Improving health in housing for Aboriginal children in Western Sydney
Trent Auld, Helen Noonan, Tim Short, Jeff Standen, Steve Corbett, Health Protection NSW and Natalie Andrews, Aboriginal Medical Service, Western Sydney,
NSW Health has been delivering the Housing for Health program across NSW since 1998 and has completed over 100 projects so far. An evaluation of the program after 10 years found that the program was highly successful in reducing hospital admissions for infectious diseases for people living in houses where the program had been implemented.

Typically Housing for Health has been delivered with Aboriginal community housing providers in rural remote and regional towns. Where they have been delivered in the urban context it has been through Local Aboriginal Land Councils and other Aboriginal community housing providers.

The majority of Aboriginal people in NSW live in the urban environments and Western Sydney has a particularly high population of Aboriginal people. They may be living in privately owned or rented accommodation and Aboriginal or mainstream community housing, but a large majority of people are living in government owned housing.

In 2014-15 the Western Sydney Public Health Unit, in partnership with the NSW Health Aboriginal Environmental Health Unit, Housing NSW and the NSW Land and Housing Corporation, and the Western Sydney Aboriginal Medical Service developed and implemented a project to deliver housing for health in 44 houses with at least one child under the age of 5 years in one postcode area of Western Sydney. Embedding a Housing for Health program within a public housing maintenance and repair program, and the recruitment of participants from the patient base of a community controlled Aboriginal Medical Service were two of the novel aspects of this project, and the experience gained may be applicable in other urban settings in Australia.

The presentation will outline the process for developing and negotiating the project, the implementation of the project, and outcomes. The presentation will also describe some of the key challenges in the delivery of the program and discuss possible solutions and recommendations for delivery of future projects in similar settings.

Making waves in the water and lighting fires in the bush. The Queensland Aboriginal & Torres Strait Islander Public Health Program
Clayton Abreu, Cairns Public Health Unit, QLD
On the 1st of July 2013 the Aboriginal and Torres Strait Islander Public Health Program entered into a new phase which will end on the 30th June 2016, as of the 1st July 2015 the Program will be in its final term and may be reviewed to determine whether or not it is sustainable?

At the end of this term the Program may be reviewed to determine its viability to the Public Health and Whole of State, where factors associated with social, economic and environmental may be taken into account. Currently the Program receives $4.6M and is broken down into $146K per Community, under this review this may be increased or decreased?

Current Programs being implemented in Communities are:
- Food Business Licencing Program
- Animal Management Program (VET Program)
- Waste Management: (recycling program and landfill management)
- PH responses to Water and Sewage
- Mentoring Program
- Partnership program Cape York communities

This has led to an overall increase in knowledge and understanding to increase Communities capacity to improve their PH and EH conditions.

Trachoma prevalence trend in Australia
Carleigh Cowling, University of New South Wales, NSW
Background: Australia is the only high-income country where trachoma is endemic, occurring primarily in remote Aboriginal communities in the Northern Territory(NT), South Australia(SA) and Western Australia(WA). The Australian Government funds trachoma surveillance, reporting and control programs which are largely based on the WHO SAFE strategy and is a signatory to the Global Elimination of Trachoma by 2020 initiative.

Methods: Data are collected annually in accordance with CDNA Guidelines for the public health management of trachoma in Australia from communities identified by jurisdictions as being at-risk or potentially at-risk of trachoma. We restricted comparisons over time to the 5-9-year age group, which is the target a group for the trachoma screening programs in all regions.

Results: Overall trachoma prevalence has declined from 15% in 2009 to 4% in 2012, and plateaued at 4% in 2013 at the National level across all communities screened, however this trend varies at a jurisdictional and regional level. Treatment coverage has increased from 65% in 2011 to 81% in 2013, and the doses of azithromycin distributed have also increased from 1738 in 2007 to 10,219 in 2013.

Conclusion: Trachoma prevalence in Australia has declined, however concerted effort is still required to eliminate trachoma at the regional level.
Building Resource Recovery Parks to create employment, social capital and environmental repair

John Weate, Resource Recovery Australia

This workshop will provide an overview of the multi-award-winning Resource Recovery social enterprise in Great Lakes. In its 25th year, Resource Recovery has turned a $60,000 tip contract into a $2 million dollar integrated business park around reuse and recycling. In partnership with Council, under a profit share arrangement, Resource Recovery is one of the largest employers of Aboriginal and Torres Strait Islander people in the region. In 2012 Resource Recovery Australia was established to share learnings around this successful business model, including the promotion of social procurement. Resource Recovery Australia now work across the country with Government, industry and community to establish, scale and peer review social enterprises in the waste industry, combining principles of environmental repair, economic sustainability and social capital building.

Hints and ideas to keeping a happy and healthy home

Renee Emanuel, Mid North Coast Public Health Unit, NSW

The Mid North Coast Public Health Unit (MNCPHU) was contacted by a Local Aboriginal Land Council (LALC) to ask for assistance in putting on a Healthy Homes seminar for local community members. This seminar will be held during Winter 2015. The issues discussed would be on mould, dust, easy homemade cleaning products, the benefits of not using a clothes dryer and other hints to keeping your home happy and healthy. I hope the outcomes of these seminars can be presented at the conference.

Environmental health ownership in rural and remote South Australia

Phillip Graham, SA Department for Health and Ageing, SA

Will discuss Environmental Health Programs for Aboriginal Community Controlled Organisations delivered by Aboriginal Environmental Health Workers who live & work in their communities over the past 5 years, also our No germs On Me Program for South Australia.

Loving Them Up Strong Walking Towards Healthy Skin

Georgina Kelly & Timothy Bond, Kimberley Population Health Unit, WA

The Healthy Skin Initiative was developed in partnership with a remote community in the Kimberley which required two community wide screens for Acute Post Streptococcal Glomerulonephritis (APSGN) within 3 months. The aim of the Initiative was to reduce the rate of skin sores and scabies causing APSGN amongst Aboriginal children in the community to less than 5% over 6 months. The Initiative increased community awareness and knowledge of APSGN prevention and management through developing culturally appropriate resources, community education and health promotion, working in partnership with community, primary health and KPHU Environmental Health. The team have built a meaningful partnership to form a strong foundation with the community.

The tyranny of distance: geographical differences in food access and costs in Western Australia

Matthew Lester, Department of Health, Dr Christina M Pollard, Victoria Savage, Tim Landrigan, Amelia Hanbury, A, and Prof Deborah A Kerr, Curtin University, School of Public Health, WA

Objective: The availability and affordability of food is a determinant of food choice. The Food Access and Costs Survey (FACS) monitors the cost, variety, quality and availability of foods in grocery stores (including remote Aboriginal community stores) in Western Australia.

Method: During August/September 2010 and 2013 a representative sample of grocery stores in Western Australia were surveyed. One hundred and two surveyors, mostly Environmental Health Officers, conducted the survey in 156 stores across the state with a 99% response. This cost of a fortnightly WA FACS Healthy Food Access Basket was calculated to assess changes in food access, cost, quality and affordability between 2010 and 2013. A second weekly meal plan was used to assess the affordability of food for families on differing incomes.

Results: The average cost of a WA FACS Healthy Food Access Basket increased 2.9% between 2010 and 2013. Food costs substantially more in very remote areas compared to Perth, with the gap increasing by 5.3% between surveys. Couple families on welfare would need to spend 44% of their disposable income to buy a healthy meal plan, low income family needed to spend 23% and families earning an average income only 14%.

Conclusion: Food inequality exists in Western Australia. Access to fresh, good quality, nutritious and affordable food is limited by where people live and their income. Environmental health workers play an essential role in monitoring the capacity of people to access healthy food.

Papunya Community Litter Abatement Project

Rhonda Welcomes, Sarah Stockman & Punata Stockman, Papunya Community, NT

The Papunya community litter abatement project was funded by the NT Department of Health and administered by the MacDonnell Regional Council. The concept of the project was to encourage the local community of Papunya to develop a community based strategy that would raise awareness and increase community understanding of the potential environmental health impacts associated with poor waste management and litter practices. The presentation is an overview of the project outcomes and shows how the community came together and engaged to achieve its objectives.
Cyclone Lam and Nathan 2015 – Environmental Health role in response and recovery
Chris Monahan & Michael Spry, Department of Health, NT
On the 20th Feb Cyclone Lam slammed into the East Arnhem coast as a category 4 cyclone. The cyclone caused severe damage to the community of Galiwinku on Elcho Island following a direct hit and extensive damage to 4 further communities located in the region. Teams were sent to the affected communities the next morning to complete rapid assessments of the damage. Not normally known to act in Response, Environmental Health Officers were dispatched to all communities as part of this team. Following the initial assessments Environmental Health continued to visit the affected communities to assess and provide advice on the ground. This presentation will discuss Environmental Health’s role in the response and recovery phase within affected communities and the evacuation centre set up in Darwin for Warrawi residents. It will explore what Environmental Health did well, as well as some of the challenges and lessons learnt from the experience.

Environmental Health Services 2.0 – Providing environmental public health services to British Columbia First Nations under The First Nations Health Authority
Fiona Goorman, First Nations Health Authority, British Columbia, Canada
October 1, 2013 marked a historic day for First Nations health care in Canada. After years of requests to the federal and provincial governments, First Nations leadership in British Columbia were given control over health services through the establishment of the First Nations Health Authority as part of a more comprehensive tri-partite agreement. This enabled First Nations self-determination over health services at the community and provincial levels and full participation in their design and delivery. This presentation provides an overview of pre and post transfer challenges and opportunities from a unique field environmental health officer perspective.

Wednesday 14 October 2015
Research with an NSW Aboriginal community to develop a deeper understanding of customs and perceptions on drinking water
Fidelis Jaravani & Glenn Pearce, Hunter New England Local Health District, NSW
Comprehensive governance of drinking water in Aboriginal communities cannot be complete without active engagement of the communities involved. Aboriginal peoples bear the knowledge, solutions and the responsibility to care for the waters upon which they depend for survival. Research with Aboriginal communities to develop a deeper understanding of customs and perceptions on drinking water is crucial to ensure the provision of acceptable drinking water. Active community participation and ownership ensures that programs are responsive to community needs, conducted in a culturally appropriate manner, and are beneficial to the community. Provision of treated town water supplies does not necessarily mean that the community will consume the water.

Ongoing community health programs can help to create a meaningful relationship between Aboriginal communities, local Aboriginal health workers and public health practitioners. The resultant partnership can then be employed to identify, investigate and explore possible solutions to the community drinking water problems.

Collaboration to improve environmental health outcomes
Fiona Smith & Laura Blow, Department of Health, NT
In this presentation we will provide an overview of the successful outcomes of the Central Australian Waste Management Project as well as discuss the audit process of the Big Rivers landfill sites including the use of the audit tool, the numerous issues identified, and where the project is at now.

No Germs on Me Evaluation
Brendon Sherratt & Nicola Slavin, Department of Health, NT
In 2013 enHealth provided funding to expand the ‘No Germs on Me’ Handwashing Program and develop 3 new No Germs on Me television commercials (TVCs) specifically targeted at young Aboriginal children and their parents/carers. The new TVCs are designed to encourage parents and other carers to prompt young children to wash their hand and faces (thereby assisting trachoma prevention) as well as show young children exactly how/when to wash their hands and faces. An evaluation of the new TVCs was planned and implemented collaboratively between Menzies School of Health Research and the Northern Territory and Western Australian Governments’ Environmental Health Divisions.

A successful partnership between Aboriginal communities in Cape York
Eddie Bobongie, Qld Health, Lee Ase & Jerry Burke, Mapoon Aboriginal Shire Council & Harry Mallie, Napranum Aboriginal Shire Council, QLD
This presentation focusses on partnerships developed, with the Environmental Health and Animal Management workers from the communities of Napranum, Mapoon and Aurukun and overviews some of the obstacles and achievements undertaken.
Stop the Bins from Burning – a new approach to Sustainable Waste Management in Discrete NSW Aboriginal Communities
Anne Prince, Waste Aid Ltd, NSW
Waste Aid is a non for profit charity established in March 2014 with a vision to improve health, environmental and social outcomes in disadvantaged communities through positive waste management solutions.
The statistics are appalling between 53 – 75% of Aboriginal houses do not have a rubbish bin or regular rubbish service. Waste management must be elevated to an essential service.
We will outline:
• the development of a new consultative working group Sustainable Waste in Aboriginal Communities (SWAC),
• the development of the first ever Waste Strategy and Implementation Plan for NSW Discrete Aboriginal Communities, and
• a pilot project in Bourke and Enngonia changing the way waste is managed

Using a clinical evidence base to inform environmental health
Matthew Lester & Robert Mullane, Department of Health, WA
Poor environmental health conditions often result in higher levels of preventable illnesses and infections. Little work has been done to quantify the impact that poor environmental health related conditions have on a population.
This presentation looks at what information has been developed in WA to identify environmental health related illnesses, what burden they represent on remote Aboriginal clinics and how they can be used to inform environmental health interventions.
Using an evidence base provided by community clinics, Environmental Health practitioners are better able to develop adaptive programs to better suit community health needs.

Our Vision: Empowering our people, in our decision, in our culture, for our future
Philotomena David & Kathy Cochran, Torres Strait Island Regional Council QLD
The core vision for the Torres Strait Island Regional Council is the basis for the way in which we do business and deliver our services to our community and region as Environment and Health Workers and when required in the capacity of Authorised Person under our Local Laws.
With our diverse and unique geographical location our service delivery needs to be effective, localised to each individual community, being mindful, respectful and sensitive to our cultural and traditional practices. Our methods also need to incorporate the past, present and future impact on and to our people, community and environment.

Maintaining cultural and traditional values enable us to empower our people in their decision making for the future of their children, community and environment.
The areas of our service deliveries are:
• Education and Awareness
• Animal Management
• Food Safety
• Combating Infectious Diseases
• Housing and Infrastructure
• Feral Animal
• Biosecurity

Transitioning Self-Managed Community Infrastructure to Cooperative Partnerships – Decommissioning of Mt Margaret Aboriginal Community Rubbish Dump
Kenan Bender, City of Kalgoorlie-Boulder, WA
In 2009, the Mount Margaret Aboriginal Community (Community) in WA was trying to run a solid waste tip, that was not built to comply with the applicable standards in WA and for which they were not resourced adequately to manage. Following the sourcing of funding, the Aboriginal Environmental Health Program at the City of Kalgoorlie-Boulder was able to negotiate an agreement with the Shire of Laverton (Shire), where the Community was located, and the WA Country Health Service to provide a bin service to the Community. The City also contracted the decommissioning of the old tip. Now the Community’s rubbish is collected and managed by the Shire in a compliant and safe manner.

Environmental Health: More than Canines, Mains and Drains
Geoff Barker, PM+D Services and Architects, WA
Environmental Health is a term that involves a broad range of factors, much more than the commonly perceived role of merely dealing with vectors such as dogs, services, drains and surfaces - “canines, mains and drains”. Some of the additional factors are; design, maintenance, management and control of the physical component of the living environment. The role of locally based Environmental Health Workers is critical in the facilitation of living environments that promote health outcomes and the social, cultural and political context in which Environmental Health Workers operate significantly impact on the capacity to sustain healthy living environments. It is all of these that are brought together in this paper for consideration as a framework and as a collection of indicators that might prompt future policy and action.

Healthy remote communities need schools, childcare and family centres to play a role in eliminating trachoma by 2020
Fiona Lange, Kelly Jones, Jessie Motlik, University of Melbourne, VIC
While decreasing considerably since 2009, trachoma prevalence increased in 2014. Clean face prevalence in
children aged 5-9 increased but rates for younger children remain low. The key for trachoma transmission is a ‘dirty face’ (infected nose and eye secretions). To reach Australia’s target of eliminating trachoma by 2020, a new approach to hygiene promotion in schools, childcare and family centres in remote communities could provide practical and effective support to gain ground once more in trachoma elimination and help to reduce the burden of children’s infectious disease in remote Indigenous communities.

**The link between environments, hearing health and improved outcomes for Aboriginal and Torres Strait Islander children**

*Renae Anderson, Josephine Ferguson, Jasymn Adams & Leanne White, Deadly Ears, QLD*

Aboriginal and Torres Strait Islander (A&TSI) children have rates of otitis media which are up to ten times that of the non-Indigenous population. Good hearing is essential for childhood development. It leads to better education and social outcomes for children. It is well recognised that physical environments impact on health. Understanding the link between ear disease and environmental health will allow both health promotion and environmental health professionals to work together with communities. In doing so, we will find sustainable solutions to improve environments that promote health and reduce the impact of ear disease for A&TSI children.

**Use of tablet apps for reporting by semi-literate landfill employees in central Australia**

*Glenn Marshall & Mick Cafe, Central Desert Regional Council & Kasmin Spencer, Yuendumu Community, NT*

Creating great landfills in central Australian remote Aboriginal communities

Thirty remote Indigenous landfills have been upgraded in central Australia since 2013 using a highly successful method developed locally by Central Desert, Barkly and MacDonnell Regional Councils, their staff and NT government departments. Sites have transformed from filthy beginnings to best practice. Tyres, e-waste, metal, car bodies, batteries and waste oil are now returned to mainstream recyclers; local Indigenous staff are highly trained in covering/compacting pits; an app has been developed for semi-literate staff to complete monthly audits; the public is confined to drop off areas and the process has been permanently captured in a Central Australian Remote Landfill Operating Manual.

**Take Back your Power - from energy bill stress**

*Colin George, The Australian Sustainability Institute Pty Ltd, NSW*

According to Dr Lynn Chester, senior lecturer UNSW... ‘The well being, health and lifestyle of low-income Australian households are suffering from the cumulative effects of ever-increasing electricity bills over a sustained period of many years which has compounded the circumstances of these vulnerable households.

This session will explain how rural aboriginal communities can reduce their power bills, sell energy and make money, create jobs and take control rather than be controlled by their power company.

Colin George is an energy assessor with experience working in Aboriginal communities to assist with bill stress.

**Poster Sessions**

**Scoping project for future implementation of healthy housing initiatives in an urban setting**

*Travers Johnstone, Sydney Local Health District Public Health Unit & APHTI, K MacDonal, B Hewitt, APHTI & E Quinn, G Burgess & L Gupta Sydney Local Health District Public Health Unit, NSW*

Evidence has demonstrated that improved housing conditions can significantly improve health outcomes for Aboriginal families. The ‘Housing for Health’ program is one successful example in NSW. However, the nature and impact of environmental health issues for Aboriginal communities within the Sydney Local Health District (SLHD) is not fully understood. Funding has been obtained from the NSW Ministry of Health for this stage 1 scoping project, which aims to identify current environmental health issues, any initiatives in place to address those issues and the utility of the ‘Housing for Health’ program in the urban setting of SLHD. A series of workshops will be run with representatives from government and non-government organisations (NGOs) that work closely with the Aboriginal communities in the district. These workshops will form a solid basis for new partnerships and help identify collaborative solutions that might aid implementation of future environmental health programs in SLHD.

**Staying Safe Around Dogs: Living and working with dogs in remote communities**

*AMRRIC, NT*

Dogs are part of everyday life in remote Aboriginal and Torres Strait Islander communities. This poster will provide information for community members & visiting service providers on staying safe around dogs and will promote AMRRIC’s (Animal Management in Rural and Remote Indigenous Communities) resources on dog safety for both schools and communities.

**Just Do It Outside**

*Taylor Smith & Alicia Peters, Orange City Council & Marnie Page Western NSW Local Health District, NSW*

The development of an education based environmental health program to support smokers in minimising their harm to non-smokers inside the family home. The program will be developed in consultation with a local Aboriginal
(Wiradjuri) community in central west NSW. Evaluation will be undertaken to measure short and longer term changes as well as the viability of the project as a resource to support other communities in western NSW to minimise the health burden from second hand smoking.

**Eurobodalla Estuary Ecosystem Health and Water Quality Monitoring Program**
*Lisa Motbey, Eurobodalla Shire Council, NSW*

The Eurobodalla Shire is a culturally significant area of Australia, home to the Yuin Aboriginal people. The many estuaries and rivers in this area provide for a lucrative oyster growing industry as well as tourism and recreation. Due to urban, agricultural and rural activities, there is a threat of pollution to the environment from run-off which can have negative effects on the health of the waterways and the people who use them. Eurobodalla Shire Council monitors the health of the water with its estuary monitoring program and from that produces Estuary Health Cards for six major estuaries.

**Sustainability and Health in Remote Aboriginal Communities: A Holistic Design Concept**
*Lindsay Hall & Gregory Perry, Orange Council, NSW*

A conceptual housing design aiming to provide remote Aboriginal communities environmentally sustainable and self-sufficient homes which provide water, electricity, food, thermal comfort and sewage systems independent of external infrastructure.

**Community-level environmental factors related to heart health: identifying the gaps in remote communities**
*Amal Chakraborty, Dr Natasha Howard & Professor Mark Daniel, University Of South Australia, SA*

The qualities of community environments and opportunities they provide for making healthy choices, shape the way people live and thus risk factors (e.g., stress, smoking, diet, activity levels) for developing poor heart health. This project engages with Indigenous and non-Indigenous frontline workforce members (e.g., Environmental Health Workers, Animal Management Workers) to identify and rate for remote communities the perceived importance and feasibility of changing environmental factors (living conditions) that contribute to poor heart health. Knowing which aspects of community environments are perceived to influence heart health is important as actions can then be taken to address those unhealthful aspects of environments that are considered most changeable.