Injury prevention and safety promotion in the Aboriginal community of Cherbourg

Robert Eley[1], Andrew Beckett[2], Richard Henshaw[3], Don Gorman[1], Matthew Evans[3], Phil Carswell[4]
[1]Centre for Rural and Remote Area Health, University of Southern Queensland, [2]Cherbourg Aboriginal Shire Council, [3]Darling Downs Public Health Unit, Queensland Health, [4]Preventative Health Directorate, Queensland Health

Andrew Beckett is an Australian Indigenous man born and raised in Brisbane, Queensland. His mother and grandmother are from the Aboriginal community of Woorabinda in central Queensland, and his father is from Cherbourg Aboriginal community, which is where Andrew is currently employed. Andrew also has Torres Strait Islander heritage.

Growing up, Andrew spent much of his time travelling to Woorabinda where he learnt about culture and community life from his grandparents. He later moved there and went on to become Woorabinda's first trade apprentice in motor mechanics.

Andrew has worked in the Queensland education system as an Indigenous liaison officer and teacher's aid, and has done voluntary work at a local Indigenous Radio Station (4US) producing shows and promos. He has also studied sound engineering in Byron Bay, paying for his tuition fees with various forms of work ranging from picking passion fruit to welding.

Andrew has also forged a successful music career, forming a local band named 'Tribal Link' who were signed by Warner Chappell music, and played concerts, festivals and supports acts to bands such as Midnight Oil, Powder Finger, Archie Roach, Jenny Morris, Shane Howard etc. He has continued playing and producing music as a solo artist, and also performs live in a duo on the local pub scene.

Andrew is currently based in Cherbourg, where he has worked as a male health worker and in health promotion. At present, he is working for the Aboriginal Shire Council as Project Coordinator for community safety/injury prevention. He is just about to start the third year of the five year project, and is passionate about playing his part in the community.

Abstract

Injury is a leading cause of mortality, morbidity and permanent disability in Australia. Federal and state governments have declared injury prevention as a health priority area. Indigenous populations have injury rates three times higher than for all other Australians and have been identified as requiring particular attention.

Cherbourg, 170 kilometres north-west of Brisbane, is the third largest Indigenous community in Queensland. Community concerns resulted in funding by Health Promotion Queensland (Queensland Health) to the Cherbourg Aboriginal Shire Council to implement an injury prevention and safety promotion project.

The guiding principal for the project is community engagement. Areas of concern were identified at community workshops and strategies to address them were developed by a reference group representing community and other key stakeholders. Activities are led by a Council-employed project coordinator who is supported by a small management group.

A wide range of activities have been implemented addressing animal management, litter, road signage, sun safety and recreational activity. The project has undertaken some activities alone but its real strength has been in establishing partnerships. It is believed that these partnerships will increase the likelihood of a sustainable effect.

The ongoing success of the project is a result of a community-wide approach and a demand-driven concept involving engagement, consultation and shared action. Assessment of outcomes and impact will inform future activities and dissemination of strategies to other communities.

Background

Injury is a leading cause of mortality, morbidity and permanent disability in Australia. Apart from the personal effect injury causes, this preventable condition accounted for $3.4 billion (7%) of the allocated health expenditure of Australia in 2005[1]. Of great concern is that patient hospital services, out-of-hospital medical

services and prescription pharmaceuticals, after adjusting for inflation, saw a 22% increase in injury expenditure at a national level between 2000-01 and 2004-05.

Federal and state governments have declared injury prevention as a National Health Priority Area. In Queensland it is recognised that reduction in injury rates has the greatest potential to reduce mortality and morbidity within the population[2].

Requiring particular attention to promote reduction in injury are Indigenous communities. For the period of 1996-2001, the life expectancy for Indigenous males was 59 years and 65 years for women, which was the life expectancy of the non-Indigenous Australian male population in 1901-1910 and the female population in 1920-1922[3]. Injury rates are three times higher in Indigenous populations than in non Indigenous Australians contributing greatly to this life expectancy gap[4].

Cherbourg, situated 170 kilometres northwest of Brisbane (220k by road), is considered Queensland's third largest Aboriginal community[5].The original settlement named Barambah was derived from forty different groups. It was renamed Cherbourg in 1931 and became independent in 1986 as a result of a Deed of Grant in Trust (DOGIT) issued by the Queensland Government[5]. Cherbourg covers DOGIT 3,130 hectares and is within Wakka Wakka tribal boundaries, bordering onto Gubbi Gubbi (Kabi Kabi) territory to the east[6].

The official population of Cherbourg is 1200[7] although unconfirmed figures of 2000 are reported[6]. Cherbourg's residents experience many disadvantages characteristic of other Indigenous communities; however unlike other Queensland Indigenous communities, Cherbourg is not in a remote or very remote region. Furthermore it is not isolated from other towns with Murgon a town of 2500[7] only 7km away. The location of Cherbourg brings with it both opportunities and barriers to implementing programs.

The community is governed by a local Aboriginal Shire Council and has a range of services available which include a public hospital and health service plus a community controlled medical service, state primary school, TAFE College, youth justice, magistrate's court and police services, home and community care, child safety services and an Indigenous Knowledge Centre.

Both injury prevention and reducing health service inequities across Queensland are priorities for Queensland Health[8]. In 2008 their division of Health Promotion Queensland (HPQ) awarded $700,000 for an injury prevention and safety promotion project (hereinafter referred to as the Project) to be implemented in the community of Cherbourg. The Darling Downs Public Health Unit (DDPHU) facilitated a collaborative agreement between the Cherbourg Aboriginal Shire Council and HPQ to implement the project over five years. The Centre for Rural and Remote Area Health (CRRAH) from the University of Southern Queensland was contracted to provide support for monitoring and evaluation.

Aims and objectives

The Project aims to reduce injury in the community of Cherbourg by:

- building collaborative stakeholder relationships
- engaging community to identify and promote safety and prevent injury
- increasing knowledge and skills towards safety promotion and injury prevention
- providing resources to build and enhance workforce capacity.

Specific objectives towards this aim are:

- promotion of identification and reduction of environmental risk factors
- implementation of relevant health promotion and injury prevention programs
- integration of safety promotion strategies into the work of Council and local organisations
- improvement in data collection around injury, including greater accuracy and description of cause.

The Project also intends to develop an Injury Prevention and Safety Promotion Framework that may be used to inform other Indigenous communities.

Governance and operations

Day-to-day activities of the Project are undertaken by a Project Coordinator appointed as a Council employee. A Management Group of the Project Coordinator (representing the Council), two Health Promotion Officers (DDPHU), two Senior Researchers (CRRAH) and a Health Promotion Officer (Preventative Health Directorate) meet face to face monthly to support the activities of the Project Coordinator.

A Reference Group representing community and key stakeholders from public and nongovernmental organisations guide the Project. Members include the Management Group members plus representatives from Community Health and the Hospital (Queensland Health), State School (Education Queensland), Council, Radio Station, Department of Communities and Barambah Regional Medical Centre.

Other interested parties, for example the Queensland Police Service, Police Citizens Youth Centre and CTC (a local youth organisation) are also invited to attend the quarterly meetings of the Reference Group.

The need for detailed information on injury was recognised as being important. To meet that need an additional partner, The Queensland Injury Surveillance Unit (QISU), has been brought into the Project to improve data collection. Previous data collection failed to specify causes and location of injury. Forms that have been standardised by QISU for state-wide collections are used within the hospital with additional administrative support funded by the Project. Data are also being collected by the school using a survey tool that was adapted for the school context.

An “activity matrix” forms the working tool for project management. This document is updated after each Management Group meeting and identifies priority area, partner(s), resources, progress, and timelines for activities. The matrix is used for reporting purposes back to Council and to HPQ.

Results

The project began in 2008, with administrative set up and appointment of the Project Coordinator. Community consultations were also undertaken by Council and other interested parties. In April 2009 the first Reference Group meeting was held and the injury and safety concerns that had been identified were tabled and discussed extensively. By consensus five areas were prioritised for action. These were:

- environment
- housing
- children
- road safety
- substance abuse (alcohol, drugs and tobacco).

The Reference Group proposed possible activities within the prioritised areas which were then considered in detail by the Management Group.

Over the past two years more activities have been identified from within the Reference Group, by Council or by the Management Group. Furthermore, approaches for collaborative activities have been made to the Project by external organisations. As a general rule proposed activities are discussed in detail by the Management Group before implementation, although if deemed necessary, a proposed activity may also be referred back to the Reference Group.

Some activities have been undertaken in entirety by the Project which engaged in all aspects from identification, design, and funding of external contractors, through to administration, accounting and reporting. However by design, the majority of activities have been undertaken in partnership.

A principal partner has been the Council itself. For example aspects of concern about road safety were identified from within the Project in part by photographic evidence from the school children. Project resources were used to purchase new road signs which were then erected using Council workforce.

Substance abuse among youth is a good example of external partnerships. A local NGO who are involved with youth approached the Project Coordinator for support. A representative of the organisation then attended a Reference Group meeting and the outcome was that the Project provided financial support for advertising a "Snuff-out Sniffing" campaign.

Another example of a successful external partnership is with the Police-Citizens Youth Club (PCYC). This has been instrumental in creating opportunities for increased recreational activity by youth. The PCYC manages both the town's sports centre and the Indigenous sport and recreation officers who are supported by funding by the Department of Communities (Sport and Recreation). The Project has given financial support towards refurbishment of the Centre and is actively working with PCYC in promoting sport and recreational activities at other locations within the town (e.g. at the outdoor basketball court which was repaired with Project funding and oversight).

Activities in which the Project has been involved to date are summarised in Table 1.

Table 1 Activities undertaken 2009–2010

Area	Priority area	Activity
Basketball court	Environment Substance abuse Children	The outdoor basketball court was in total disrepair with broken fences and strewn glass potential sources of injury. The Project contributed financial support for renovation of the facilities including resurfacing, equipment and seats. Partnership with the PCYC was created for utilisation of the site.
Community Development Programme	Environment Substance abuse	Some of the activities within the Project involve construction for which external contractors are required. The Project has encouraged the contractors to employ local residents who are on the CDP program in order to keep employment and income within the community.
Community Makeover	Environment Housing	Two town makeovers were run by Council where community members working either as individuals or in teams could improve personal, private and public properties. Activities included painting, cleaning and planting of gardens. The makeovers were supported by the Project through design of advertising posters and Project Team entries.
Footpaths	Environment Road safety	A newly constructed gym used by the Medical Centre for rehabilitation and cardiac patients had access problems. The Project financed the construction of a footpath from the Medical Centre to the gym.
Garbage and recycling	Environment	The Project supported the Council's Waste Management Plan by participating in the design and development of a recycling program, the purchase of litter bins for placement around town, facilitating advertising on local radio, running a poster competition among school children to raise awareness, erection of temporary fencing and researching glass as a source of injury.
Livestock	Environment Road safety	Dogs, cattle and horses were poorly managed within the community at the start of the Project. In 2009 Council created a Livestock Management Plan (LMP). The Project supported the LMP by financial support towards the construction of a 2.5 k livestock fence, facilitation construction of a dog pound and assisting in the identification of organisations which could offer advice and delivery of veterinary services.
Photographic survey	Environment Housing Children Road safety Substance abuse	School children were provided with cameras by the Project in order for them to take pictures of perceived safety issues in the town. The exercise was repeated after 12 months. The photographs informed both Project and Council activities and were included in a video (see below).
Playground	Environment Children Substance abuse Road safety	A public playground on the town outskirts was being underutilised because of safety, litter and the intrusion of livestock. The Project funded the construction of a fence.
School bus pickup	Road safety	The existing location of the school bus stop on the main street posed a safety hazard. The Project facilitated relocation of this bus stop to an alternative and safer location.
School Strategic plan	Children	Following considerable interaction by the Project with the school the Project has been consulted about safety to be incorporated into the school's new strategic plan.
Signage	Road safety	The town's road signs were virtually non-existent as were road markings including those at pedestrian crossings. Road signs were purchased by Project and erected by Council and pedestrian crossings have been repainted with Project support.

Two other important activities have been undertaken. Firstly, dissemination of information about the Project is an essential output with the intention of sharing a model which may be applied within the wider Indigenous

community. One strategy to disseminate information is to engage youth and the Project Coordinator worked with the school children to write a rap song on the potential injury hazards around the community. The song is used as backing in a video produced by the Project Coordinator which includes interviews, location shots and a slide show prepared with the school children using their photographs. The video has been used at conferences.

Although not directly related to any of the priority areas the Reference Group identified that a regional health services resource directory would be invaluable to community, Council and service providers. Funding was made available by the state health department to an external research team. Project support was requested by those researchers to facilitate introductions to, and engagement with, community.

Already targeted for attention in 2011 are Project activities supporting infrastructure to improve disability access, production of a children's book on injury and safety, an awareness program at community events, education of healthy food choices and sun safety. Activities around these areas are under discussion with a variety of partners and if necessary additional funding will be sought.

Discussion

The Project enters 2011 having already achieved a considerable amount towards its aims and objectives. Activities that have been implemented across all priority areas. These include those addressing animal management, road signage, litter, refurbishment of dwellings and sporting facilities, injury surveillance systems, substance misuse and a health service gap analysis.

The outcomes to date have resulted in an increase in safety awareness by community members and a reduction of factors causing unintentional injury. Furthermore the town is cleaner, has more locations for activities particularly for youth and is supporting employment. An additional benefit is the inclusion of the Project Coordinator in other Council based planning processes.

Engagement of community and other key stakeholders has been the guiding principal for the project which is directed through the Reference Group representing all those parties. Community input has been achieved in several ways. Firstly regular community forums by Council inform their input at both Management and Reference Group level. Secondly, most of the members of the Reference Group are also Cherbourg residents and therefore may represent both their organisation and community. Furthermore the Project Coordinator who is well known and respected by members of the community provides a conduit for community opinion.

The success of the project is dependent upon its role both as a broker and facilitator of activities. Identification and recruitment of potential partners and provision of seed money to support initiation of activities has garnered additional support from others. The partnerships that have been forged will go a long way towards ensuring that the project is sustainable.

Projects too often suffer from short-term funding and the inherent danger that poses with sustainability. No partnership is more important than that with Council. The importance of the Reference Group to Council is illustrated by the regular attendance of the Mayor, Executive Officer and Operations Manager. This strong interest in the Project by Council at the most senior level has been integral to it success to date and bodes well for long term outcomes.

The necessity to create an atmosphere of mutual respect and trust between Project and community and Project and other key stakeholders is also recognised. To this end observing culture and protocols has been an important consideration for the Management Group. This has been facilitated by the open dialogue offered by Council, the recruitment of a well qualified, respected and local Aboriginal resident as Program Coordinator and the existing experience and knowledge of individual group members.

Another critical aspect has been the recognition of an integrated approach to injury prevention and safety promotion. It has been of surprise to some observers that there has been Project support given not just in the obvious removal of sources of injury (e.g. glass), but also in the promotion of activities to support general health and wellbeing. An example of this is the creation of more recreational opportunities for the youth in the community. Though this strategy it is anticipated less time will be devoted to unsociable behaviour and the associated inherent risks.

It is suggested that an important factor to success has been provided through the rather unusual approach of engaging project evaluators who have an integral role in progression of the Project rather than the more customary observing and reporting role. Presence of the evaluators on the Management and Reference Groups provides ongoing monitoring and assessment and the opportunity to contribute to Project development though provision of advice and feedback.

Conclusion

The ongoing success of the Project is a result of a demand-driven concept with engagement, consultation and shared action being cornerstone to a community-wide approach.

The project illustrates the importance that consultation, empowerment, and relationship development has in solving a range of priorities in an Indigenous community. Solving those problems leads to the development of a safer community, collaboration that improves community wellbeing, and closing the gap.

Continual monitoring and assessment of outcomes and impact will inform future Project activities. Dissemination of results to other Aboriginal and Torres Strait Islander communities is anticipated to support transferring the model elsewhere.

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