QAIHC
Queensland Aboriginal and Islander Health Council

QAIHC SUBMISSION TO THE

Australian Government Department of Health

SUBMISSION

National Injury Prevention Strategy

June 2020

Chief Executive Officer
Queensland Aboriginal
and Islander Health Council
PO Box 3205
South Brisbane, Qld 4101
P: (07) 3328 8500
F: (07) 3844 1544

QAIHC receives funding support from the Australian and Queensland Governments

QAIHC SUBMISSION TO THE AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH

SUBMISSION

National Injury Prevention Strategy

About Queensland Aboriginal and Islander Health Council (QAIHC):

QAIHC was established in 1990 by dedicated and committed Aboriginal and Torres Strait Islander leaders within the community-controlled health sector.

Originally established as QAIHF (Queensland Aboriginal and Islander Health Forum), the organisation provided a voice for the community-controlled health sector in Queensland. This organisation was self-funded until 1996, when the Commonwealth Department of Health commenced funding support. QAIHC has experienced considerable growth in membership and the scope of services provided to those members since its establishment.

In 2004, the organisation was reconstituted under the Australian Investment and Securities Commission (ASIC) and assumed its current form as QAIHC.

Today, QAIHC represents 28 community-controlled health services and 14 associate members who share a passion and commitment to addressing the unique health care needs of their communities through specialised, comprehensive and culturally-appropriate primary health care.

QAIHC is the peak body representing the Aboriginal and Torres Strait Islander Community Controlled Health Organisation (ATSICCHO) sector (the Sector) in Queensland at both a state and national level. Its membership comprises of ATSICCHOs located throughout Queensland. Nationally, QAIHC represents the Community Controlled Health Sector through its affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO) and is regarded as an expert in its field.

QAIHC as the peak of ATSICCHOs of Queensland wishes to express the collective views on behalf of our state-wide members, to ensure effectiveness of the National Injury Prevention Strategy in addressing the needs of Aboriginal and Torres Strait Islander peoples.

QAIHC would like to acknowledge the Australian Government Department of Health taking initiation to develop the National Injury Prevention Strategy and its implementation plan for Australia by creating a national focus on injuries and their prevention. It is encouraging to note that the draft proposal has adopted Aboriginal and Torres Strait Islander holistic view of health and seeks to encourage collective investment and action on evidence-based strategies to prevent the types of injuries with the highest burden for each of the priority population groups. QAIHC welcomes the opportunity to provide collective views.

QAIHC CONTACT REGARDING THIS SUBMISSION:

Angela Young, General Manager - Policy and Research

Email: policyteam@qaihc.com.au Phone: 07 3328 8532

SECTION A: About you

1. What is your name? (Optional)

The Queensland Aboriginal and Islander Health Council (QAIHC)

2. The Department of Health would like your permission to publish your consultation response. Please indicate your publishing response.

- ☒ Publish response (your email address will not be published but all other answers, including your name, will be published)
- ☐ Publish response anonymously (your name and email address will not be published but all other answers, including organisation names, will be published)
- ☐ Do not publish response

3. Please provide your personal or organisation's email address below (optional).

Your email will be used to allow a PDF of your response to be automatically sent to you after you submit your response. If you enter your email address, the Department will be provided with your email, and you will automatically receive an acknowledgement email when you submit your response. How many people work in your organisation?

e-mail: policyteam@qaihc.com.au

Approximately 50

4. Are you providing your response as: (select all that apply)?

- ☐ A health professional
- ☐ A member of the public
- ☐ A researcher/academic
- ☐ A policy maker
- ☐ A worker from an Aboriginal Community Controlled Organisation
- ☐ A person with a lived experience of injury
- ☒ Other- specify in text box below: QAIHC is the peak body representing the Aboriginal and Torres Strait Islander Community Controlled Health Organisation (ATSICCHO) sector (the Sector) in Queensland at both a state and national level

5. Where are you based?

☐ NSW ☐ VIC ☒ QLD ☐ WA ☐ SA ☐ TM

☐ ACT ☐ NT ☐ Outside Australia- provide location:

6. Are you providing your response on behalf of an organisation, government department or agency? If you are responding on behalf of an organisation, government department or agency, please provide the name and area of expertise of the organisation below.

☒ Yes ☐ No

Queensland Aboriginal and Islander Health Council (QAIHC):

QAIHC was established in 1990 by dedicated and committed Aboriginal and Torres Strait Islander leaders within the community-controlled health sector.

Originally established as QAIHF (Queensland Aboriginal and Islander Health Forum), the organisation provided a voice for the community-controlled health sector in Queensland. This organisation was self-funded until 1996, when the Commonwealth Department of Health commenced funding support. QAIHC has experienced considerable growth in membership and the scope of services provided to those members since its establishment.

In 2004, the organisation was reconstituted under the Australian Investment and Securities Commission (ASIC) and assumed its current form as QAIHC.

Today, QAIHC represents 28 community-controlled health services and 14 associate members who share a passion and commitment to addressing the unique health care needs of their communities through specialised, comprehensive and culturally-appropriate primary health care.

QAIHC is the peak body representing the Aboriginal and Torres Strait Islander Community Controlled Health Organisation (ATSICCHO) sector (the Sector) in Queensland at both a state and national level. Its membership comprises of ATSICCHOs located throughout Queensland. Nationally, QAIHC represents the Community Controlled Health Sector through its affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO) and is regarded as an expert in its field.

Note: Question 7 to 10 are not included in this document as they are not appropriate for QAIHC to respond as an organisation.

11. Do you or your organisation represent one or more of the priority population groups? (Select all that apply)

☒ Aboriginal and Torres Strait Islander people

☐ Rural and remote

☐ Low Socio-economic

☐ Babies and children (0-14 years)

☐ Youth (15-24 years)

☐ Adults (25-64 years)

☐ Older peoples (65+ years)

☐ None of the above

SECTION B: Structure of the Strategy

12. Regarding the entire Strategy, is the overall structure of the Strategy appropriate and easy to follow?

☒ Yes ☐ No

Please provide comments on the overall structure of the Strategy (250-word limit)

QAIHC's impression is that the overall structure of the Strategy is comprehensive and easy to follow.

13. Context and background for the Strategy: Do the sections 'Introduction' and 'Setting the Scene' provide adequate context and background for the Strategy?

☒ Yes ☐ No

14. Is there anything missing or should be changed in the 'Introduction' section?

Please provide comments below on the 'Introduction' (250 word limit)

QAIHC notes that the introduction provides a compelling argument to create a national focus on injury and its prevention. It has highlighted the need for collective investment and evidence-based actions and strategies to prevent the highest burden of injuries for each of the priority population groups. The life-stages approach adopted in the Strategy will assist in addressing the needs of the specific population groups.

However, this section is lacking background information and clarification and should describe:

- How the key objectives are identified and ranked? Are they based on the leading causes of burden of injury data?
- What the 'other unintentional' injury includes and how they will be addressed? The Strategy has clearly identified 'other unintentional injuries' as a leading cause of injury burden for 0-14 years, third leading cause for 15-24 years, fifth leading cause for 25-64 years and fourth leading cause for 65+ years. Overall, other unintentional injuries are the fifth leading causes of injury burden in Australia, therefore important to clarify.

Recommendation 1: Clarify how the key objectives were identified and ranked.

15. Is there anything missing or should be changed in the 'Setting the Scene' section?

Please provide comments below on the ‘Setting the Scene’ (250 word limit)

QAIHC is encouraged to note that the draft report adopts the Aboriginal and Torres Strait Islander holistic view of health and demonstrates a strong understanding of how the historical legacies of colonisation, including forced removal from country and acts of genocide, amidst contemporary racist and exclusionary practices, continue to have devastating consequences for the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. Knowledge and understanding of the diverse context of Aboriginal and Torres Strait Islander peoples’ lives, provides a compelling rationale for why injury prevention planning must embed trauma-informed care policies and practices while addressing needs of Aboriginal and Torres Strait Islander peoples.

QAIHC notes the section has clearly identified ‘other unintentional injuries’ as a leading cause of injury burden for 0-14 years, third leading cause for 15-24 years, fifth leading cause for 25-64 years and fourth leading cause for 65+ years. Overall, ‘other unintentional injuries’ are the fifth leading causes of injury burden in Australia. However, the section has not clearly described what the ‘other unintentional injuries’ includes and how they will be addressed through this strategy.

Recommendation 2: Include a description to clarify what the ‘other unintentional’ injuries includes and how they will be addressed.

SECTION C: Vision and Call for Action

16. Is the overarching vision for the Strategy appropriate? The Strategy Vision reads as follows: "To reduce the overall burden of injury in Australia and address inequities that contribute to the disproportionate burden of injury experienced by specific population groups"

☒ Yes ☐ No

Please provide comments to explain your selection (250 word limit)

QAIHC supports the overarching vision for the Strategy, due to the disproportionate burden of injury among Aboriginal and Torres Strait Islander peoples and other priority groups compared to other population groups in Australia (the Strategy provides clear evidence on this). QAIHC's view is that a reduction in overall burden of injury cannot be achieved unless specific needs of the priority population groups are addressed effectively.

17. The Strategy has three core outcome indicators reflecting the Vision. Are the three core outcome indicators appropriate? Please specify for each core outcome indicator below.

	Very appropriate	Appropriate	Neutral	Inappropriate	Very inappropriate
Reduced rates of injury in key priority areas. Target: To reduce the overall rate of injury burden by 30%	☒	☐	☐	☐	☐
Reduced burden of injury in priority populations. Target: To reduce the overall rate of injury by 40% among the priority populations	☒	☐	☐	☐	☐
Reduced risk of injury due to the three crosscutting priority areas	☒	☐	☐	☐	☐

Please provide comments on core indicators including whether they should be amended and the rationale for a suggested amendment. Please specify the indicator number (1, 2 and/or 3) when commenting (500 word limit)

QAIHC supports the three core outcome indicators proposed, however, it is not clear whether each key priority area, population group and crosscutting priority area have a specific outcome indicator or whether the overall outcome measure will be adopted. To ensure the Strategy is effective and all key stakeholders are accountable, QAIHC recommends the inclusion of specific outcome indicators for:

- each key priority area (1)
- each priority population group (2)
- each crosscutting priority area (3)

QAIHC notes the data limitations specific to Aboriginal and Torres Strait Islander peoples. For example, there is no data to assess the risk and impact of injury among Aboriginal and Torres Strait Islander people living with a disability. Similarly, there is a lack of timely injury data that provides sufficient detail and granularity to inform individual communities' injury prevention priorities. QAIHC recommend the inclusion of an indicator to ensure better data collection, analysis and identified improvements.

Recommendation 3: Develop a specific outcome indicator for each specific key priority area, priority population group and crosscutting priority area.

Recommendation 4: Develop an outcome indicator to ensure better data collection, analysis and improvements.

18. Are the six principles underpinning the Strategy appropriate? Please specify for each principle below.

	Very appropriate	Appropriate	Neutral	Inappropriate	Very inappropriate
Evidence-based	☒	☐	☐	☐	☐
Equity	☒	☐	☐	☐	☐
Engagement	☒	☐	☐	☐	☐
Coordination	☒	☐	☐	☐	☐
Resourcing	☒	☐	☐	☐	☐
Responsibility	☒	☐	☐	☐	☐

Please provide comments on the principles, including if there are principles that are missing or any suggested amendments, providing rationale for suggested changes (500 word limit)

QAIHC is supportive to the principles listed in the Strategy, however lacks 'cultural safety' as a principle. QAIHC's recommendation is that 'cultural safety' must be incorporated as a key principle in action.

It is well documented that Aboriginal and Torres Strait Islander peoples experience a disproportionate burden of injury and social disadvantage when compared with non-Indigenous Australians. Also, Aboriginal and Torres Strait Islander peoples experience much higher levels of racism and discrimination.

To overcome these issues, cultural safety must be embraced at all levels of health care planning and delivery (programs, services, policies and strategies) in order to provide the best possible health care for Aboriginal and Torres Strait Islander peoples.

Cultural safety is about respecting the cultural rights, values, beliefs and expectations of Aboriginal and Torres Strait Islander peoples while providing services that meet their need. Cultural safety is distinguished from cultural 'awareness' as it relates to embedding culturally sound practices into all elements of delivery, rather than merely recognising that cultural differences exist.

Recommendation 5: Include 'cultural safety' as a core principle underpinning the Strategy.

Under this section, the principle 'Evidence-based' has proposed a strategy that '*when data or evidence are lacking, utilise the opinion of relevant experts'.* QAIHC agrees with and understands the value that relevant experts can add significant value in such a circumstance, however, there must be an additional point that strongly focus on improved data to address this issue - accurate collection, recording and reporting of data, especially where there are gaps such as disabilities, antenatal etc.

Recommendation 6: Add the strategic point 'Focus on improving data quality – accurate collection, recording and reporting of data' under the 'Evidence-based' core principle.

19. Call for Action: Does the section 'Call for Action' adequately frame the approach for and intent of the Strategy?

☒ Yes ☐ No

Please provide comments on the section 'Call for Action', specifically whether it adequately frames the approach and intent of the Strategy (250 word limit)

QAIHC have nothing further to add to the 'call for action' section of the draft Strategy, however QAIHC's experience is that effective implementation, requires effective engagement of the government and non-government organisations at the Commonwealth, state/territory and local level in policy development, program management and service delivery. The collaboration must be based on the principles of mutual:

- trust and respect
- benefit
- accountability

SECTION D: Priority populations

20. Priority population: Aboriginal and Torres Strait Islander people. Do the sections 'Understanding context' and 'Burden of injury' provide adequate context and background for injury relating to Aboriginal and Torres Strait Islander people?

☒ Yes ☐ No

Please provide comments on the sections 'Understanding context' and 'Burden of injury' in relation to Aboriginal and Torres Strait Islander people (500 word limit

QAIHC notes the 'understanding context' section made a valued effort to establish the context of injury relating to Aboriginal and Torres Strait Islander peoples. It has well recognised the historical context of Aboriginal and Torres Strait Islander peoples and the impact of intergenerational trauma on achieving overall health and wellbeing outcomes. However, QAIHC recommend that this section include how racial discrimination including institutional racism within the Australian Government and State and Territory Government health service policies and practices are increasing risk of mental illness such as anxiety or depression among Aboriginal and Torres Strait Islander peoples, increasing risk of injury. Intergenerational trauma as a consequence of colonisation, forceful removal, social isolation, fragmented cultural identity, and racism has been indicated as contributing to the persistently heightened risk of suicide among Aboriginal and Torres Strait Islander peoples.

21. Priority population: Aboriginal and Torres Strait Islander people. Does the section 'Applying the Strategy principles for Aboriginal and Torres Strait Islander people' adequately describe how to apply the Strategy principles for Aboriginal and Torres Strait Islander people?

☒ Yes ☐ No

Please provide comments below regarding Applying the Strategy principles for Aboriginal and Torres Strait Islander people (500 word limit)

QAIHC is pleased to see that the Strategy recognises the value of the ATSICCHO sector in providing injury prevention services to Aboriginal and Torres Strait Islander communities. It is QAIHC's position that ATSICCHOs leading, designing, commissioning and delivering injury prevention services, significantly improve the overall health outcomes of Aboriginal and Torres Strait Islander peoples, due to the expertise and experience of the ATSICCHO sector. However, the Strategy has not sufficiently identified the need to directly resource and support the ATSICCHO sector to strengthen its capacity to continue to meet community needs.

QAIHC recommends that government acknowledge and constantly support ATSICCHOs' capability with the development and sustainability to improve Aboriginal and Torres Strait Islander peoples' access to a range of primary health care and health promotion services including injury prevention. The Strategy must ensure that the injury prevention services for Aboriginal and Torres Strait

Islander peoples must be commissioned and delivered by the ATSICCHO sector through either a restrictive selection process or a non-competitive restrictive selection process.

Recommendation 7: ***Ensure ATSICCHO sector are well resourced and supported to strengthen their capability to lead, design, commission and deliver injury prevention services.***

Recommendation 8: ***Mandate that all Aboriginal and Torres Strait Islander specific injury prevention services must be commissioned and delivered by the ATSICCHO sector through either a restrictive selection process or a non-competitive restrictive selection process where possible.***

Recommendation 9: ***Include measures that ensure Aboriginal and Torres Strait Islander leadership across both research and health service delivery.***

Recommendation 10: ***Strengthen accountability measures for government and non-government organisations to ensure cultural safety of service provision***

22. Priority population: Aboriginal and Torres Strait Islander people. Do you agree with the Strategy's approach to working appropriately with Aboriginal and Torres Strait Islander people, communities and organisations?

☒ Yes ☐ No

Please provide your comments below regarding the Strategy's approach in relation to working appropriately with Aboriginal and Torres Strait Islander people, communities and organisations (500 word limit)

QAIHC acknowledge the intention within the proposed National Injury Prevention Strategy to work in partnership with Aboriginal and Torres Strait Islander peoples. QAIHC's experience is that most successful initiatives or programs in Aboriginal and Torres Strait Islander communities are those that are owned by the community, ensure Aboriginal and Torres Strait Islander peoples' authority and autonomy over all aspects of the initiative, build commitment from all collaborators, and focus on building community capability. QAIHC advocates for and provides consistent support to its Member Services the ATSICCHOs to develop and deliver community led, localised and culturally safe initiatives that impact on Aboriginal and Torres Strait Islander peoples overall health and wellbeing.

QAIHC is encouraged with the draft Strategy and hopeful the commitments are implemented timely as planned to ensure Aboriginal and Torres Strait Islander peoples right to self-determination.

23. Priority population: Rural and remote populations. Do the sections 'Background' and 'Burden of injury' provide adequate context and background for injury relating to rural and remote populations?

☒ Yes ☐ No

Please provide your comments below regarding background and burden of injury relating to rural and remote populations (500 word limit))

QAIHC agrees with the facts provided in this section, however it has not provided any reference to the proportion of Aboriginal and Torres Strait Islander peoples living in rural and remote areas in Queensland and Australia which is high. QAIHC recommend that data is included to reflect this, important information.

Recommendation 11: Add data that demonstrates the proportion of Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander population that live in rural and remote areas of Australia.

24. Priority population: Socio-economically disadvantaged people. Do the sections 'Background' and 'Burden of injury' provide adequate context and background for injury relating to socio-economically disadvantaged people?

☒ Yes ☐ No

Please provide your comments below regarding background and burden of injury relating to socio-economically disadvantaged people (500 word limit)

QAIHC agrees with the contextual information provided in this section, however it has not provided any reference to Aboriginal and Torres Strait Islander socio-economic disadvantage. According to ABS data (Census 2016), people of Aboriginal and/or Torres Strait Islander origin are more likely to live in the most disadvantaged areas with 48 per cent living in the bottom fifth most disadvantaged Local Government Areas (LGAs), compared to 18 per cent of non-Indigenous people. Overall, only 5.4 per cent of Aboriginal and/or Torres Strait Islander people live in areas of high relative advantage compared with 22 per cent of non-Indigenous people[1]. Aboriginal and Torres Strait Islander peoples are consistently over represented across all priority population groups (regional and remote; and socio-economically disadvantaged) which makes them more vulnerable to injuries compared to others. QAIHC recommends reference to Aboriginal and Torres Strait Islander disadvantage should be included in the background information.

Recommendation 12: Add data reference to the Aboriginal and Torres Strait Islander socio-economic disadvantage in the background information.

[1] Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016

25. Are the priority areas for action across the priority population groups appropriate? (See Table 3)?

☒ Yes ☐ No

Please provide your comments below regarding the priority areas for action across the priority population groups, including if anything is missing or suggested amendments. Please specify objective number/s where possible (500 word limit)

QAIHC agrees with the priority areas for action across the priority groups, however we note that the National Aboriginal Community Controlled Health Organisation (NACCHO) is not included under the list of Aboriginal populations' specific partner agencies (Table 3). NACCHO is the national peak body representing 143 Aboriginal Community Controlled Health Organisations (ACCHOs) Australia wide on Aboriginal and Torres Strait Islander health and wellbeing issues. NACCHO's work is focussed on liaising with governments, its membership, and other organisations on health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

Recommendation 13: Include NACCHO under the list of Aboriginal and Torres Strait Islander populations' specific partner agencies for all objectives that target the Aboriginal and Torres Strait Islander population group.

QAIHC notes that objective 5 (*reduce the rate of drug-related poisoning*) have not been targeted to Aboriginal and Torres Strait Islander population, this is a concern considering the higher rates of drug-related poisoning injuries among the Aboriginal and Torres Strait Islander population compared to non-Aboriginal and Torres Strait Islander population.

Recommendation 14: Amend Table 3 to ensure objective 5 also prioritise the Aboriginal and Torres Strait Islander population group.

SECTION E: Life-stages

26. Do you agree with the life-stage approach identified for the Strategy? Babies and Children (0-14 years), Youth (15-24 years), Adults (25-64 years), Older people (65+ years)?

☒ Yes ☐ No

Please provide comments to explain your selection regarding the life-stage approach for the Strategy (250 word limit)

QAIHC is supportive to the life-stage approach identified for the strategy, however recommend that the age categories be broken down further to ensure accurate and targeted data collection and use and effective strategies are implemented.

27. Life-stage 1: Babies and Children (0-14 years). Do you agree with the priority areas for action specified for Babies and Children (0-14 years)?

☒ Yes ☐ No

Please provide comments on the priority areas for action specified for Babies and Children, including if anything is missing or any suggested amendments. Please specify objective number/s where possible (500 word limit)

QAIHC agrees with the priority areas for action stated for Babies and Children. However, we also note that the injury types listed below should include the additional priority areas for action:

1. **Burns: Objective 14 should include the actions:**
   - Strengthen fire safety compliance for the residential housing especially in rural and remote areas.
   - Include Department of Housing as a lead agency.
2. **Road + land transport: Objective 7 & 8 should include the actions:**
   - Strengthen road safety and pedestrian crossing safety education and support programs for school aged children (under objective 7)
   - Amend action 'b' under objective 8 as '*Provide free access to restraint fitting services for children from rural and remote areas, socio-economically disadvantaged areas and Aboriginal and Torres Strait Islander families'.* This is possible through Department of Road and Transport Service Centres across the country.
3. **Determinants of injuries: Objective 17 should include the actions:**
   - Strengthen parental and career support to improve access to mental health support services.
   - Include Mental Health Commission (National and State) as a lead agency.

Recommendation 15: Update the priority areas for actions for 'Babies and children' to include the items listed in response to question 27.

28. Life-stage 2: Youth (15-24 years). Do you agree with the priority areas for action specified for Youth (15-24 years)?

☒ Yes ☐ No

Please provide comments on the priority areas for action specified for Youth, including if anything is missing or any suggested amendments. Please specify objective number/s where possible (500 word limit)

With the commitment to self-determination and to better understand the health and wellbeing issues and needs of young people, QAIHC delivered the first Queensland Aboriginal and Torres Strait Islander Youth Health Summit (Summit) in September 2019. QAIHC have developed a broader understanding of specific youth issues and needs, having listened to the voice of approximately 300 Aboriginal and Torres Strait Islander young people who participated at the Summit.

QAIHC are excited to note the draft proposal has acknowledged Aboriginal and Torres Strait Islander youth issues and has intended to address the issues. However, QAIHC note that there is no reference in the draft strategy to the need for Aboriginal and Torres Strait Islander youth engagement for the co-design and deliver of youth specific injury prevention services. It is imperative that the Aboriginal and Torres Strait Islander youth voice is a core part of the priority areas for the action. Young people have clearly said that they are tired of not being listened to and are mostly excluded from decision making on the matters that affects them[2].

QAIHC would like to see the youth specific priority areas for actions included:

1. **Intentional self-harm: Objective 1 d and 2 c should be amended as:**
   - Increase access and **referral pathways** to mental health services, particularly among the priority populations.
   - Improve Aboriginal and Torres Strait Islander access to and **referral pathways**, and experience with, mental health and wellbeing services in collaboration with ATSICCHOs and other service providers.
   - NACCHO must be added in the list of the lead agencies at national.
2. **Road + land transport: Objective 6 b:**
   - Introduce a driver licencing programs to train young Aboriginal and Torres Strait Islander peoples to gain a driver licence, that are fully funded with no cost.
3. **Determinants of injury: Objective 19 should include the actions:**
   - Ensure Aboriginal and Torres Strait Islander youth are engaged in co-design and delivery of the youth specific injury prevention education and services.
   - Provide First Aid Training for high school students to ensure they leave school with first aid certificate.

[2] 2019 QAIHC Youth Health Summit Report https://www.qaihc.com.au/publications/reports-papers/2019-qaihc-youth-health-summit-report

Case study: QAIHC's Member Charleville and Western Areas Aboriginal and Torres Strait Islander Community Health (CWAATSICH) undertook a project to train year 10 high school students in Provide First Aid, ensuring that when youth leave school they have a certificate. This is important due to the remote nature of the community and distance to medical services, but also for helping educate youth in injury prevention and risk assessment. The training was used to save the life of a friend from choking on vomit following an incident involving the harmful use of alcohol.

Recommendation 16: Update the priority areas for actions for 'Youth' to include the items listed in response to question 28.

29. Life-stage 3: Adults (25-64 years). Do you agree with the priority areas for action specified for Adults (25-64 years)?

☒ Yes ☐ No

Please provide comments on the priority areas for action specified for Adults, including if anything is missing or any suggested amendments. Please specify objective number/s where possible (500 word limit)

QAIHC suggests:

1. **Determinants of injury: Objective 19 should include the action:**
   - Improve access to Provide First Aid Training for people living in rural and remote communities by introducing first aid training subsidy program.

Recommendation 17: Update the priority areas for actions for 'Adults' to include the items listed in response to question 29.

30. Life-stage 4: Older people (65+ years). Do you agree with the priority areas for action specified for Older people (65+ years)?

☒ Yes ☐ No

Please provide comments on the priority areas for action specified for Older people, including if anything is missing or any suggested amendments. Please specify objective number/s where possible (500 word limit)

QAIHC has nothing to add in this section, however we do note that the National Disability Insurance Agency (NDIA) has not been recognised as the lead agency for various priority areas for actions in the draft proposal. QAIHC recommends:

- Include NDIA as a lead agency for all priority areas for action.
- Strengthen the Patient Transport Subsidy Scheme (PTSS) to improve culturally safe access to health services for people living in rural and remote areas.

Recommendation 18: Update the priority areas for actions for 'Older people' to include the items listed in response to question 30.

31. Life-stage: Antenatal. The Strategy has taken a life-stage approach to injury prevention. While the antenatal period is key life-stage, this stage does not have its own section. Do you agree with this approach?

☒ Yes (this life-stage is adequately captured in other sections)

☐ No (this life-stage should have its own section)

32. Life-stage: Antenatal. Are there any injury areas or interventions relating to the antenatal period that should be included?

Please provide comments regarding any injury areas or interventions relating to the antenatal period that are missing and should be included, or any other comments relating to this life-stage. Please provide evidence for any suggested actions and note which objective/s you are referring to where possible. (500 word limit)

QAIHC suggests:

1. **Homicide and Violence: Objective 10 should include the action:**
   - Strengthen domestic Violence support services and resourcing and access to local community refuges especially during antenatal and perinatal period.
2. **Determinants of injury: Objective 19 should include the action:**
   - Improve access to social and emotional wellbeing services for pregnant women.
   - Strengthen Patient Transport Scheme (PTS) to improve access to culturally safe and equitable health services for people living in rural and remote areas.

Recommendation 19: Update the priority areas for actions for 'Antenatal' to include the items listed in response to question 32.

SECTION F: Cross-cutting priority areas (across the lifespan)

33. Cross-cutting area 1: Reducing injury associated with alcohol. Do the priority areas for action adequately address injury prevention for this cross-cutting issue?

☒ Yes ☐ No

Please provide comments below regarding priority areas for action in relation to Reducing injury associated with alcohol. If commenting on objectives, please provide objective number/s in your comments. (250 word limit)

QAIHC understands that the primary cause of injury is alcohol across the wider population however, among Aboriginal and Torres Strait Islander population rate of drug use (both illicit and legal) is higher compared to non-Indigenous population[3]; and associated with significant harm, such as impacts on users and their families, drug-related violence and injuries[4]. QAIHC notes that the draft proposal has not recognised drug related injuries nor included actions consistently. However, the strategy included an action "*Reduce the rate of drug-related poisoning*" (objective 5) which is only targeted to adults (25-64 years). In contrary, young people (aged 15-29 years) have significantly higher rates of substance use compared to others. QAIHC's recommendation is that 'other drugs' should be the key priority area of action and incorporated in the cross-cutting priority area actions.

Recommendation 20: Include 'other drugs' in the cross-cutting area action 1 (Reducing injury associated with alcohol and other drugs) and actions to address 'other drugs' related injuries consistently.

Also, it is clearly understood that tobacco legislation has substantial impact on reducing smoking prevalence in Australia. Considering the fact, QAIHC suggests action 'a' objective 23 should also seek legislative changes to reduce or remove alcohol advertising/promotion in settings that may be associated with increased risk of alcohol-related violence leading injuries.

Recommendation 21: Change action 'a' objective 23 to 'Legislate for the removal of alcohol advertising in settings that may be associated with increased risk of alcohol-related violence, e.g. sporting events and the participation of children.

[3] Australian Institute of Health and Welfare. Alcohol, tobacco & other drugs in Australia 2020
[4] The Queensland Productivity Commission. Final Report, Inquiry into Imprisonment and Recidivism 2019

34. Cross-cutting area 2: Reducing injury associated with an increase in extreme weather events. Do the priority areas for action adequately address injury prevention for this cross-cutting issue?

☒ Yes ☐ No

Please provide comments below regarding priority areas for action in relation to Reducing injury associated with an increase in extreme weather events. If commenting on objectives, please provide objective number/s in your comments. (250 word limit)

QAIHC recognises the fact that Aboriginal and Torres Strait Islander peoples are the traditional owners and have been caretaking and sustaining the Country for over 60,000 years. Aboriginal and Torres Strait Islander knowledge and cultures are grounded in an understanding that every living thing is interconnected; and consider their relationship with Country is holistic, healthy, loving, reciprocal and engaged. QAIHC notes the section has not acknowledged the first nations land management knowledge and skill. We recommend that the knowledge and skill should be acknowledged and utilised for the benefit of the whole society.

Recommendation 22: Add action "Promote the use of Aboriginal and Torres Strait Islander peoples (first nations) land management knowledge and skill to prevent injuries related to extreme weather events" (under objective 26)

35. Cross-cutting area 3: Better planning of the built environment. Do the priority areas for action adequately address injury prevention for this cross-cutting issue?

☒ Yes ☐ No

Please provide comments below regarding priority areas for action in relation to Better planning of the built environment. If commenting on objectives, please provide objective number/s in your comments. (250 word limit)

QAIHC has nothing to add to the section.

SECTION G: Current research gaps

36. Do the research gaps outlined in 'Current Research Gaps' adequately address the specific research needs to reduce injury across life-stages and across priority populations?

☒ Yes ☐ No

Please provide comments regarding 'Current Research Gaps', including any suggested amendments (250 word limit)

QAIHC has nothing to add to the section.

SECTION H: Case studies

37. Are the case studies outlined across the Strategy appropriate?

☒ Yes ☐ No

Please provide any comments on the case studies for the Strategy, including any suggested changes (250 word limit)

Include a case study in the Strategy that is provided by QAIHC as part of the question 28 response.

SECTION I: Making Progress

38. Does the section Making Progress adequately address the activities required at the National, State/Territory and Local levels to progress the Strategy?

☒ Yes ☐ No

Please provide comments relating to the Making Progress section, specifically in relation to it addressing activities required at the National, State/Territory and Local levels to progress the Strategy (250 word limit)

QAIHC has nothing to add to the section.

39. Do the Priority Areas for Action throughout the Strategy align with strategies within your organisation, department

☒ Yes ☐ No

Please provide comments relating to how the Priority Areas for Action of the Strategy align with those of your organisation, department and/or agency, and specify objective number/s where possible (250 word limit)

QAIHC have made number of recommendations in previous sections for incorporation in the final document. With inclusion of the recommendations, the strategy will align with ATSICCHO sector objectives.

40. Several lead agencies are tasked with progressing the Strategy. Do you agree with the lead agencies for the priorities areas for action?

☒ Yes ☐ No

Please provide comments relating to the lead agencies tasked with progressing the Strategy, and specify recommended changes, referring to objective number/s where possible (250 word limit)

QAIHC has nothing to add to the section.

QAIHC

Queensland Aboriginal and Islander Health Council

36 Russell Street
South Brisbane Q 4101

PO Box 3205
South Brisbane Q 4101

T. **07 3328 8500**

www.qaihc.com.au

bsi. ISO 9001 Quality Management