

Submission

National Injury Prevention Strategy 2020-2030

16 June 2020

The Aboriginal Health Council of Western Australia (AHCWA) welcomes the opportunity to provide feedback to the Department of Health's (DOH) National Injury Prevention Strategy (the Strategy).

AHCWA is the peak body for 23 Aboriginal Community Controlled Health Services (ACCHS) in Western Australia. AHCWA exists to support and act on behalf of its member services, actively representing and responding to their individual and collective needs. WA ACCHS are located across geographically diverse metropolitan, regional, remote and very remote locations. They respond to complex health issues, including prevention, early intervention, and social and emotional wellbeing, across the life course. ACCHS deliver the most effective model of comprehensive primary health care for Aboriginal people¹, and are in a unique position to identify and respond to the local cultural and health issues of Aboriginal people and their communities across WA.

AHCWA has provided a written submission, rather than completed the consultation survey. This is to provide detailed feedback in relation to the Strategy; however, we have endeavoured to ensure that the content of the submission follows the structure of the survey and included the question numbers for ease of reference.

This submission outlines its support for the DOH's proposed Strategy whilst providing additional background and feedback relating to injury prevention for Aboriginal people and their communities in Western Australia.

Important key themes to inform the Strategy

Prevention

AHCWA and its member ACCHS support the DOH's initiative to target injury prevention as a means of reducing deaths and the burden of disease in Australia. AHCWA also strongly supports the focus on Aboriginal people as a priority population under the Strategy as prevention underpins the philosophy of comprehensive primary health care and the holistic, culturally secure model of care delivered by ACCHS.

Prevention activities require a long-term perspective; short-term thinking will not solve the issues faced by Aboriginal people and their communities. AHCWA and its national affiliate, the National Aboriginal Community Controlled Health Organisation (NACCHO), consistently advocate for State and Commonwealth Governments to direct funding into ACCHS preventative health initiatives to improve health and wellbeing outcomes for Aboriginal people and their communities. Sufficient and sustained funding will be imperative for the Strategy to be successful, particularly given the range of initiatives identified in the Strategy to be delivered by ACCHS.

¹ Throughout this submission, AHCWA uses the term 'Aboriginal' to respectfully refer to all Aboriginal and Torres Strait Islander people across Western Australia.

The ACCHS Model of Care and Social and Emotional Wellbeing (SEWB)

Broadly, AHCWA supports the principles and strategic elements of the Strategy. AHCWA and its member ACCHS strongly support the Strategy's position that injury prevention should not focus solely on mortality or morbidity data, but also on the social and emotional wellbeing of individuals and the whole community. This holistic view of health, which is a key component of the Strategy, aligns with the ACCHS Model of Care and the concept of social and emotional wellbeing (SEWB).

The ACCHS Model of Care operates within the context of eight essential determinants of health; family, community, culture, language, country, physical wellbeing, spiritual wellbeing, and emotional wellbeing. The Model of Care and SEWB acknowledge that connections to land, language, culture, spirituality, family and community directly contributes to the emotional and physical wellbeing of Aboriginal people and that a person's SEWB is directly influenced by government policies and past events.

Self-determination

AHCWA affirms that full self-determination of Aboriginal affairs by Aboriginal people must underpin the Strategy and any resulting policies or programs. Self-determination is central to enhancing opportunities and closing outcome gaps for Aboriginal people, and must be a key objective of the Strategy and its implementation.

AHCWA supports that ACCHS should lead injury prevention activities as prevention is embedded within their primary health care service delivery model. In order to ensure self-determination, Aboriginal communities, ACCHS and other Aboriginal Community Controlled Organisations (ACCOs) must be involved in the co-design of, and have the autonomy to lead, programs, local level strategies and policies.

SECTION B: Structure of the Strategy

Q14. Is there anything missing or should be changed in the 'introduction' section?

Regarding the table on page three, AHCWA recommends:

- including youth as a key life stage for poisoning.
- under the heading 'homicide and violence', the objective 'increase primary prevention of violence and equitable access to timely, appropriate and affordable care' should be 'across the lifespan' and 'cross-cutting with alcohol (A)'.

More broadly, while the Strategy rightly includes alcohol as a cross-cutting factor, AHCWA suggests the inclusion of 'other drugs' (i.e. alcohol and other drugs) across the Strategy. Prescription and illicit drugs are often taken in tandem with alcohol leading to injury.

SECTION D: Priority Populations

Q20. 'Understanding context and 'burden of injury'

- AHCWA agrees with the three identified priority populations (Aboriginal and Torres Strait Islander people, people living in rural and remote areas and people experiencing socio-economic disadvantage), however, highlights that some Aboriginal people and communities can intersect all three priority populations.
- AHCWA supports the Strategy's vision for meaningful engagement and partnerships along with ensuring equitable access to culturally appropriate programs, however, more information is

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required on how the DOH intends to achieve this. The Strategy does not detail the practicalities of implementation.

- AHCWA recognises that the context section takes into consideration the ongoing impact of intergenerational trauma on Aboriginal communities and the complex issues arising from this, however, the importance of connection to culture and country must be emphasised in program design. This is omitted from this section despite being integral to the ACCHS Model of Care.
- The Strategy states that “injury prevention programs and initiatives *should be* culturally safe and privilege Aboriginal ways of knowing, being and doing”. AHCWA supports the Strategy’s position, however, is concerned that this stops short of ensuring programs are culturally safe and appropriate. AHCWA asserts that programs and initiatives *must be* culturally safe and privilege Aboriginal ways of knowing, being and doing.
- AHCWA recommends that the wording of this Strategy is amended to strengthen the Government’s commitment to genuinely working with Aboriginal people and their communities, and to better align with the Priority Reforms currently being negotiated in the National Agreement on Closing the Gap. In particular, Priority Reform One² calls for governments to ‘develop and strengthen structures so that Aboriginal and Torres Strait Islander people share in decision making with governments’.
- The Strategy as currently worded refers to ‘consultation and engagement’ between Aboriginal people and government partners, which is a minimum requirement given that the broader policy landscape is moving towards greater power for Aboriginal people through ‘shared decision making’.

Q 21. Applying the Strategy principles for Aboriginal people and communities.

The principles overall

AHCWA broadly supports the principles, however it is essential that the development of programs and policies are co-designed with Aboriginal people and ACCHS. ACCHS are embedded in and trusted by Aboriginal communities and subsequently are best placed to facilitate the outcomes the Strategy is striving to achieve.

Evidence Based

AHCWA supports the need for evidence-based strategies and the development, in consultation with ACCHS, of an Aboriginal monitoring and evaluation strategy as part of Strategy implementation. This ensures that programs with impacts for Aboriginal people are evidence informed, and that data used to inform or evaluate the Strategy is meaningful to, and approved by, Aboriginal people and their communities. This is in line with Priority Reform Four³ of the National Agreement on Closing the Gap.

Equity

In order to ensure an equitable approach to injury prevention, the Strategy and associated programs must be designed in a culturally appropriate manner, and address the social determinants of health that result in the increased burden of injury experienced by Aboriginal people.

Engagement

AHCWA supports working together to identify local level strategies and build targeted health literacy interventions, however must reiterate that ACCHS are best placed to lead these actions. The DOH

² <https://coalitionofpeaks.org.au/priority-reforms/>

³ <https://coalitionofpeaks.org.au/priority-reforms/>



also must ensure that any implementation plan for the Strategy is developed and co-designed with Aboriginal people and their communities.

AHCWA agrees that “engagement must engage, empower and enable Aboriginal communities to co-design and implement programs and influence policies which are in keeping with the priorities of their local communities”. This must also take into consideration Aboriginal cultural expectations and ensure engagement is ongoing and continually active with the ACCHS sector.

Coordination

AHCWA notes that actions to prevent poor health outcomes for Aboriginal people and their communities are usually not the responsibility of one ACCO, ACCHS or government agency alone. Multi-agency coordination must occur to address injury prevention issues, and this needs a collaborative effort with Aboriginal voices actively listened to and acted upon. The Strategy must hold all organisations to account in working collaboratively to improve injury prevention, and consequently health and wellbeing outcomes, for Aboriginal people and their communities.

Resourcing

Aboriginal people, their communities, ACCHS and ACCOs consistently deliver innovative, culturally secure, evidence-informed practices with positive outcomes. As the ACCHS sector has been identified as a key partner for action under the Strategy, adequate and sustainable funding is required for capacity building and resourcing for ACCHS to enable the delivery of injury prevention activities. This is especially relevant in rural and remote communities, which are often under resourced and lacking the appropriate infrastructure. Resourcing and infrastructure priorities must be led by ACCHS and ACCOs.

Supporting the ACCHS sector aligns with the second Priority Reform⁴ of the National Agreement on Closing the Gap which calls for the development of formal Aboriginal Community Controlled Service Sectors as a high priority. It also reflects Recommendation Three under Strategy One⁵ in WA Health’s Sustainable Health Review. This prioritises the recognition and strengthening of ACCHS as leaders in the delivery of primary health care for Aboriginal people.

Responsibility

As discussed previously, it is crucial that injury prevention and associated policies or programs are focussed on proactive prevention rather than reactive responses. Collaboration, advocacy and active engagement between different stakeholders is key to achieving this.

Q22. Approach to working appropriately with Aboriginal people, communities and organisations

- AHCWA supports the contextualised and localised approach to program design and delivery as proposed in the Strategy. This demonstrates an understanding of the diversity of Aboriginal people, communities and cultures, which is fundamental to enabling place-based and localised action and programs under the Strategy. This recognition of diversity also assists in challenging the assumption that all Aboriginal communities face the same issues and challenges, or have the same strengths and opportunities. The DOH must genuinely engage with Aboriginal people at community, local or regional levels, to determine what types of services and programs should be developed and delivered, and how and where funding should be directed.

⁴ <https://coalitionofpeaks.org.au/priority-reforms/>

⁵ Sustainable Health Review 2019, *Sustainable health review: Final report to the Western Australian Government*. Department of Health: Western Australia.



- AHCWA agrees that programs are more likely to be successful if community led and owned, whilst tailored to meet the needs and strengths of the community. ACCHS are well positioned in the preventative space to lead and develop these programs, dependant on sufficient funding and resourcing.
- AHCWA strongly supports the 14 key areas detailed in the case study and that lessons learnt here can transfer as best practice across injury prevention programs. The 'Strengthening Indigenous Governance' component is key here to ensure strategies are Aboriginal led and engage Aboriginal people throughout the process. Embedding this component into strategies will establish Aboriginal owned initiatives and programs, in line with self-determination.

Q25 Are the priority areas for action across the priority population groups appropriate? (see table 3)

- ACCOs and ACCHS have not been identified as a partner agency in relation to poisoning, however, they should be included as they are often the first point of call for communities when poisoning occurs as a result of alcohol or other drugs and Mental Health and Alcohol and Other Drug services are not available.
- Specific service partners should be identified for the priority populations' 'rural and remote', and 'low SES' in relation to both homicide/violence and drowning.
- Additionally, ACCHS' should be included as a specific partner agency in relation to the category of sport.

SECTION E: Life-stages

Q27- Q30 Do you agree with the priority areas for actions specified for each corresponding life stage?

- AHCWA recognises the importance of the priority area objectives across the varying life stages, however, acknowledging this is a draft strategy, suggests that further detail regarding implementation is required. All strategies or programs to achieve the objective outcomes need to be co-designed with ACCHS to ensure their cultural safety, and must include the provision of educational resources, a funding commitment and support to achieve these outcomes.
- Further detail is needed at objective 8b for babies and children regarding distribution of subsidies. This will need to be progressed with ACCOs.
- Objective 10 should also be a priority area for youth and should include reference to addressing environmental conditions, such as overcrowding in housing; this can often be a contributing factor to violence in communities.
- Objective 10 needs to include "increased access to advocacy agencies" as an action area, which may assist with elder abuse.

SECTION F: Cross cutting priority areas

Q33. Cross cutting priority area – alcohol

- Given that the Strategy recognises that Aboriginal people "who drink are more likely to drink at risky levels and are more likely to experience injury", AHCWA is concerned that it doesn't recognise the integral and important role of ACCHS in delivering early alcohol intervention and prevention services for Aboriginal people. The Strategy must promote the role of ACCHS in the delivery of alcohol early intervention, prevention and treatment services, and of co-existing mental health, social and emotional wellbeing services.



- The Strategy places responsibility of reducing alcohol related harm, reducing acceptance of alcohol culture and reducing alcohol related injuries in the remit of National and State government departments, however, in alignment with the ACCHS model of care and self-determination all injury prevention activities related to Aboriginal people must be developed in partnership with Aboriginal people, ACCHS and ACCOs.
- Alcohol reduction strategies must also include complementary health, social and diversionary approaches, and ensure effective policy implementation and outcomes for governments and communities. The draft strategy requires a planned, holistic, strategic and culturally secure approach regarding alcohol prevention, to ensure its effectiveness for Aboriginal people and communities.

Q34. Cross cutting priority area – extreme weather events

AHCWA recommends that the Strategy should specifically recognise the unique implications of extreme weather events on Aboriginal people and communities, particularly considering the percentage of the population living in regional and remote areas. None of the priority area for extreme weather actions directly address impacts on Aboriginal people, and ACCHS and ACCOs are not detailed as partners for any of the action areas.

Key areas of weather impact for Aboriginal people include:

- As previously detailed, connection to country is a key determinant of the SEWB of Aboriginal people and their communities. Climate change has the potential to destroy cultural practices, traditional knowledge, community lands and family homes, and can force Aboriginal communities to relocate to new, unfamiliar country. This not only breaks traditional cultural ties, but also impacts on SEWB.
- The destruction of native plant species and the habitats of wildlife affects the food security of many Aboriginal people and their communities. Bush food, or 'bush tucker', forms a large part of the diets of Aboriginal people, with many people using the land as their primary food source. This is not only problematic in terms of SEWB but creates a dependence on non-traditional foods which have a higher fat and sugar content which can increase the risk of chronic diseases such as diabetes.
- Extreme weather events resulting in extreme heat, drought and poor soil may impact the cost and yield of crops in Australia, disrupt the food supply and impact on food security for Aboriginal communities;
- Severe droughts and floods can cause water supplies to become contaminated compounding water security challenges already experienced by many Aboriginal people and communities in WA. Flooding during wet season can also increase the risk of drowning.

All these factors can impact on the rate of injury within the Aboriginal community by adversely affecting SEWB and the consequent implications for suicide and self-harm, which has been identified in the Strategy as a key risk area. The Strategy must ensure that Aboriginal people and ACCHS' are actively engaged and part of co design in relation to strategies or policies associated with extreme weather events.

Q35. Cross cutting priority area – built environment

AHCWA recommends that that the Strategy recognises the impact of the built environment on Aboriginal health. None of the priority area for actions in this section directly address the impacts on Aboriginal people, and ACCHS are not detailed as partners for any of the action areas.



There are many infrastructure challenges facing Aboriginal people, particularly in regional areas. These include:

- Disrupted power supplies resulting from storms, flooding and extreme heat which can directly impact on the rate of injury and the ability of ACCHS to deliver services.
- Extreme weather events, including rainfall and flooding, can create significant challenges for access to primary health care and injury prevention within remote Aboriginal communities. Many roads in regional and remote Western Australia are unsealed, and become inaccessible when flooded or during other extreme events including bushfires.
- Due to insufficient government investment, housing and other community infrastructure is often inadequate in Aboriginal communities. This can contribute to increased illness, disease and injury.
- Aboriginal people are eight times more likely to live in overcrowded conditions, which has a detrimental impact on physical health, safety and SEWB⁶.

In relation to Priority Actions for land and transport injuries, one suggestion to reduce road injuries is to incorporate a first aid course into driving lessons when attempting to obtain a driver's license. This would ensure that everyone with a license also has first aid training. This could assist on the road if a person witnesses a car accident, and would benefit the wider community in relation to other injuries (e.g. burns drowning, etc.)

The Strategy must ensure that Aboriginal people and ACCHS are involved and part of co design of strategies or approaches in relation to safer built environments to prevent injury.

Conclusion

Engagement with AHCWA in the development of the strategy is acknowledged and appreciated. AHCWA also recognises and appreciates that the importance of engaging Aboriginal people and the need to emphasise culture has been considered in the design of the Strategy.

The intent of this submission is to highlight areas within the Strategy for potential development and strengthening. There must be continued and extra emphasis on co-design with Aboriginal communities and ACCOs taking into consideration the ACCHS model of care and SEWB, engagement of the ACCHS sector, collaborative partnerships, details of implementation and a focus on culturally safe and appropriate programs.

AHCWA and its Member Services commit to and look forward to working further with the DOH as efforts to finalise the Strategy and Implementation Plans continues.

⁶ Ware, V.A (2013), *Housing Strategies that improve Indigenous Health Outcomes* Australian Government
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