NACCHO

National Aboriginal Community Controlled Health Organisation

Aboriginal health in Aboriginal hands

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Inquiry into Road Safety

Submission to the Joint Select Committee on Road Safety

September 2021

About NACCHO

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.

Our Members provide about 3.1 million episodes of care per year for about 410,000 people across Australia, which includes about 800,000 episodes of care in very remote and outer regional areas.

Sector Support Organisations, also known as Affiliates, are State based and also represent ACCHOs offering a wide range of support services and Aboriginal and Torres Strait Islander health programs to their Members including advocacy, governance, training and advocacy on State and Territory Government health care policies and programs.

Affiliates also support ACCHOs to deliver accessible, responsive and culturally safe services for Aboriginal and Torres Strait Islander people. The leadership and support provided by Affiliates strengthens governance and financial expertise in the Aboriginal and Torres Strait Islander community controlled health sector. Affiliates provide a strong interface for the Aboriginal and Torres Strait Islander community controlled health sector with the national reform agenda occurring in the health system. Together NACCHO and Affiliates harness better coordinated, more cohesive and cost-effective mechanisms for stakeholder and community engagement on Aboriginal and Torres Strait Islander health issues, and providing advice to State, Federal and Territory Governments.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal Health Workers/Practitioners and/or nurses to provide the bulk of primary care services, often with a preventive, health education focus. Our 143 ACCHOs operate approximately 700 facilities, including about 550 clinics. ACCHOs and their facilities and clinics contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive holistic primary health care, and by integrating and coordinating care and services. Many provide home and site visits; provision of medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and providing help with income support.

Collectively, we employ about 6,000 staff, 56 per cent of whom are Indigenous, which makes us the single largest employer of Indigenous people in the country.

The COVID-19 pandemic has highlighted how effective the structure and combination of NACCHO, State and Territory Affiliates and Aboriginal Community Controlled Health Services is in responding to COVID-19.

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Key Points

NACCHO recommends to the *Joint Select Committee on Road Safety* that the Australian Government*:*

- Take immediate action to improve road safety outcomes and reduce fatalities and injuries for Aboriginal and Torres Strait Islander people in alignment with the National Agreement on Closing the Gap and the four Priority Reforms. These responses must be holistic and consider the social determinants of health.
- Fund Aboriginal Community Controlled Health Organisations (ACCHOs) and other community controlled organisations to develop and deliver targeted road safety campaigns to their local communities.
- Subsidise public transport options and community-based air travel for regional and remote Aboriginal and Torres Strait Islander communities to reduce the need for people to drive when it is unsafe to do so and without a driver's licence.
- Develop and implement road safety programs, including those that target prevention and early intervention, vehicle maintenance, improved access to driver licencing, child safety restraints, culturally appropriate testing and driver educations and training. In line with Priority Reform 1 of the National Agreement, this must be done in genuine partnership with Aboriginal and Torres Strait Islander community controlled organisations and local communities and made widely accessible.
- Provide increased funding for ACCHOs in relation to post-accident and trauma care, including training, medicines, and equipment.
- Ensure that any road enforcement policies do not disproportionately impact Aboriginal and Torres Strait Islander communities, especially those living in remote areas, with fines and other legal proceedings. This should include funding for community controlled Aboriginal and Torres Strait Islander legal services.

Introduction

NACCHO welcomes the opportunity to contribute to the Inquiry to Road Safety. NACCHO has developed this submission with valuable input from our Affiliates – Aboriginal Health Council of Western Australia and Queensland Aboriginal and Islander Health Council.

The number of Aboriginal and Torres Strait Islander people involved in road accidents and fatalities is disproportionately high. Aboriginal and Torres Strait Islander people are 2.7 times more likely to die, and 1.4 times more likely to suffer serious injury because of a vehicle crash compared to other Australians[1]. This requires urgent, significant, and sustained attention.

The National Agreement on Closing the Gap (National Agreement), agreed to by all Australian Governments, represents a new approach where policy making that impacts Aboriginal and Torres Strait Islander people occurs in full and genuine partnership with Aboriginal and Torres Strait Islander people[2]. In looking to improve road safety in Australia, and in seeking to improve outcomes for Aboriginal and Torres Strait Islander people, it is essential that all reforms align with the National Agreement. Self-determination must be at the heart of these reforms.

Policy and program reform must also consider the social determinants of health if they are to be effective for Aboriginal and Torres Strait Islander people. The ongoing effects of colonisation, social disadvantage, drug and alcohol misuse, family and domestic violence, overcrowded housing, poor safety standards and unsafe roads and living environments all impact Aboriginal and Torres Strait Islander people's safety on roads and risk-taking behaviour. Policies and programs need to be holistic and integrated to be effectively target the:

- individual and the Community (through education, support, and programs)
- environment (such as safer roads, role of the ACCHOs, impact of location)
- vehicle (such as safety standards, overcrowding, child safety restraints).

Localised Campaigns

To address the disproportionate effect of road injury and fatalities on Aboriginal and Torres Strait Islander people, localised campaigns should be developed by community for community. To enable effective, outcomes-based communication, messages need to be clear and relevant, and the target audience needs to trust the communicator[3]. For Aboriginal and Torres Strait Islander people, the most effective campaigns must also be culturally appropriate, taking into account local imagery, language, and culturally specific motivations[4].

ACCHOs are trusted organisations with expertise at developing and delivering targeted local messaging. ACCHOs developed successful localised communications during the COVID-19 pandemic[5]. These tailored resources utilised Aboriginal and Torres Strait Islander language and vernacular, Aboriginal and Torres Strait Islander art and images, and targeted the importance of

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[1] Henley, G.; Harrison, J.E. Injury of Aboriginal and Torres Strait Islander People Due to Transport; 2010–2011 to 2014-15; Injury Research and Statistics Series 103, Cat. No. INJCAT 179; AIHW: Canberra, Australia, 2019.
[2] Coalition of Peaks (2020). National Agreement on Closing the Gap.
[3] Vaughan E, Tinker T. "Effective health risk communication about pandemic influenza for vulnerable populations". *Am J Public Health.* 2009;99:324–32
[4] Madill J, Wallace L, K Goneau-Lessard, Stuart MacDonald R, Dion C. "Best practices in social marketing among Aboriginal people". *J Soc Mark.* 2014;4(2):155–75.
[5] Finlay, S & Wenitong, M. (2020). Aboriginal Community Controlled Health Organisations are taking a leading role in COVID-19 health communication. *Aust NZ Journal of Public Health*. Pg 251-252.

taking care of family and community[6]. These communications resources were scientifically valid, evidence based, and involved translating COVID-19 prevention measures.

A similar approach is recommended to target road safety. These campaigns need to be meaningful and sustainable with a focus on children going into high school. NACCHO is willing to work in partnership with the Government at a national level to ensure accuracy, co-ordination and consistency of messaging, while utilising our trusted network of ACCHOs to translate information effectively to their communities needs and priorities. This approach is also in line with the National Agreement and the Government's commitment to work in partnership with the sector.

While a strong, targeted localised road safety campaign would improve messaging to Aboriginal and Torres Strait Islander people, particularly in rural and remote areas, ACCHOs must also be involved in other holistic measures to reduce fatalities and injuries.

The focus on primary prevention is critical to ensuring Aboriginal and Torres Strait Islander people access support. Building a service system around existing trusted relationships such as with health services amplifies the opportunity and reach of programs. To support these types of approaches ACCHOs need funding to strengthen their ability to meet the need.

Public Transport

Access to public transport is a critical issue. In rural and remote communities there is a significant lack of public transport options. The Public Health Association (PHA) notes that there needs to be consideration of subsidising public road transport options and community-based air travel for Aboriginal communities[7]. Public transport options are essential to allow people access to services while reducing the need to drive when it is unsafe to do so and without a driver's licence.

The PHA notes that 'compared to the cost of treatment, attendance at crashes and policing time there may well be savings to be made by subsidising such transport options'[8]. Increased access to public transport or other subsidised transport would also improve outcomes for pedestrians.

Road Safety Programs

Nationally co-ordinated programs, able to be adapted to a local focus, are required across numerous areas. NACCHO recommends that programs be delivered through ACCHOs to ensure they have a holistic, person-centred approach and address the social determinants of health. Research clearly shows that 'best practice' road safety programs for Aboriginal and Torres Strait Islander people are those that are community based, involved group work and interactive learning[9]. This is what our ACCHOs deliver.

Integrated and multifaceted programs are required including:

- assisting people to apply for a birth certificate[10] to enable them to apply for a driver licence,
- addressing the costs of obtaining a licence

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[6] Ibid, pg 252.

[7] *Public Health Association of Australia submission on Towards Zero – Road Safety in the Northern Territory*, 30 June 2017, https://www.phaa.net.au/documents/item/2213

[8] Ibid

[9] Cercarelli L (1999) Road crash hospitalisations and deaths in Western Australia involving Aboriginal and non-Aboriginal people, 1988 to 1996. Perth: Department of Public Health, The University of Western Australia

[10] Cullen, Patricia; Clapham, Kathleen F.; Hunter, Kate; Rogers, Kris; and Ivers, Rebecca Q., "Applying a context-informed approach to evaluation of a licensing support program with Aboriginal communities: a study protocol" (2017). Australian Health Services Research Institute. 884.

- school-based educational programs to target younger drivers[11]
- designing and developing of culturally appropriate testing, for example, consideration of the licencing requirements, and location and language of testing[12]
- free driver education courses[13].

Many Aboriginal and Torres Strait Islander people, particularly those in rural and remote areas, face obstacles to obtaining a driver licence[14]. Barriers to receiving a licence are varied, and include limited access to registered vehicles, licenced drivers to supervise learners, difficulty obtaining birth certificates and other identification documents, literacy issues, and financial constraints[15,16]. These all represent systemic barriers that prevent equitable access to road safety education and practices[17].

There are a range of road safety programs that target Aboriginal and Torres Strait Islander communities. For example:
- The DriveSafe driver education and licensing program;[18]
- The Regional and remote school road safety education program;[19]
- The Road Safety Community Grants Program;[20]
- MACC Enough's Enough and Sorry Business campaigns in language;
- The Michael Long leadership and Learning Centre road safety education sessions (MLLLC);[21]
- Kidsafe NT to build capability in remote areas to fit child restraints;[22]
- Enough's Enough Drink Driving Campaign;[23]
- Murri's on the Move[24]; and
- Keeping your mob safe on the roads[25].

[11] Clapman, K., et al. (2017) *Addressing the barriers to driver licensing for Aboriginal people in New South Wales and South Australia*. Journal of Injury and Harm. Pp 280-287.

[12] Ibid, pg 884.

[13] Op cit, Palmer et al.

[14] Australian Law Reform Commission (2018). *Pathways to Justice: Inquiry into the incarceration rate of Aboriginal and Torres Strait Islander peoples.* Found at: https://www.alrc.gov.au/publication/pathways-to-justice-inquiry-into-the-incarceration-rate-of-aboriginal-and-torres-strait-islander-peoples-alrc-report-133/12-fines-and-driver-licences/driving-when-unlicensed-2/

[15] Alice Barter, above n 147, 64; NSW Law Reform Commission, Sentencing, Report No 139 (2013) 406.

[16] Senate Standing Committee on Aboriginal and Torres Strait Islander Affairs, Parliament of Australia, Doing Time—Time for Doing: Indigenous Youth in the Criminal Justice System (2011) [6.119]–[6.123]; Legislative Assembly of New South Wales Committee on Law and Safety, Parliament of New South Wales, Driver Licence Disqualification Reform, Report 3/55 (2013) viii, [3.43]–[3.44].

[17] Pammer, K.; Freire, M.; Gauld, C.; Towney, N. Keeping Safe on Australian Roads: Overview of Key Determinants of Risky Driving, Passenger Injury, and Fatalities for Indigenous Populations. Int. J. Environ. Res. Public Health 2021, 18, 2446. https://doi.org/10.3390/ ijerph18052446

[18] A subsidised driver education, training, and licensing service in the Northern Territory. *Drive safe*, https://www.drivesafe.nt.gov.au/

[19] *Towards Zero*, https://roadsafety.nt.gov.au/safety-topics/schools

[20] *Road-safety-grants-program*, https://nt.gov.au/driving/safety/road-safety-grants-program

[21] Michael Long Foundation, https://www.michaellongfoundation.org.au/mlllc-programs

[22] Kidsafe NT, https://www.ntmacc.com.au/kidsafe

[23] Launched in December 2016 to tackle the problem of drink driving in both urban areas and the bush, see *Enough's Enough*, https://www.ntmacc.com.au/enough

[24] *Murri's on the move,* found at: https://www.motm.org.au/

[25] *Keeping your mob safe on the roads*, https://www.rsc.wa.gov.au/RSC/media/Documents/Resources/Publications/safe-mob-guide.pdf

Community driven data collection and analysis of these programs could help to evaluate their efficacy in reducing road fatalities and accidents. The best and most effective elements of such programs could be combined into a national approach to ensure equitable access for all Aboriginal and Torres Strait Islander people. Importantly, programs should receive adequate and sustainable funding.

Programs that subsidise vehicle maintenance are also required to assist Aboriginal and Torres Strait Islander people to improve the safety of their vehicles. To support this, effort is required to build the Aboriginal and Torres Strait Islander vehicle maintenance workforce, particularly in regional and remote areas. Upskilling Aboriginal and Torres Strait Islander people in local communities will improve access to mechanics, provide improved economic prospects and workforce opportunities and improve community awareness of road safety[26].

Aboriginal and Torres Strait Islander children (aged 0-4 years) road related fatalities are 4 times higher than for other Australians. Children are less likely to be severely injured in a car crash if they are restrained in an age-appropriate car restraint and if the restraint is used correctly[27]. Targeted programs to address this should be delivered through ACCHOs and other community-controlled organisations. This should include providing free/low cost child safety restraints for families, having them professionally fitted into vehicles, and training for families on how to use these appropriately. ACCHOs have significant experience in maternity, early childhood and family programs, within which child safety in cars could be addressed in an integrated and culturally competent way.

Pedestrian fatalities

Aboriginal and Torres Strait Islander people are 9.3 times more likely to die as pedestrians compared to other Australians[28]. Pedestrian fatalities and injuries for Aboriginal and Torres Strait Islander people are consistently higher across all ages, sexes, and categories of remoteness[29]. More research is required to better understand why this is the case. However, there are actions that can be taken in the short-term to help minimise the likelihood of Aboriginal and Torres Strait Islander people being injured or killed as pedestrians that also address the social determinants of health.

Post-Accident Care

Many ACCHOs, particularly in remote areas, provide their own post-accident care to locals and visiting tourists. This type of acute care is over and above the standard, quality primary health care they provide. Given the distances involved in relation to accident events in remote locations, this is a vital and underfunded service. There is a need for increased funding for ACCHOs in relation to post accident care. This needs to include training, medicines, and equipment to provide high quality emergency health care to individuals injured in road accidents, usually while they are waiting for air or road transfer to a hospital or other critical care setting.

Legal System Reform

Aboriginal and Torres Strait Islander people are overrepresented in the prison population related to traffic and vehicles offences nationally. In 2016, Aboriginal and Torres Strait Islander people made up

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[26] Department of Infrastructure, Transport, Regional Development and Local Government. (2008). Aboriginal People Travelling Well: Issues of safety, transport and health.

[27] Hunter, K et al., (2016). *Child car restraint use among Aboriginal and Torres Strait Islander children*. Journal of Injury Prevention. Found at: https://scholars.uow.edu.au/display/publication113640

[28] Australian Institute of Health and Welfare (2008) Indigenous Peoples Transport. Found at: (https://www.aihw.gov.au/reports/injury/indigenous-peoples-transport-2001-01-2005-06/contents/executive-summary)

[29] Falster, M., Randall, D., Ivers, R, & Lujic, S (2013) Disentangling the impacts of geography and Aboriginality on serious road transport injuries in NSW. Accident Analysis and Prevention, 54: 32-8

31% of all people imprisoned in New South Wales for driving while suspended or disqualified[30]. These statistics are similar in other states and territories. In the Northern Territory, 100% of those imprisoned due to traffic and vehicle offences are Aboriginal and Torres Strait Islander people[31].

Enforcement of road safety in Aboriginal and Torres Strait Islander communities must be done in partnership between authorities and the local community. NACCHO suggests that any road enforcement policies, including fines and associated legal proceedings, must not disproportionately impact Aboriginal and Torres Strait Islander communities. Jailing people for non-payment of driving fines has damaging, on-going and multifaceted impacts on that individual, their family, and the wider community. Aboriginal and Torres Strait Islander people need access to justice support based in community-controlled organisations to assist them to stay fines, access licenses and 'time-to-pay' schemes.

Conclusion

Significant and sustained action must be taken to improve road safety outcomes for Aboriginal and Torres Strait Islander people. The levels of fatalities for Aboriginal and Torres Strait Islander people are unacceptable. These actions must occur in line with the National Agreement, with genuine partnership between governments and the community-controlled sector.

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[30] NSW Bureau of Crime Statistics and Research, New South Wales Criminal Courts Statistics 2016 (2017) tables 5, 14.
[31] Australian Bureau of Statistics, Prisoners in Australia, 2016, Cat No 4517.0 (2016) table 1.