the things we know is that we need to combine support – and that’s the project – with the local council to see if the local council aspect can provide a wider range of support to a wider group of clubs on these issues, because it’s a little difficult to understand. You can call the club president or administrator or secretary; but what we mean is that it’s an issue of risk management. It’s actually not just taping ankles; it’s a lot wider than that, and that takes somebody’s time to gain an understanding.

Mr MARINO – In answer to your other question Denis, with regard to whether the clubs know that Smartplay exists – it is certainly known in some areas through the regional sports assemblies; they know that the Smartplay exists. Whether at the local club level – certainly the broad associations know we exist. Whether the local clubs have been getting their information effectively is difficult to know in some cases. Certainly, the clubs we’ve dealt with – we have clubs regularly coming to us for information and guidance, but it’s hard to gauge at this point whether that’s the case across the board.

Dr NAPHTHINE – I’m concerned in country football, as we go around we are seeing players who are playing longer than they would have otherwise 20 years ago.

SPEAKER – I don’t know about that.

Dr NAPHTHINE – And players are being called upon at short notice to fill in the numbers – a few things like that. So you’re getting a different range of injuries and different prevention techniques that you might not have had 20 years ago. Every club’s got a Bushy Davis or a Tim, or someone like that who’s been there 20 years and has been in charge of the trainers. I’m trying to work out the best way for us to make recommendations to fund a system to provide those dedicated volunteers, who are really keen to provide the best – you know, the rub-down, the ankle-strapping, shoulder-strapping techniques possible. How can we provide a service to them in their local community that can improve their ability to look after this different broader client group of players?

Ms COPELAND – There are probably two approaches. One is straight education – providing a bit more education can be done in rural regional areas. The other is probably a broader perspective, and that’s what Smartplay works off – a health promotion approach. It’s slowly but surely educating people on injury prevention risks; how do we go about changing them, and slowly putting those things in place. Unfortunately it’s the slower model. It will get results in the long run, but it does take a long time. You give us enough money, and we’ll go out and educate them all for you.

Dr NAPTHINE – Absolutely. So what would it need over, say, a three or four-year program, to be able to run 20 to 25 seminars or training programs a year for football trainers? How much money would you need?

Mr INGRAM – Or do you just send someone to every club for one game for one year and assist with the trainers that are there on the day to show them how to do it better?

Ms COPELAND – I think mentoring is a good option. But in the end, because of the insurance legalities side – you actually need insurance to work as sports trainer as well. So you've got have met the criteria to be able to be offered the insurance. The difficulty comes in that there are so many ways to go about it. We already run 1500 people a year in Victoria through our sports trainer course. At the moment, it's an effective service. Everybody who comes pays for everything they get, because it's an unfunded program. That program turns over \$250 000 per year. That's what we would like, that figure – off the top of my head. And that doesn't get to everybody, so with some support we would get out wider and further.

Dr NAPTHINE – You could do it if you were given the funding?

Ms COPELAND – We could do it.

The CHAIR – Any further questions? Nello and Kay, thank you very much for your time today and for taking an interest in the hearings as well.

Witnesses withdrew.