

Bringing environmental health into the home

Matthew Lester, WA Health, WA

A first-time event was trialled at the Cairns conference. This was a forum which was delivered as an interactive session as the last formal presentation on Day 3 of the conference.

Chairing the session was Matthew Lester from the Environmental Health Directorate in WA Health. The forum was called 'Bringing Environmental Health into the Home'.

A panel was invited to sit on the podium. The panel consisted of people whose work in environmental health has included strong and effective interaction with Aboriginal people to assess conditions in Indigenous households and to improve them.

The panel consisted of:

- Iris Prouse - Manager Aboriginal Environmental Health, Kimberley Population Health Unit, WA Country Health (WA - Kimberley region)
- Sonny McKay - Environmental Health Officer, Shire of Derby/ West Kimberley (WA - Kimberley region)
- Chicky Clements - Environmental Health Coordinator, Nirrumbuk Environmental Health (WA - Kimberley region)
- Cody Winter - Environmental Health Coordinator, Bega Garnbirringu Health Service (WA-Goldfields region)
- Jessica Spencer - Regional Project Officer, Dubbo, Health Protection NSW

The forum opened with a short presentation about the importance of bringing environmental health into the home. Reference was made to 11 conference presentations where this was an integral part of the program, from each state and territory.

The forum was guided through the processes that have been developed in response to providing some type of in-home assessment in response to specific triggers.

In WA, there are the clinic referrals where an Aboriginal Medical Service or other community clinic can offer a patient an environmental health referral in response to the diagnosis of a persistent and preventable condition, such as scabies, head lice, impetigo or community-acquired MRSA.

In NSW, a pilot program has been established to offer environmental health assessment of the home environment following diagnosis of acute rheumatic fever. While still in the early days, the process of referral and an environmental health response is very similar.

Additionally, the focus of eliminating trachoma as a public health issue in Australia by 2020 has spurred the establishment of a 'Safe Bathrooms' program. This is a sustained assessment and repair/referral process of bathrooms in remote Indigenous communities considered 'at-risk' of trachoma (either recently or currently).

In all these programs, a referral for environmental health intervention is offered to the patient or family of the patient. How this happens is dependent upon the level of trust a household has for the environmental health worker and the need for assistance.

The environmental health worker has that trust and working relationship with many community members, and getting access to homes is part of their daily activities. The referral and assessment process, and Safe Bathrooms, is a more focused action with the

potential to provide solutions for the large range of preventable illnesses typically present in remote communities.

Once in the home, assessment includes the health hardware - all the fixtures and fittings in a home that support Healthy Living Practices - and health software - the knowledge about why the Healthy Living Practices are important for health.

Getting access to homes is unusual for health workers. Clinicians typically operate from a location within the community and wait for the sick and ill to come to them. Environmental health has the ability to access homes and therefore can provide that link between the diagnosis of a preventable medical condition and the home environment that might be responsible, in part or fully so. The most influential environmental health program is one where the home environment is assessed and, where deficient, fixed so that it provides the ability of residents to observe the Healthy Living Practices.

There are a number of diseases (acute and chronic) that should not be prevalent in a developed nation like Australia at the rates that they are in remote communities - diseases like trachoma, acute rheumatic fever/rheumatic heart disease, end-stage renal disease, community-acquired MRSA, acute post-streptococcal glomerulonephritis - and parasitic conditions such as scabies.

Primary care treatment should include environmental health referral as a crucial element in the management of community illnesses. The role of environmental health here is pivotal to effecting the elimination of preventable medical conditions.

The forum provided a strong discussion about many of these issues and the panel provided their insight into how barriers could be overcome. They represented people who are doing in-home assessments, providing assistance and real improvements to health hardware, and working with community controlled health services to promote the Healthy Living Practices.

For more information

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Glossary

MRSA methicillin-resistant *Staphylococcus aureus*