

Injury Prevention Activity Among Aboriginal and Torres Strait Islander Peoples Project Report

Volume I: Current Status and Future Directions



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Australian Government

Department of Health and Ageing

Injury Prevention Activity Among Aboriginal and Torres Strait Islander Peoples

Volume I: Programs, Projects and Actions

Report to the Australian Government Department of Health and Ageing
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New Directions in Health and Safety

Photograph: 'Two boys from the Jigalong Community, Western Australia'

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Abbreviations

ABS	Australian Bureau of Statistics
ACCHS	Aboriginal Community-Controlled Health Service; see also AMS
ACICR	Alberta Centre for Injury Control and Research (Canada)
ACPH	Advisory Committee on Population Health (Canada)
ACT	Australian Capital Territory
AGPS	Australian Government Publishing Service
AHMAC	Australian Health Ministers' Advisory Council
AHMC	Australian Health Ministers' Conference
AHW	Aboriginal Health Worker
AI	American Indian
AIHW	Australian Institute of Health and Welfare
AIPN	Australian Injury Prevention Network
AMS	Aboriginal Medical Service; see also ACCHS
AN	Alaska Native
APAIS	Australian Public Affairs Information Service
ATSIC	Aboriginal and Torres Strait Islander Commission
ATSIPAC	Aboriginal and Torres Strait Islander Injury Prevention Action Committee
CARRS-Q	Centre for Accident Research and Road Safety, Queensland
CINAHL	Cumulative Index to Nursing and Allied Health Literature
COAG	Council of Australian Governments
CONROD	Centre of National Research on Disability and Rehabilitation Medicine, University of Queensland
CRCATH	Cooperative Research Centre for Aboriginal and Tropical Health
FURCIS	Flinders University Research Centre for Injury Studies
ICCWA	Injury Control Council of WA
ICD	International Classification of Disease
IHS	Indian Health Service (United States)
IPRU	Injury Prevention Research Unit (University of Otago, New Zealand)
LIFE	Living Is For Everyone
MNCAHP	Mid North Coast Aboriginal Health Partnership
NACCHO	National Aboriginal Community Controlled Health Organisation
NAHS	National Aboriginal Health Strategy
NATSIHC	National Aboriginal and Torres Strait Islander Health Council
NFNIIPWG	National First Nations and Inuit Injury Prevention Working Group (Canada)
NHMRC	National Health and Medical Research Council
NHPA	National Health Priority Area
NIPAC	National Injury Prevention Advisory Council
NISU	National Injury Surveillance Unit

NPHP	National Public Health Partnership
NSW	New South Wales
NT	Northern Territory
NYSPS	National Youth Suicide Prevention Strategy
OATSIH	Office for Aboriginal and Torres Strait Islander Health
Qld	Queensland
RCIADIC	Royal Commission into Aboriginal Deaths in Custody
SA	South Australia
SCATSIH	Standing Committee on Aboriginal and Torres Strait Islander Health: a standing committee of AHMAC
SIPP	Strategic Injury Prevention Partnership
SMR	Standardised mortality ratio
SNAICC	Secretariat of the National Aboriginal and Islander Child Care
TSRA	Torres Strait Regional Authority
US, USA	United States of America
VIP	Department of Injuries and Violence Prevention (WHO)
WA	Western Australia
WCIPP	Waitakere Community Injury Prevention Project (New Zealand)
WHO	World Health Organization

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Executive summary

This summary only provides a broad background, major findings and recommendations. It does not attempt to cover all of the complex range of issues discussed in this report.

Broadly speaking, injury is physical harm or damage to the body (Christoffel and Gallagher, 1999; Ozanne-Smith & Williams, 1995). It may be intentional or unintentional. If intentional, the injury may be self-inflicted (for example, suicide) or inflicted by another (for example, assault, homicide, etc.). The harm can be as a result of an external force (for example, collision with a moving object or a moving person colliding with a stationary object) or energy (such as heat and electricity); external or internal contact with a harmful substance (for example, poisoning); or absence of essential elements (such as oxygen and heat). Normally, only harmful effects occurring over a short period of time are classified as injuries. For example, the harmful effects of smoking or alcohol are not classified as injury, but overuse injuries (such as sport or work-related injuries) are.

Injury prevention is a comparatively new issue on the Aboriginal and Torres Strait Islander health agenda. It is not, however, a new experience for Aboriginal and Torres Strait Islander people. Injuries tend to be hidden among the wider health and social concerns confronting Aboriginal and Torres Strait Islander people.

There is an urgent need to address injury for Aboriginal and Torres Strait Islander people in all its manifestations, but in a way that acknowledges and takes account of Aboriginal and Torres Strait Islander people's lifestyle preferences. A National Aboriginal and Torres Strait Islander Injury Prevention Plan will create a platform from which to identify and integrate injury prevention into existing programs and structures.

At present there are few programs which specifically address injury prevention at a community level. Other programs, which may have an effect on injury rates, are not identified specifically as 'injury prevention'; rather they are targeted at particular risk factors and therefore not captured in databases or references under the heading of 'injury'.

State, Territory, and the Commonwealth governments already provide a range of social and environmental programs targeted at risk factors that contribute to the areas of substance misuse, violence, domestic violence, road safety, employment, environment and housing.

The challenge for a national plan for the prevention of injury is to integrate prevention approaches, monitoring and surveillance into those programs and to maximise the available resources to meet the broad health aims for Aboriginal and Torres Strait Islander people.

In August 2001 the Australian Health Ministers endorsed the *National Injury Prevention Plan: Priorities for 2001–2003* (Strategic Injury Prevention Partnership, 2001). That endorsement includes the requirement for a complementary National Aboriginal and Torres Strait Islander Injury Prevention Plan to be developed. This is in recognition of the high incidence of injury in Aboriginal and Torres Strait Islander communities and the special needs of those communities.

The Aboriginal and Torres Strait Islander Working Group of the National Public Health Partnership (NPHP) has accepted the responsibility of developing a National Aboriginal and Torres Strait Islander Injury Prevention Plan and established the Aboriginal and Torres Strait Islander Injury Prevention Action Committee (ATSIIPAC) for that purpose.

The purpose of a National Aboriginal and Torres Strait Islander Injury Prevention Plan is to:

- (a) assist and support Aboriginal and Torres Strait Islander people to identify the extent and nature of injury in their communities;
- (b) facilitate and support the development of the necessary infrastructure and inter-agency cooperation and collaboration to enable Aboriginal and Torres Strait Islander communities to address the identified injury issues; and
- (c) improve collaboration and cooperation of programs and services to reduce the severity and incidence of injury to Aboriginal and Torres Strait Islander people.

This project represents the first stage in the development of an Aboriginal and Torres Strait Islander Injury Prevention and Safety Promotion Plan. The outcome of the project will inform the members of ATSIIPAC and assist in formulating their response.

This project identified more than three hundred prevention and intervention projects that had a direct bearing on injury and safety issues. Programs dealing with violence and alcohol issues predominated, and most of these were funded through the Justice and Welfare sectors (including programs targeting women, families and children). Health sector involvement was limited at both Commonwealth and State/Territory level. Only NSW had started to address the issue of Aboriginal and Torres Strait Islander Injury and Safety in a coordinated way from a health perspective.

The mix of programs identified did not seem to match the mix of injury issues identified by the available data. Many Aboriginal and Torres Strait Islander injury causes that occurred at high rates, and at a high differential to non-Indigenous rates, had not been matched by comprehensive prevention and intervention programs.

There is a need to develop terminology acceptable across sectors and among Aboriginal and Torres Strait Islander peoples. For some, the use of the term 'injury' is problematic. It also does not represent a uniform concept to different professions and sectors. To some sectors 'injury' represents 'health speak', and precludes maximum collaboration. There was more support for the use of the term 'safety promotion', combining the notions of the right to be safe and the responsibility to contribute to the safety of others. This requires further consideration, and care should be taken not to lose the freedom from stigma that the concept of 'preventing injury' has enjoyed.

Injury prevention and safety promotion will not be successfully implemented or planned by one sector. Nor will it only involve a single division within the health sector. Interviews with personnel from existing projects revealed a great deal of frustration with the complexities of dealing with multiple agencies and funding sources, and the need to meet a number of separate and different reporting requirements within a single project. There is a need to simplify and rationalise reporting and liaison without undermining standards of accountability. This is currently on the Council of Australian Governments (COAG) agenda with respect to a wider range of issues. Injury prevention and safety promotion link to many sectors and divisions across national, State/Territory and local government. This area may well provide a test case for the application of emerging COAG proposals.

Data about injury among Aboriginal and Torres Strait Islander people is poor. There are no systems for accurately identifying rates and trends, and there is insufficient detail to reliably set priorities unless specific local projects are set up to gather cross-sectoral data and supplement them through qualitative studies.

Those who are involved in existing activities see injury prevention and safety promotion as an important issue for Aboriginal and Torres Strait Islander people but are concerned about the lack of good information, the lack of support for projects in many injury cause areas, and the lack of skills and training. They welcome the interest of the Australian Government Department of Health and Ageing.

There is a need to establish a long-term focus on Aboriginal and Torres Strait Islander injury prevention and safety promotion.

A program is needed to:

- build capacity for and commitment to action through increasing knowledge of safety and the effectiveness of injury prevention, and developing the skills for prevention in both Aboriginal and Torres Strait Islander communities, and in the non-Indigenous workforce;
- encourage the setting of safety promotion and injury prevention priorities by Aboriginal and Torres Strait Islander leaders;
- support interventions targeted in three ways:
- specific single issues
- small numbers of related issues with close links where more than one sector is involved
- multi-issue projects and programs covering the broad spectrum of safety and injury and involving multiple sectors;
- provide sufficient resources to make a difference and to build an evidence base;
- develop an accredited training scheme in safety promotion and injury prevention;
- support interventions that have a mix of environmental and behavioural interventions, and which provide a good example of dealing proactively with the underlying alienation and disadvantage of Aboriginal and Torres Strait Islander people;
- focus on improving surveillance systems and supplementing them with detailed qualitative data in areas where interventions are supported; and
- develop a knowledge base to promote active sharing among those who choose to work in this field.

Important factors for success in delivering injury prevention and safety promotion have been identified:

- adequate funding and resources;
- community control/respect for community protocols;
- community acceptability and involvement;
- partnerships;
- a functioning organisation, and good project management and good communication;
- skilled and committed personnel; and
- sound understanding of the underlying factors related to injury.

Most of the factors that will lead to successful injury prevention and safety promotion relate to a long-term process of good communication and management. The reason that there are relatively few injury prevention and safety promotion projects, excepting those related to a couple of dominant external causes, is that the information needed to set priorities, the support structures within government, and the skill base to deal with injury and safety issues are not adequate. Fragmented and siloed funding leads to competing interests, lack of continuity of projects and ultimately to wasting of precious resources.

Successful program and project design should focus on:

- a few good long-term projects across a range of settings and mixes of external causes that are supported adequately to produce sound evidence;
- setting up communication between supported initiatives, and between these and the wider community of interest — this will lead to adoption of promising practice, and development of skills and knowledge; and
- providing adequate training for project managers and staff on an ongoing basis, possibly through the use of problem-solving methods, and rewarding this training with fully accredited qualifications.

List of recommendations

- **Recommendation 1:** That a National Aboriginal and Torres Strait Islander Injury Prevention Plan be developed within the health sector and fully encompass the varying needs of Aboriginal and Torres Strait Islander people living in all parts of Australia, according to their needs and environments, with respect and in partnership with Aboriginal and Torres Strait Islander networks and cultures. 56
- **Recommendation 2:** That the evidence of injury and safety issues and the possibilities for prevention be placed before Aboriginal and Torres Strait Islander people in their chosen forums and that priorities for action should flow from the decisions made by these forums at the national, state, regional and local levels. 57
- **Recommendation 3:** That injury prevention and safety strategies explore the potential for working with the large group of younger people in Aboriginal and Torres Strait Islander society through educational activities. 57
- **Recommendation 4:** That injury prevention and safety promotion projects be tailored to the specific need of communities in line with their demography, lifestyle and environmental conditions. 57
- **Recommendation 5:** That the National Aboriginal and Torres Strait Islander Injury Prevention Plan should be built around a clearly defined and explained public health model in order to complement the models used by other sectors in dealing with related issues. 58
- **Recommendation 6:** That the National Aboriginal and Torres Strait Islander Injury Prevention Plan lead to a set of concrete interventions based on sound information use, a wide mix of intervention types, high quality training and full partnership between Aboriginal and Torres Strait Islander people and other Australians. 58
- **Recommendation 7:** That urgent attention be paid to developing information collections that provide adequate trend data on incidence, clear evidence on causes and accurate region by region comparisons — in particular, the feasibility of a high quality longitudinal cohort study of Aboriginal and Torres Strait Islander people be assessed with a view to better understanding the causal factors and the lifecycle impacts of injury and disease, and a wide range of contributing factors. 59
- **Recommendation 8:** That full recognition be given in the National Aboriginal and Torres Strait Islander Injury Prevention Plan to the value of both qualitative and quantitative research paradigms and the development of evidence which is useful for the decisions that must be made at all levels — from local priority-setting to government policy. 59
- **Recommendation 9:** That the National Aboriginal and Torres Strait Islander Injury Prevention Plan include a comprehensive strategy be developed to facilitate the generation, systematic collection and dissemination of knowledge about programs, projects and activities that can enhance the effectiveness, efficiency and coverage of Aboriginal and Torres Strait Islander safety promotion. 60
- **Recommendation 10:** That intervention strategies utilise available data from a range of sectors, supplementing it with short-term studies, for setting of priorities and assessment of impact — the results of this process should be used to promote higher standards of health data collection. 60
- **Recommendation 11:** That any future Indigenous Health Training Package include competencies and qualifications on safety promotion and injury prevention. 62
- **Recommendation 12:** That the issue of Aboriginal and Torres Strait Islander injury and safety should be included in population and public health courses and in the training of non-Aboriginal and Torres Strait Islander health service staff at university, TAFE and in professional development. 62
- **Recommendation 13:** That Aboriginal and Torres Strait Islander leaders advise the Commonwealth on priorities for safety promotion and the mix of initiatives that they believe can be supported effectively. 63
- **Recommendation 14:** That the National Aboriginal and Torres Strait Islander Injury Prevention Plan initiatives should have a long-term approach and receive resources sufficient to produce high-quality outcomes and sound evaluations, and facilitate wide sharing of information about processes and outcomes. 63
- **Recommendation 15:** That the National Aboriginal and Torres Strait Islander Injury Prevention Plan utilise multiple approaches. A mix of single issue, two or three linked issues, and an overall safety approach will be required according to the needs and circumstances of the project and the partnerships possible with other sectors. 66

- **Recommendation 16:** That the Aboriginal and Torres Strait Islander Injury Prevention Action Committee assess the merit of changing the name ‘National Aboriginal and Torres Strait Islander Injury Prevention Plan’ to the ‘Aboriginal and Torres Strait Islander Injury Prevention and Safety Promotion Plan’ — safety is a positive term well accepted by Aboriginal and Torres Strait Islander Australians and more inclusive of the partners from the many sectors that will be involved in the plan. 66
- **Recommendation 17:** That the future work should operate as a full partnership with Aboriginal and Torres Strait Islander people from all sectors using identified leading edge practices. 66
- **Recommendation 18:** That intersectoral and inter-divisional arrangements are developed at the geographical level at which initiatives are implemented (i.e., local partnerships or regional partnerships), are kept simple and are viewed as contributing to the understanding of developing higher order partnership models. 68
- **Recommendation 19:** That the Australian Government Department of Health and Ageing and ATSIIPAC initiate discussions with the ATSIC to ascertain how they manage occupational health and safety so as to determine the possibilities for increasing safety training and generic safety promotion among people who are employed by CDEP schemes including routine reporting of occupational injury among CDEP employees and trainees. 68
- **Recommendation 20:** That the Australian Government Department of Health and Ageing initiate discussions with the National Occupational Health and Safety Commission to promote occupational health and safety data systems at the State/Territory and national levels that routinely report on injury among Aboriginal and Torres Strait Islander workers — these reports should provide rates per person hour worked so that comparisons may be made with other groups in the community. 68

Project brief

The full tender brief for this project appears in Appendix 1. A summary of the major requirements appears below.

The objective of the project is:

To examine and report on the current state of injury prevention activity for Aboriginal and Torres Strait Islander people.

The consultant will be required to:

- Conduct an examination of the current state of injury prevention in Aboriginal and Torres Strait Islander communities through:
 - (a) an examination of existing literature including relevant international literature, particularly from north America and New Zealand;
 - (b) an examination of unpublished research and existing projects; and
 - (c) focused/limited consultation with Aboriginal and Torres Strait Islander organisations, communities and individuals, with experience in injury prevention or associated programs. These organisations will be identified by ATSIIPAC.

Consultations may be by means other than face to face and should identify:

- (a) the views of communities before the program of interventions;
 - (b) the views of communities after the program of interventions;
 - (c) their experiences, including problems and solutions;
 - (d) what they learnt, and
 - (e) what they need to do to sustain reduced injury rates.
- Provide a report to the Aboriginal and Torres Strait Islander Injury Prevention Action Committee. It is not required that a consultant will engage in any new research nor duplicate existing sources of information. The report will:
 - (a) discuss the findings of the consultation process and literature review;
 - (b) identify and collate existing information on the nature of the injury problem in Aboriginal and Torres Strait Islander communities;
 - (c) define the scope of injury, including the amount, circumstances, effects and relevant influencing factors;
 - (d) list existing injury prevention activities and programs (including those not identified as injury prevention but addressing factors such as substance misuse, environment, violence, etc); and
 - (e) identify and report on opportunities to enhance injury prevention activities for Aboriginal and Torres Strait Islander people.

The consultants' approach

The brief identified the breadth of injury issues.

Early work on the project identified a very large number of initiatives that contributed to the reduction of injury among Aboriginal and Torres Strait Islander people. The Scope of injury, which includes both unintentional and intentional injury and self-harm in all settings added to the complexity.

The consultants identified that there were three major groups of people who would be interested in the findings:

1. Aboriginal and Torres Strait Islander people and other workers who require details of projects, methods and successes;
2. academics and managers interested in the main findings in the literature and the state-of-the-art evidence of needs and effectiveness of interventions; and
3. policy makers and planners requiring a synthesis of the information and evidence and an analysis of possible future directions.

This report is divided into parts — Volume I and Volume II — to meet the needs of these groups and to allow quick access to the information that is of most interest to each user.

The needs of the first group are met by a detailed analysis of interventions and their impact and strengths, contained in Volume II. The needs of the latter two groups are met by this volume (Volume I), which contains a synthesis of the program material and the literature and a detailed literature summary.

A detailed discussion of the literature is presented as a formal literature review in Appendix 4 A summary of the literature on injury prevention for Aboriginal and Torres Strait Islander **peoples**".

Details of the project team and advisory structure appear in Appendix 2 Project team and reference group".