Partnership outcome: brain injury training and support program for Aboriginal and Torres Strait Islander health workers

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Nationally, acquired brain injury (ABI) is a significant health and disability issue. In Queensland, the prevalence rate is 2.5% compared with the national average of 1.8%. More than one in three (34%) people with ABI reported five or more health conditions, compared with about one in eight (13%) of all people with disability (Australian Institute of Health and Welfare, 2007). The rate of brain injury for Aboriginal Queenslanders is three times higher than for non-Indigenous people.

Previous research (2006–09) conducted by our service in partnership with two Aboriginal and Torres Strait Islander communities in Far North Queensland resulted in the development of a service model that is supported by key Aboriginal and Torres Strait Islander health and disability service providers in Queensland. The model identifies a local worker/s with brain injury knowledge as being the key link between communities and mainstream health services, and as being a key support within communities for people with brain injury and their families.

The Acquired Brain Injury Outreach Service has developed a pilot brain injury training program in partnership with colleagues from an Aboriginal community in southern Queensland. This program aims to deliver brain injury education in the context of a community based rehabilitation (CBR) model (WHO, 2004) to Aboriginal health workers, while establishing relationships and partnerships with and among program participants to facilitate ongoing support after training. The program aims to build capacity within communities by having a number of people trained, who become a link within the community for people with brain injury and their families.

This paper will discuss the partnership that has fostered the development of this training program, as well as the unique relationship that has evolved with this community to further develop a CBR model for people with ABI and their families. In addition, further training in Queensland will occur within different communities over the next six months, and evaluation outcomes will be reported. Components of this culturally relevant and interactive training program will be presented.