

**WA Aboriginal Environmental
Health Program:
Environmental Health Priorities for
Aboriginal Communities**

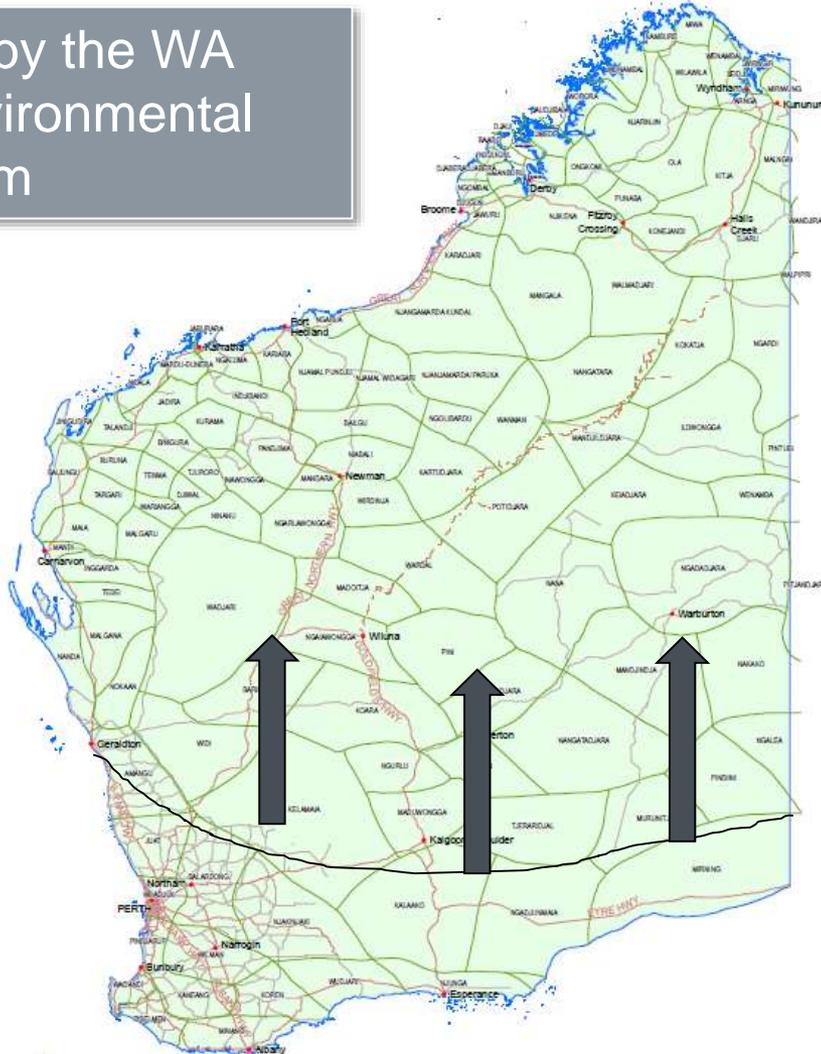


Acknowledgement of Country

- May I first acknowledge the Wadjuk people of the Noongar nation, the traditional custodians of this land where we meet today.
- I pay my respects to the elders: past, present and emerging.

WA Aboriginal Environmental Health Program

Area covered by the WA Aboriginal Environmental Health Program



Environmental Health is that part of Public Health that deals with the environment that we live in and how it affects our health.

Aboriginal Environmental Health

- Strong connection between Health and Housing
- Established trust and service delivery in remote communities
- The part of health that can get in the home
- Broad outreach in the 4 health regions: 160+ remote communities
- Current investment \$7.78M pa (ex GST) (2020/21)
- 19 funded AEH Providers in WA (AMSSs, NGOs, LGAs)
- ~60 FTE employed with ~85% of Aboriginal descent

The program has traditionally worked outside the home (community environment) but more recently has directed efforts to inside the home

Aboriginal environmental health

- Two environments
 - The community
 - The home
- Two levels of responsibility
 - What is provided – as a tenant what is beyond your control/responsibility (Health hardware)
 - What you do in the environment – how you act and live out your life (Health software)

In the community

- Drinking water
- Waste water
- Power
- Food safety and nutrition
- Rubbish
- Pest control
- Dog health
- Dust control
- Health promotion
- Emergency management



The home environment



Promote 9 Healthy Living Practices

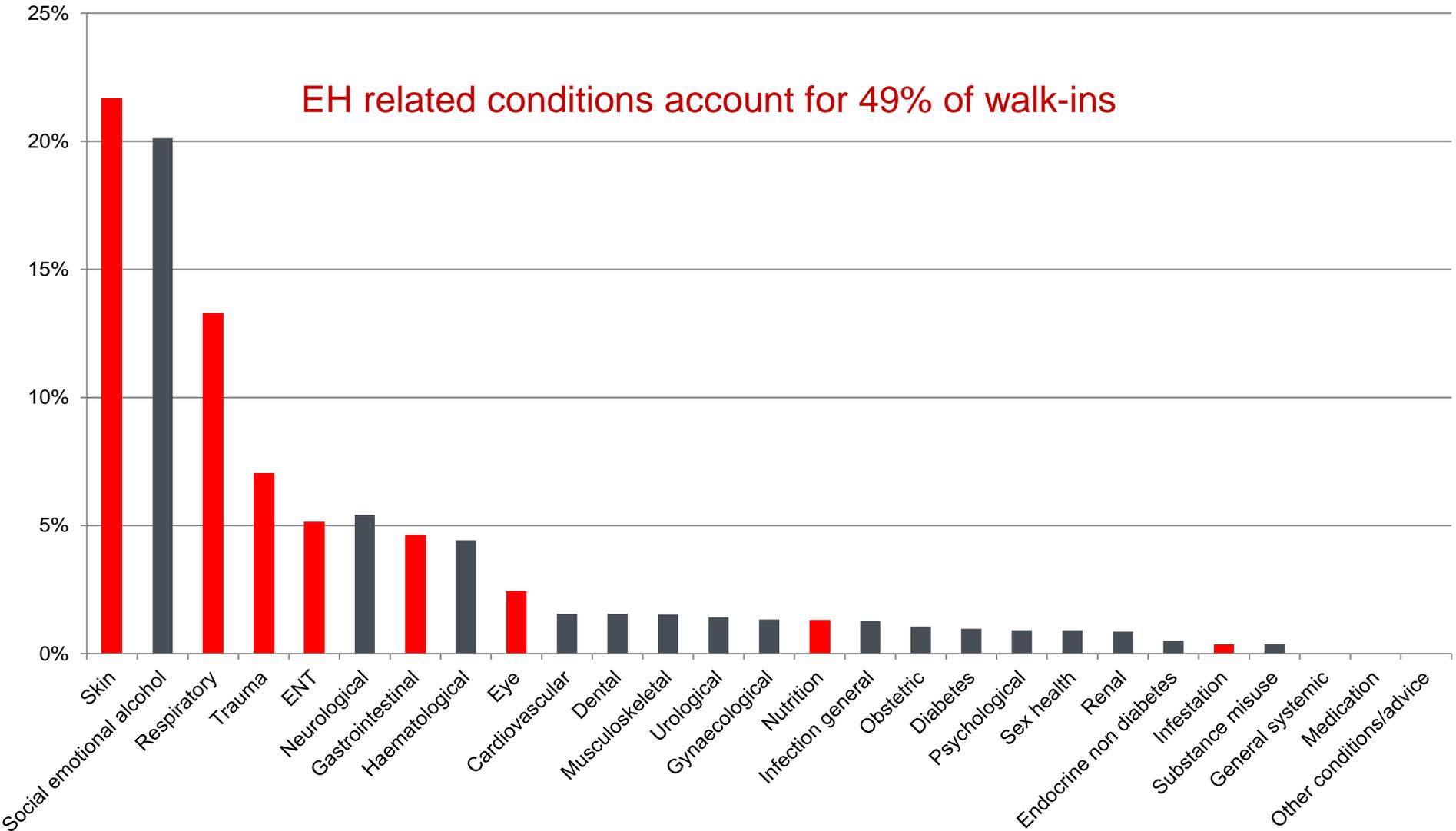
- Wash people
- Wash clothing
- Removing waste water
- Improving nutrition, prepare and store food
- Reduce overcrowding
- Manage pests, vermin and pets
- Reducing dust
- Controlling temperature
- Reducing trauma hazards

Example of Environmental health caused/influenced conditions

- Skin – infections and parasites
- Ear nose and throat infections
- Respiratory tract infections
- Gastrointestinal infections and parasites
- Trauma – accidents, falls, injuries
- Trachoma
- Mosquito borne diseases

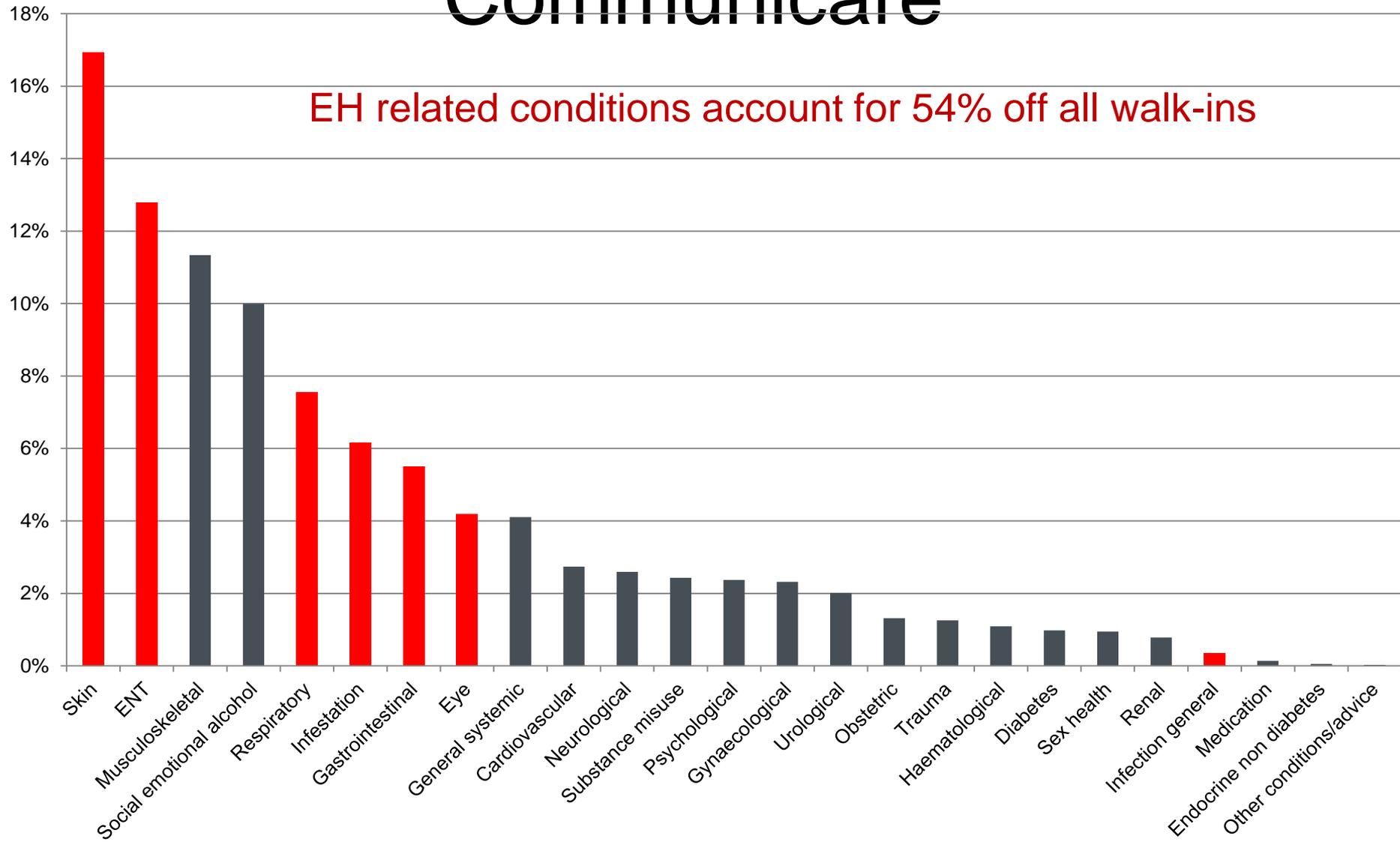
What is the influence or burden ?
Where is the evidence ?

WACHS remote clinic - Hcare – occasions of service



AMS#1 data – occasions of service

Communicare



- **Objectives:** To determine environmental attributable fractions for clinic presentations in the Kimberley
- **Conclusions:** By addressing environmental factors, 23% of total primary healthcare demand could be prevented and, importantly, some 25% of presentations by Aboriginal children.
- **Implications:** KEAFs have potential to drive and monitor impact of local environmental investments.

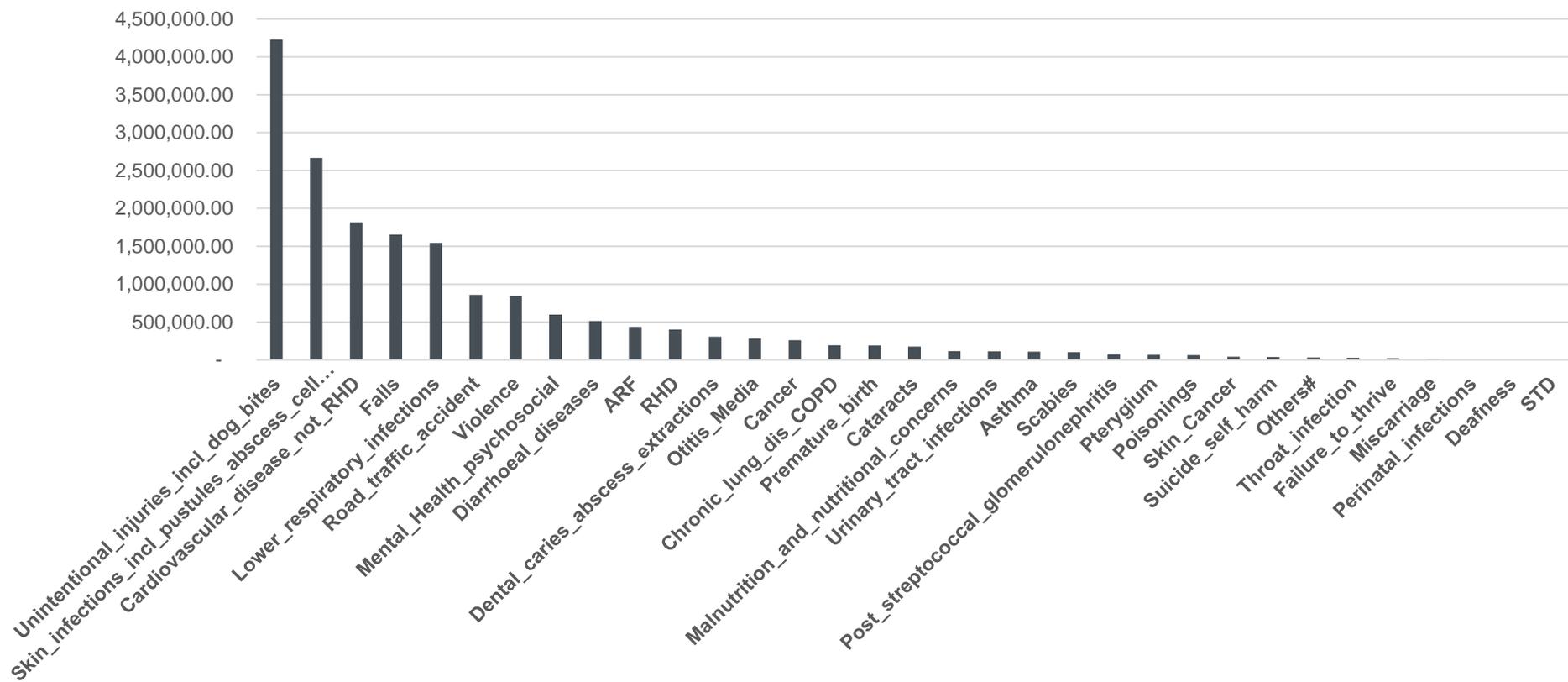
Kimberley Aboriginal Health Planning Forum – Environmental Health Subcommittee released September 2018

- **Hospitalisations in 2016 of Aboriginal people due to their environment**

Kimberley Aboriginals	Percentage of total Aboriginal hospitalisations	Amount
All ages	26%	\$16, 930, 056
0-14 years	32%	\$3, 162, 535

Updated Figures for 2019 EH Attributable Hospital Separations For 4 Northern Most Regions (Applying KEAFS): Kimberley / Pilbara / Goldfields / Midwest

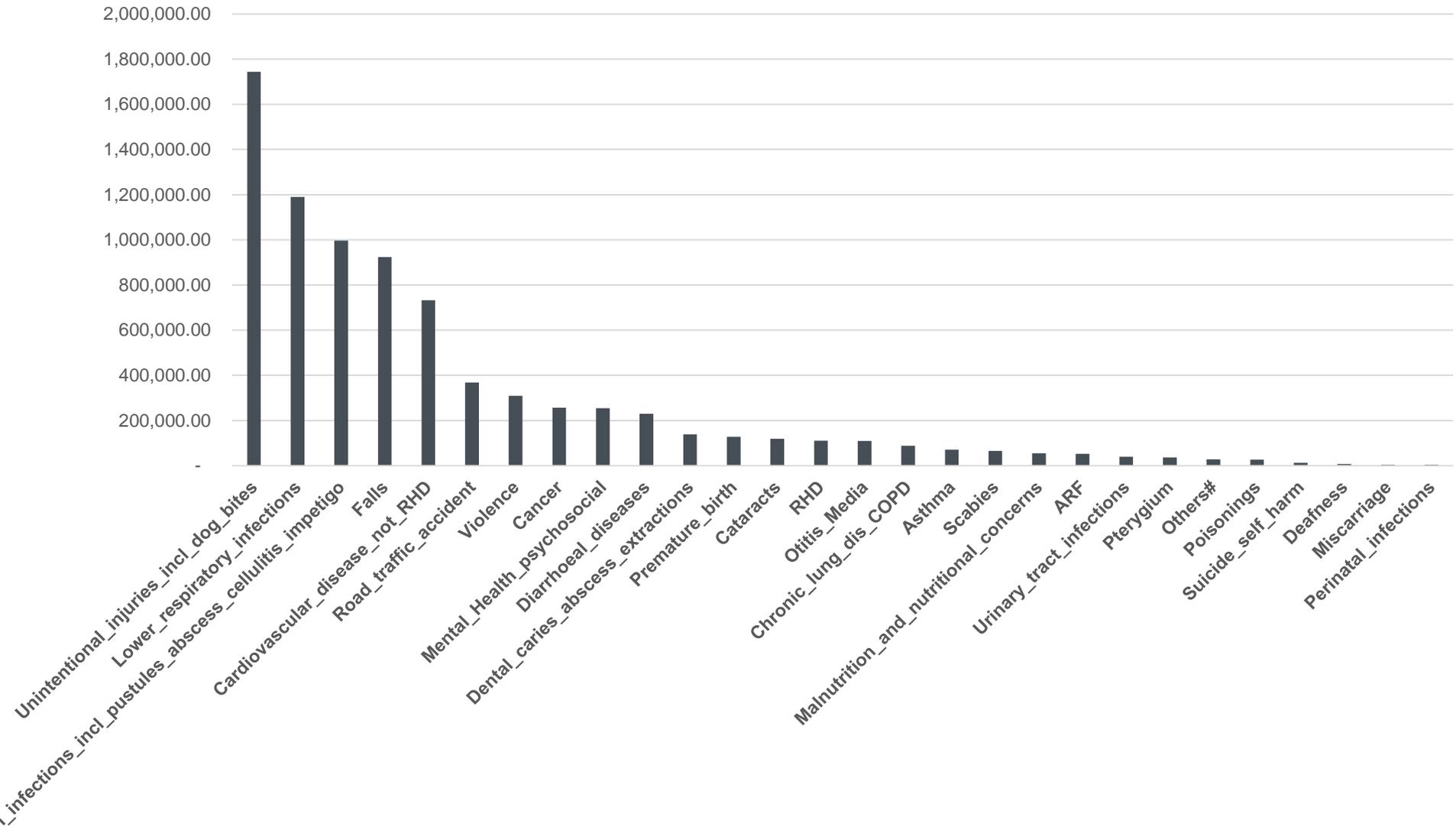
Kimberley Region 2019
22% of all ATSI Hospitalisations
\$17.774M & 8,814 Bed-days



Pilbara Region 2019

21% of all ATSI Hospitalisations

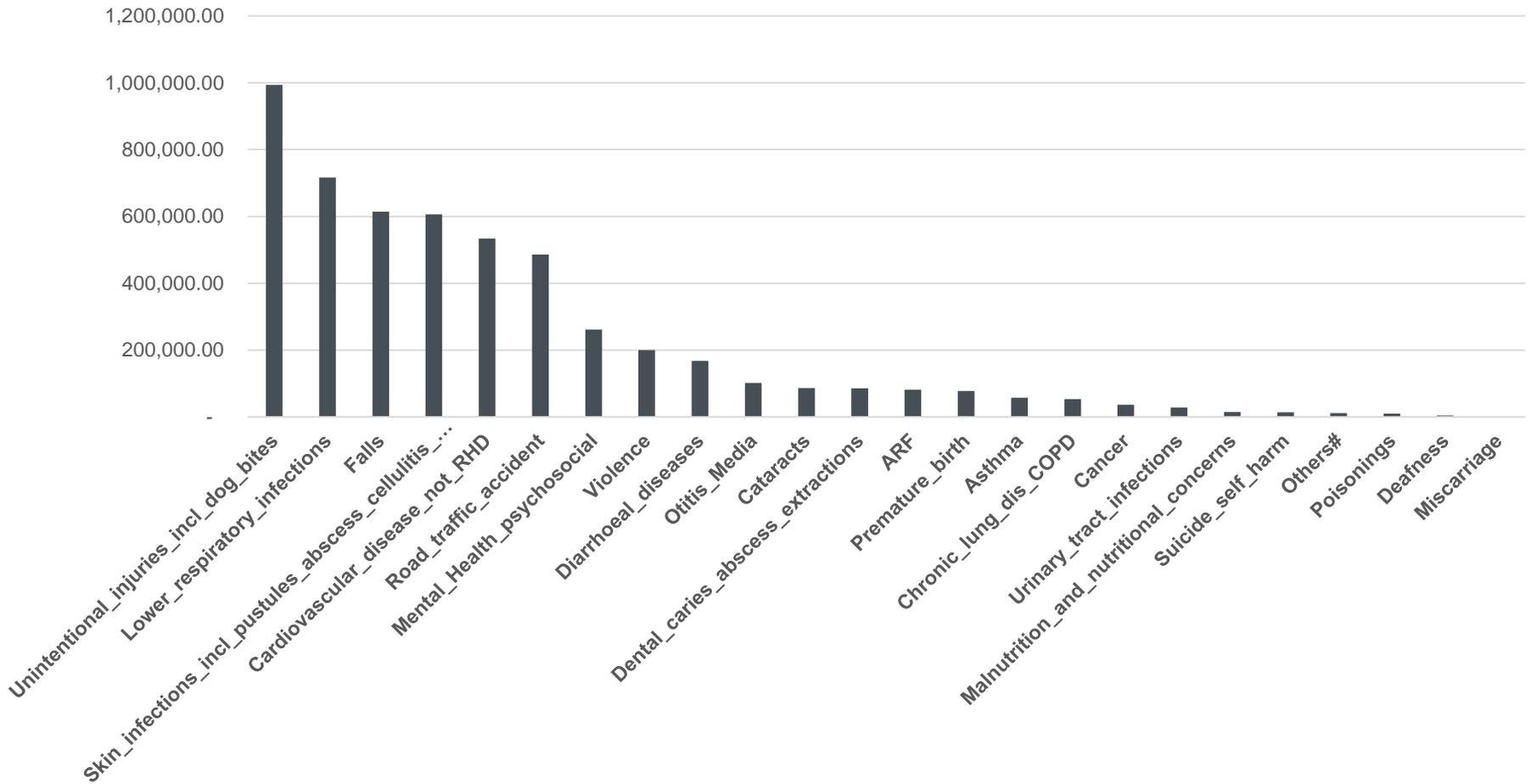
\$8.098M & 3,809 Bed-days



Goldfields Region 2019

19% of all ATSI Hospitalisations

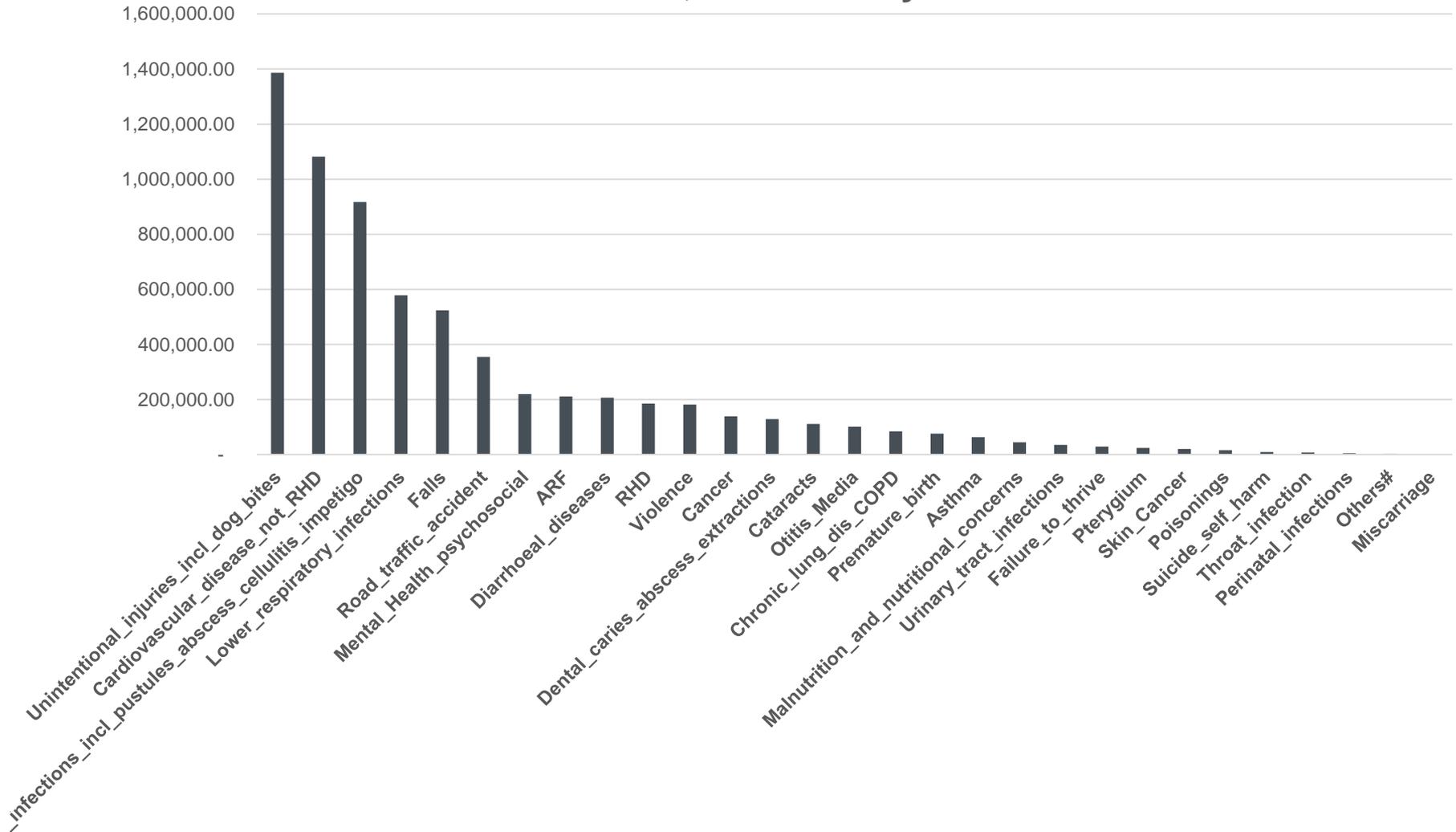
\$5.245M & 2,530 Bed-days



Midwest Region 2019

21% of all ATSI Hospitalisations

\$6.752M & 3,088 Bed-days



Scabies is normal

Almost half of all Aboriginal and Torres Strait Islander children in remote areas are affected by skin sores

Nearly 85% of Aboriginal and Torres Strait Islander children in Nth Australia, are treated for impetigo before their first birthday¹

We need to change this through environmental change & behaviour change

NORMAL

WE NEED TO AIM FOR MORE THAN A FUNCTIONING HOUSE

Sustainable healthy houses with informed & equipped tenants

Unmaintained housing and poorly functioning health hardware



Structural issues
Functional health hardware
Identify & refer

In home hygiene practices



Changes in behaviour & access to soap, towels, etc

Diseases in community

Aboriginal EH Priority Elements

ERPATSIEH Action Plan 2019-2023

1. Identify the preventable health issues influenced by EH conditions
2. *Develop a best practice model for EH service delivery in ATSI communities
3. Develop & share resources which support and promote critical personal and home hygiene practices
4. Review the 9 Healthy Living Practices
5. Influence national strategies and guidance documents affecting the health of ATSI people to ensure they incorporate EH best practice
6. *Include EH as part of broader health care responses to managing health conditions
7. *Advocate for health participation in healthy housing programs
8. Grow and support the ATSI EH workforce

ERPATSIEH Action Plan 2019-2023 cont...

2. ***Develop a best practice model for EH service delivery in ATSI communities**
 - Applies health and housing data to inform EH service delivery
 - Identifies community EH needs
 - Embeds the Healthy Living Practices
 - Identifies Service Providers' capacity to respond
 - Promotes the use of EH indicators
 - Reports on service delivery

6. ***Include EH as part of broader health care responses to managing health conditions**
 - Collaborate with primary health-care providers to develop strategies to integrate EH responses to:
 - Prevent disease; and
 - Support management of identified cases of disease
 - Develop a model clinic-based EH referral and response framework for environmentally linked health conditions. The model framework must link primary care services and EH practitioners

7. ***Advocate for health participation in healthy housing programs**
 - Engage with and ensure housing agencies deliver maintenance and repair programs that priorities health risks
 - Encourage each jurisdiction to have each jurisdiction to have a housing response to EH assessment of the home and health hardware repairs
 - Identify subsidy programs that assist households to access items that support healthy living practices (e.g. white goods)

Four Priority Reform Areas for Joint National Action

1. Improved and formal partnerships and shared decision making
2. Building the community–controlled sector
3. Transforming government organisations
4. Shared access to data and information at a regional level

Other significant Influences for WA AEH Program

- CTG National Refresh (July 2021)
- Closing the Gap Jurisdictional Implementation Plan - Western Australia
Sept 2021
 - Key Partnerships
 - Key Strategies
- WAAEHP Review (July 2021 to Feb 2022)
- New procurement process with new contracts to be in place for 1 Jan 2022 (5-8 years)

Today's takeaway for Aboriginal Environmental Health in WA...

- ✓ Stronger more formal links with ACCHOs and ACCOs and Medical/Primary Health Care
- ✓ Priority focus on the home environment to improve EH conditions & enable people to live well in their homes and communities
- ✓ Stronger, closer links to Housing providers
- ✓ Use and provision of EH referrals
- ✓ Focus on Health outcomes – use of KPIs such as EH attributable hospitalisation rates & EH Referrals
- ✓ Evidence and needs based service delivery
- ✓ Sharing of Health data on a regional basis

Kimberley EH Referral Form

<https://kahpf.org.au/subcommittees>



Kimberley Region Environmental Health Referral Form
(January 2021)

Explanation to patient / parent / carer:

- The condition you have can sometimes be linked back to the home or community environment. Environmental health knowledge can help you prevent this type of illness.
- If you agree, we can connect you with the local EH team, who will work with you to stop this kind of sickness in your home.
- This service is voluntary. When you sign this form, the Clinic will send it to the EH team who will visit you at your home.

Presenting health concern:		
<input type="checkbox"/> Gastro symptoms	<input type="checkbox"/> Skin infection / impetigo	<input type="checkbox"/> ARF
<input type="checkbox"/> Worms	<input type="checkbox"/> Scabies	<input type="checkbox"/> RHD
<input type="checkbox"/> Arboviruses	<input type="checkbox"/> Respiratory conditions	<input type="checkbox"/> APSSN
<input type="checkbox"/> Injury (eg dog bite)	<input type="checkbox"/> Otitis Media	<input type="checkbox"/> Trachoma
<input type="checkbox"/> Dialysis home visit		<input type="checkbox"/> OTHER (please write clearly)
<input type="checkbox"/> Additional information?		<input type="checkbox"/> Patient does not want diagnosis disclosed

- Date: _____
- Patient's name: _____
- Address: _____
- Are they the Primary Tenant? Y / N. If not who is? _____
- Best contact details: _____
- Clinic attended: _____
- Referring Clinician's name: _____
- Clinician's contact details: _____
- Primary Environmental Health contact: _____

PATIENT CONSENT / PARENT OR CARER CONSENT FOR A CHILD UNDER 18 YEARS

- I agree that information about the type of sickness discussed today can be shared with the EH team to help them prepare information and support for me and my family.
- The EH team visit to my home may include:
 - Talking about the environment and ways that sickness can spread
 - Providing information on how to stop sickness
 - Checking the house hardware is working well
 - Connecting with other services that may support my family's health
 - Getting back in touch with the Clinic about my care

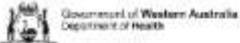
NAME: _____

SIGNATURE: _____ DATE: _____

kahpf.org.au

Other Regions' EH Referral Form

<https://ww2.health.wa.gov.au/en/Health-for/Environmental-Health-practitioners/Aboriginal-environmental-health>




ENVIRONMENTAL HEALTH REFERRAL FORM

Explanation for the Patient / Guardian:

- The medical condition (illness) you have is preventable and may be linked to the environment in or around your home.
- With your permission, the local EH team can visit you at home to:
 - talk to you about the home environment and how it can cause illness,
 - visit your home to identify any environmental health related issues that are contributing to you being sick,
 - help you overcome or minimise those issues, and depending on your circumstances,
 - fix permitted basic or emergency plumbing issues or refer to your housing provider other house maintenance issues.
- This service is free and depending on your circumstances and what the issue/s is/are, the local environmental health team may offer to visit you in your home several times to help you.

Presenting health concern (attributable to environmental health):		
<input type="checkbox"/> Gastroenteritis	<input type="checkbox"/> Trachoma	<input type="checkbox"/> Respiratory conditions
<input type="checkbox"/> Skin sores / impetigo	<input type="checkbox"/> Conjunctivitis	<input type="checkbox"/> ARF / RHD
<input type="checkbox"/> Scabies	<input type="checkbox"/> Otitis media	<input type="checkbox"/> MRSA / Golden Staph
<input type="checkbox"/> Injury / dog bite / open wound	<input type="checkbox"/> Mosquito borne (arbovirus)	<input type="checkbox"/> Worms & other Parasitic infestations
<input type="checkbox"/> Kidney disease (APSSN)	<input type="checkbox"/> Other (please specify)	

Additional information: _____

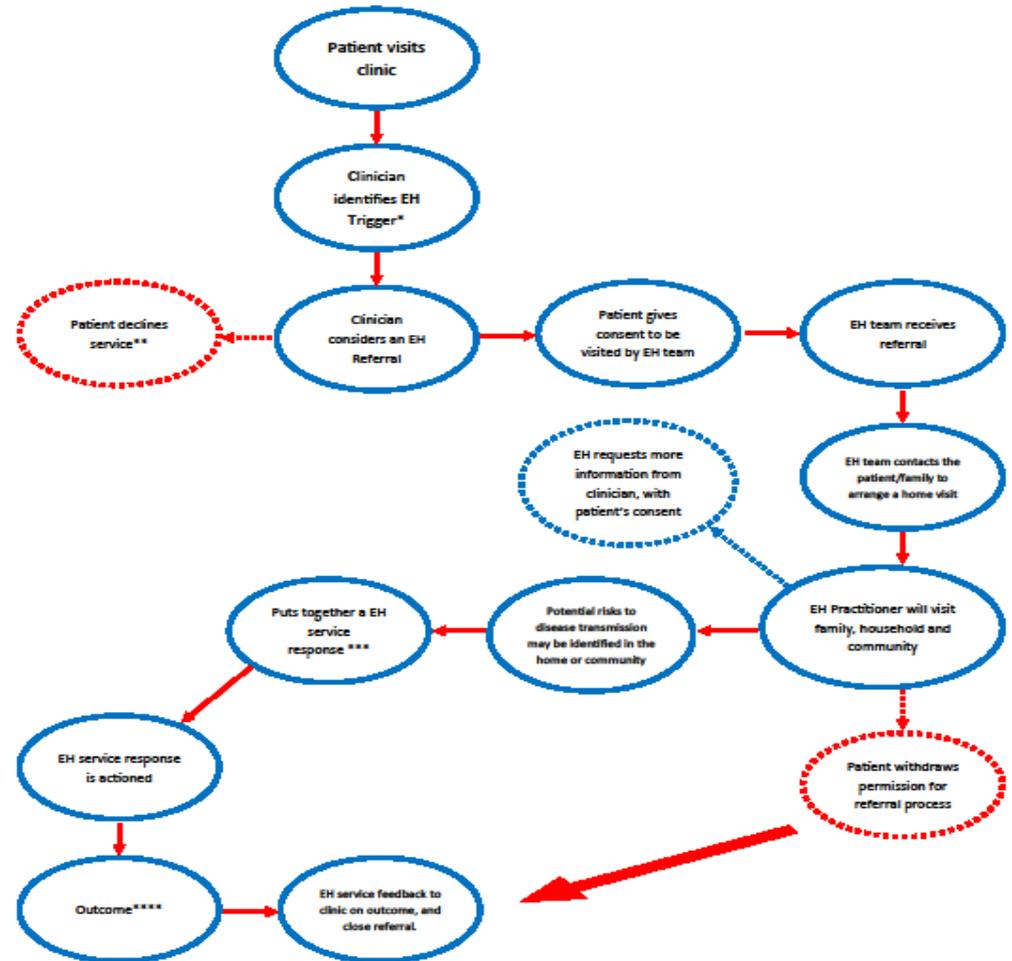
Patient Name (and Guardian details if under 18 years):	
Patient / Guardian contact phone number:	
Address (Community name and house number):	
Primary house tenant contact details (if not the patient / guardian):	

Referring Clinic / Health Service contact details:	EH Team:
Name of Referring Clinician:	Referring Clinician contact details:
Patient / Guardian Signature:	Date:

(I consent to having an Environmental health team member visit me)

Environmental Health Referral Pathway

Clinical Environmental Health Referral Pathway



* Diseases wholly or partially attributable to EH conditions include ARF/RHD, trachoma, crusted scabies and other skin infections, gastro-enteritis, otitis media etc.

** The patient does not want a EH referral and continues to get treatment elsewhere, may return to clinic with same EH related condition in the future

*** This can include a home health hardware audit, safe bathroom assessment, plumbing maintenance or request for a licensed plumber, referral of major issues to Housing, pest control, household rubbish clean-up, slashing grass, animal management, providing resources to family (towels, soap, mirrors, bed linen, mattresses). In a culturally appropriate way, deliver health promotion activities such as providing family with information on how illness is connected to the environment, work with family to reach an outcome. Work with other local services for assistance with other related resources.

**** Disease transmission risk is mitigated, improvement in household living conditions through the assistance of EH related education, a reduction in the severity and occurrence of the patient's EH attributable illness and a reduction to the revolving door in presentations to clinics by Aboriginal people because of EH attributable illnesses.

Environmental Health Add-Ons

- ❑ Bathroom & Whole House Health Hardware Checks
- ❑ Information & soft conversations re EH hygiene etc
- ❑ Emergency and basic plumbing works
- ❑ Towels (Rotary Int'l)
- ❑ Mattresses
- ❑ Towel hooks (Rotary Int'l)
- ❑ Acrylic Mirrors (300x300mm) (Rotary Int'l)
- ❑ Milpa Soap (SoapAid)
- ❑ Hygiene packs
- ❑ Milpa's Six Steps to Stop Germs





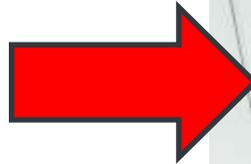
PREVENTION





Home hygiene and health hardware





Health Hardware Checks











Tap washers replaced
(above)
Tap reseated (left)









Pest control







6 x 2 Day Workshops:



Disease risk factors in the home – AEH response

Influencing & persuading behaviour change inside the home