7th National Aboriginal and Torres Strait Islander Environmental Health Conference Kalgoorlie, WA

Better Health in a Changing Environment

Conference Monograph

12-15 May 2009
Western Australian School of Mines, Kalgoorlie, WA

Conference artwork titled “The Seven Sisters” appears courtesy of the artist Josie Boyle
In the beginning of Yulbrada, the Earth, the Creator, Jindoo-the Sun, sent two Spirit men, Woddee Gooth-tha-rра, to shape it. They were from the far end of the Milky Way.

They made the hills, the valleys, the lakes and the ocean. When they had nearly completed their work, Jindoo the Creator sent seven sisters, stars of the Milky Way, to beautify the earth with flowers, with trees, with birds, animals and other creepy things.

The Seven Sisters were making the Honey Ants when they all got thirsty and they said to the younger sister, ‘Go and look for some gubbee, some nice water. Over there, in the hills. Go in that direction.’ The little young sister took the yandee dish and she went in search of the water.

The Woddee Gooth-tha-rра, the two spirit men, they were in the bushes and they were spying on these women. They followed the minyma Goothoo, the younger sister, when she went for the water.

This young sister, she fell in love with the two men. The other six sisters went looking for their sister, because she had been gone for so long. They wondered where she might be. They were really very thirsty and they needed their water. After a while, they found her with the two spirit men.

The Creator, Jindoo the Sun, had warned them that should such a thing happen to any one of the sisters, she would not be able to return to her place in the Milky Way. When the six sisters finished their work, they returned to the Milky Way. The two men and the woman remained here on Yulbrada, the earth. Their special powers were taken away when they became mortal. They became the parents of the earth, who made our laws and our people—the desert people. They live by these laws today.

This is why the people of the desert have such knowledge and respect of the stars in the universe.
This conference monograph has been produced by the enHealth Working Group for Aboriginal and Torres Strait Islander Environmental Health (WGATSIEH), and is the seventh in a series of Aboriginal and Torres Strait Islander Environmental Health conference monographs.

National Aboriginal and Torres Strait Islander Environmental Health conferences are currently held on a biennial basis in order to provide a national forum for discussion and to raise the profile of Aboriginal and Torres Strait Islander environmental health issues. Previous conferences have been held in the following Australian locations:

- Cairns 1998
- Broome 1999
- Alice Springs 2000
- Adelaide 2002
- Terrigal 2004
- Cairns 2007
- Kalgoorlie 2009

These forums increase the understanding and awareness of environmental health issues, with a key focus on Aboriginal and Torres Strait Islander Environmental Health Practitioners and people. The monograph showcases the wide range of presentations delivered at the conference and reports on recommendations arising from conference delegates, with particular reference to recommendations from the Indigenous participants’ post-conference forum. These recommendations are used to inform national policy and strategic activities developed through the national environmental health committee (enHealth) and WGATSIEH.

The next National Aboriginal and Torres Strait Islander Environmental Health Conference is scheduled to be held in Darwin in 2011.

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Publications Approval Number 6801
## Glossary

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<td>Aboriginal Housing Office</td>
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Acknowledgements

The Working Group for Aboriginal and Torres Strait Islander Environmental Health (WGATSIEH) are grateful for the financial support provided by the following organisations to meet the costs of running the 7th National Indigenous Environmental Health Conference.

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- City of Kalgoorlie Boulder
- Department of Families Housing, Community Services and Indigenous Affairs (FaHCSiA)
- Environmental Health Australia
- Western Australia Department of Health

Special thanks, in particular to those who planned, organized and made the Kalgoorlie Conference successful.

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Mr Craig Steel, Manager Regional Services Section, Department of Human Services, South Australia

Mr Bradley Campbell, Project Officer, Aboriginal Environmental Health, Department of Human Services, South Australia

Mr Stuart Heggie, State Manager Environmental Health, Department of Health and Human Services, Tasmania

The Conference Manager

WGATSIEH particularly recognises Conference Management Solutions, who provided the expertise in managing the preparation and proceedings of the conference and post-conference activities including the compilation of this report.

Adam Druce, Conference Manager, Conference Management Solutions

Allison Aldred, Delegate Services, Conference Management Solutions
The Environmental Health Committee (enHealth) of the Australian Health Protection Committee (AHPC) and the enHealth Working Group on Aboriginal and Torres Strait Islander Environmental Health (WGATSIEH) are pleased to present the proceedings of the 7th National Aboriginal and Torres Strait Islander Environmental Health Conference, held in Kalgoorlie, Western Australia between 12-14 May 2009. enHealth and WGATSIEH acknowledge the Wongatha People, the traditional owners of this region visited by all conference delegates.

We would also like to acknowledge and thank the National Aboriginal and Torres Strait Islander Environmental Health Conference Organising Group; Adam Druce, CMS Conference Manager; Kalgoorlie-Boulder Council and Western Australia Department of Health for their marvelous support in helping to organise this conference. A key role of WGATSIEH is to organise each national conference and provide feedback and make recommendations to enHealth and other key stakeholders on national Aboriginal and Torres Strait Islander environmental health policies and associated environmental health issues.

The enHealth National Environmental Health Strategy 2007-2012 identifies key national environmental health issues and provides the framework for the important work to be undertaken by its sub-committees, including WGATSIEH. The annual enHealth Workplan details the projects to be undertaken by WGATSIEH, most of which arise from recommendations made at these national biennial conferences. The recommendations arising from this Kalgoorlie Conference are on the next page and will be included in the 2009-2010 and 2010-2011 enHealth workplans.

Aboriginal and Torres Strait Islander environmental health is a major ongoing challenge. The environment too in which we work, live and play is constantly changing. So this conference continued to showcase the tremendous responses by environmental health practitioners to these ongoing changes and challenges to achieve better health outcomes for Aboriginal and Torres Strait Islander people.

The presentations in this monograph highlight new Aboriginal and Torres Strait Islander environmental health programs and initiatives targeting improved Indigenous housing and infrastructure; environmental health education, training and workforce development; partnerships and community engagement; food safety and nutrition; hygiene and sanitation; water and waste management; animal control; and climate change.

enhealth and WGATSIEH would like to thank all of the conference sponsors, as this successful conference would not have been possible without their ongoing support and contributions. We would also like to thank the presenters for contributing to such an exciting program and for highlighting the many positive actions occurring in Aboriginal and Torres Strait Islander communities. Finally, thank you to the conference delegates for attending.

You are all urged to continue working together to achieve better Aboriginal and Torres Strait Islander health in a changing environment.

Kevin Buckett  
Chair  
enHealth

Xavier Schobben  
Chair  
enHealth Working Group on Aboriginal and Torres Strait Islander Environmental Health
**Recommendations**

Recommendations arising from the 7th National Aboriginal and Torres Strait Islander Environmental Health Conference, Kalgoorlie

1. Investigate a proposed requirement that, in discrete Aboriginal and Torres Strait Islander communities, the Australian Drinking Water Guidelines require that safe water be provided to the tap of the consumer, not just to the boundary fence as currently required.

2. Develop a generic national hygiene educational and promotion package for use by environmental health practitioners in Aboriginal and Torres Strait Islander communities. This should utilise parts of the national training package, TAFE resources, ‘Mister Germ’, Environmental Health for Aboriginal Communities – a training manual for environmental health workers (Western Australia) – aka ‘the black book’ - and hand washing campaigns.

3. Consult with Food Standards Australia and New Zealand on the development of a culturally appropriate and effective national food safety educational and promotional package for Aboriginal and Torres Strait Islander communities translated into various Indigenous languages.

4. The Working Group on Aboriginal and Torres Strait Islander Environmental Health (WGATSIEH) will highlight the linkages between major projects by providing information on the enHealth website about the relationships between the projects and by providing links to the various publications. Projects to be included are: water management guidelines, the National Water Commission projects (e.g. the water resources kit), the National Indigenous Infrastructure Guide (NIIG), Animal Management in Rural and Remote Indigenous Communities (AMRRIC) etc. HealthInfoNet will be encouraged to provide similar information.

5. WGATSIEH advocates that Aboriginal and Torres Strait Islander environmental health projects include an evaluation component.

6. WGATSIEH gives its ongoing support for the formation of an association for Aboriginal and Torres Strait Islander environmental health practitioners.

7. WGATSIEH will request clarification of the Council of Australian Governments’ National Partnership Agreements (NPAs) to:
   a. clearly establish where the Aboriginal and Torres Strait Islander environmental health funding is within the NPAs and how it can be accessed
   b. identify how the NPAs (or the environmental health parts of the NPAs) fit within the Aboriginal and Torres Strait Islander Health Performance Framework
   c. ensure all programs identify their funding sources.

8. Recommends to the Australian Health Protection Committee (AHPC) that it develops a strategy for ensuring that emergency management plans are developed for all discrete Aboriginal and Torres Strait Islander communities.

9. WGATSIEH will place enHealth strategic plans, enHealth annual work plans and associated reports on the enHealth website with a link to HealthInfoNet.
Keynote Speakers

Dr Sue Gordon AM
Children’s Court Magistrate (retired)

Sue was taken from her mother aged 4 years in 1947 under government policies relating to part Aboriginal children. Her family found her over 30 years later. She has served in the Defence Forces as a soldier, worked around Australia in various administrative positions, including more than 14 years in the Pilbara region of Western Australia, for Aboriginal people. She was appointed Commissioner of Aboriginal Planning in Western Australia in 1986 making her the first Aboriginal person in Western Australia to head a government department. She was appointed a Magistrate of the Children’s Court of Western Australia in 1988 and became the first Aboriginal Magistrate in Western Australia, retiring in September 2008. She was one of the first appointed Aboriginal and Torres Strait Islander Commission (ATSIC) Commissioners in 1990, has sat on various national boards and committees and is a member of a wide range of organisations, including the Chairperson of the Sister Kate’s Children 1934 to 1953 Aboriginal Corporation. She was awarded an Order of Australia in 1993 for her work with Aboriginal people and the community generally, a Centenary Medal in 2003, the Defence Service Medal 2006 and in the same year appointed as a Member of the Council of the Order of Australia in 2006. She has a Bachelor of Laws from the University of Western Australia, which she completed as a mature aged student and was later awarded an Honorary Doctorate of Letters. In June 2007 she was appointed as Chairperson of Prime Minister Howard’s Northern Territory Emergency Response Taskforce (NTERT) for a period of 12 months. She finished the 12 months under the Rudd Government in June 2008. In December 2008 she was appointed to the Western Australian State Training Board and has also recently been appointed to the Western Australian Indigenous Implementation Board.

Prof Ken Wyatt AM
Director Aboriginal Health, Western Australia
Department of Health

Ken has a strong Noongar, Yamatji and Wongi heritage and believes that education and access to the knowledge society involves life-long learning and is the key to change and making informed decisions of choice. Ken recently held the position of Director, Aboriginal Health, New South Wales Department of Health from 2003 and has returned home after being successful in being appointed as the Director, Aboriginal Health with the Western Australian Department of Health. His leadership at the national level and within New South Wales is widely acknowledged and appreciated by many. Prior to leaving Western Australia Ken held the position of Director of the Aboriginal Education Department of Education Western Australia from 1992 until June 2002 where the focus of his work was on improving educational outcomes for Aboriginal students. He also held the position of Pro Chancellor of Edith Cowan University Western Australia for a period from 2001-2003 when he relinquished the role to take up his appointment as Director, Aboriginal Health in New South Wales. In 1996 he was honoured to receive an Order of Australia in the Queen's Birthday Honours List and in 2000 The Centenary of Federation Medal for his efforts and contribution towards improving the quality of life, firstly for Aboriginal and Torres Strait Islander people and to mainstream Australia society in education and health. Ken has been actively involved with numerous committees associated with Aboriginal Affairs, Education, Health and the Aboriginal Lands Trust at the community, State and National levels and with ATSIC as a Regional Chair. Ken is committed to working towards achieving better outcomes and opportunities for Indigenous Australians and Australian society.

Dr Mark Bin Bakar
Executive Director Public Health, Western Australia
Department of Health

Mark is a member of the Australia Council’s National Indigenous Arts Reference Group (NIARG), and a member of the Indigenous Implementation Board of WA. A musician, a performer and radio announcer based in Broome, in the Kimberley, Mark is best known for his television character Mary Geddardyu, or Mary G who hosted a variety show broadcast nationally on SBS Television. Mark travels extensively throughout remote areas talking to people about alcohol and drug abuse, health care, emotional wellbeing, respect for elders, domestic violence, and instilling a sense of pride back into the wider community. He also uses the character to assist in the reconciliation process of Australia by using the character of Mary G to Bridge and Close the Gap between Indigenous and Non-Indigenous people. In 2007 he was recognised as National Indigenous Person of the Year and in 2008 West Australian of the year. He received an Honorary Doctorate from Edith Cowan University early this year.

Dr Tarun Weeramanthri
Executive Director Public Health, Western Australia
Department of Health

After training as a general physician at Royal Perth Hospital from 1984-1990, Tarun moved to the Northern Territory in 1991 as a research fellow in Aboriginal health at Menzies School of Health Research. From 1996-2003, he worked as a Community Physician with NT Department of Health and Community Services, and as a specialist physician at Royal Darwin Hospital. During this time, he helped to develop the NT Preventable Chronic Disease Strategy. He became Chief Health Officer in the NT in 2004, and moved to WA in early 2008 to head up a new Public Health Division. He provides professional leadership and strategic advice to the Department on public health issues, and remains an active health services researcher.
FORMAT

OFFICIAL CONFERENCE OPENING
Dr Tarun Weeramanthri, Executive Director Public Health, Western Australia Department of Health

I would like to thank Aubrey Lynch for his warm welcome to Wongatha country and the exciting dance group we have just seen and appreciated. I would also like to thank the Conference organisers for inviting me to open this Conference and it’s really a great pleasure to do so. I would like to add my personal greetings to all attending this National Conference particularly those that have travelled here from other states including my former work mates from the Northern Territory.

The theme of this conference is ‘Better Health in a Changing Environment’. I think this is an optimistic theme and I think it’s indeed a time to be optimistic. There is widespread commitment that we see from all levels of government to address the determinance and underlying causes of Indigenous health and wellbeing as well as the obvious outcomes in terms of disability, illnesses that are preventable and early deaths. So it is a time to be optimistic but is also a time to be realistic as so little has changed in the last 20 years and I think we need to reflect on why that is so in terms of making the most of whatever window of opportunity there is before us now. I think if we can look at ways of improving them this will be central to closing the gap in Aboriginal health outcomes. But quantifying the importance of environmental health to closing the gap is difficult. The only statistic I could find is that one study made a guestimate that 30% of the difference in health status between Indigenous and non-Indigenous people in remote areas, may be attributable to housing characteristics. It would be great if there were better data presented at this conference which we could use as the basis for advocacy to show that what we can do to improve Aboriginal Environmental Health conditions will indeed help to close the gap.

There is such a large group of environmental health issues; housing, overcrowding, dust, water quality, electricity, dogs, rubbish, sanitation and all of them or most will be covered and discussed at length in this conference but for me personally good housing is at the top of the list. I think the evidence that good housing and good health go together is pretty much overwhelming. The jury is well and truly in that diarrhoeal diseases, respiratory diseases, skin diseases, rheumatic heart disease, eye and ear infections are all basically caused by poor housing and overcrowding. A proposal to address the determinants needs to be put to government. The basis of this proposal will be that if we could scale up successful local models where environmental health workers partner with communities and local governments and local Indigenous organisations. If we could do this, we know that it is possible it has been shown to be effect but it needs to be resourced. So we want to put something concrete up at this time and I think this is another of the areas where this conference can really make a contribution in closely describing those successful local models wherever they are in Australia and pulling out the principles behind the success so that these models can be scaled up and applied more widely.

If we go back to some data that highlights the situation in Western Australia the ‘2008 Health Report on Environmental Health Needs of...
Indigenous Communities in Western Australia' is based on a survey that was done mostly in 2007 this survey has yet to be fully analysed but from the first look at the data we know there are about 300 discrete Aboriginal communities in Australia. The biggest has just over 800 people. Most communities are much smaller than that. There are 45 town-based communities and in addition one third of Aboriginal people in this state live in metropolitan areas. And I will add that we have very little in concrete data in environmental health conditions for this group living in urban areas. There are 92 large and mid-size communities. These have water, power and waste services delivered through the remote area essential services program funded by Housing and Works. But that leaves a large number of smaller communities where the responsibility for the delivery of essential services is essentially unclear.

There are about 3000 permanent dwellings across the state, 2500 of which are occupied. It seems to me that that is a fairly small number, and it's a small number to keep track of and maintain.

Previous surveys were held in Western Australia in 1997 and 2000. As an example of overcrowding, in 2004 there were 20 so called priority communities with more than 100 people which had, on average, more than 8 people per dwelling - actually between 8 and 40 people per dwelling. So there were 20 such communities in 2004, in 2007 that number had reduced to 9. Similarly if you took communities with less than 100 people the number of priority communities in terms of overcrowding had reduced from 45 in 2004 to about 32 in 2007. So there has been some progress but it's not sufficient.

We know from Housing for Health work that the major cause of housing as a determinant of environmental health is the major backlog of maintenance that needs to be done and there is no systematic maintenance program that I am aware of in Western Australia at present. We also have to acknowledge that we have known about this situation for a very long time. There isn't any shortage of strategies, the 1999 National Environmental Health Strategy is one of the most important but it's one of a number. I think we all understand that this is difficult, it's a difficult area with divided responsibilities between various agencies at different levels of government; federal, state and local. Having understood that it is difficult we all also have to reflect that the silos have not been effectively bridged. For example, housing and health remain curiously disconnected still. There is a lack of high level policy connections and an imbalance in funding with relatively large amounts of money available for housing and construction but very little available for maintenance. I think it would be a huge step forward if a small percentage of the housing budget could be set aside for maintenance and environmental health programs so that the housing stock we have could remain functional over time.

Earlier this year Melissa Stoneham, who is here today, and Mike Daube from the Public Health Advocacy Institute did a kind of review of reviews in the area of Indigenous Environmental Health in Western Australia. They identified the most the significant barrier to making progress is leadership to breakdown these silos and work across them. Also they recommended that the evidence base needed to be strengthened; that we needed to have regular needs assessment such as the survey I've just mentioned; that we needed a state wide policy that focused on prevention, a WA environmental health action plan with clear goals and objectives and some means of holding that accountable particularly across government working groups to guide the implementation of any action plan. A range of capacity building measures including greater support for environmental health workers and greater environmental health involvement in housing planning and housing development. I think that is very useful and kind of summarises all the reviews but essentially they are very similar words to those used before I don't think any of you would be surprised to hear that list of things that needs to be done and many of you have probably written similar things too.

So is there another starting point, I think, I hope, starting with good data to show what works at a local level is useful in countering any negative attitudes, in countering any doubt that progress can be made. Because you can always look at a high level policy document and think well it's glossy and nice but will it work, whereas I think local data that things have changed on the ground is harder to discredit as evidence. The Nirrumbuk and Goldfields people are here today so I hope I don't do injustice and simplify too much your models. But very, very briefly Nirrumbuk in the West Kimberly is a collaborative of Aboriginal Community Councils where funding and resources are pooled to provide a mobile environmental health team and training of community members. In the Goldfields the Goldfields model involves funding of Aboriginal environmental health positions in local government with WA country health services population health people coordinating the regional environmental health program and also importantly involvement of the local Aboriginal medical service. So these are two kind of different models developed in response to local conditions but they also have strong similarities. Both have really strong local support, that means everyone is brought into that model and I think that is a key, that it makes sense; they have strong hands on elements so they are not just education but they are also fixing of health of health hardware. Both involve a regional coordination focus and a focus on skilled Aboriginal Environmental Health Workers within the multidisciplinary team. Both are very concrete - you can cost them and you can say they will deliver these certain outputs and these certain outcomes and they mean something to the general public and to ministers who want to know what they will get with any resources they are asked to commit. I think this kind of approach recognises the flexibility often required to apply a regional environmental health program effectively but also a really strong emphasis on value for money. I think it will be interesting seeing how far we get with that proposal.

There are also a number of other themes which will be interesting to track in this conference where you stand on certain issues. There are certain challenges and tensions which will be explored. One is: where do we put the emphasis; on the environmental health hardware side; the concrete fixing of taps and unblocking of toilets, or on the community development side? My belief is that we have to have a strong component of the first; a concrete element embedded within a broader approach to engaging with communities. Where do we sit in terms of the relative balance between health promotion and prevention versus the fixing and maintenance side which is asking a similar question but in a different way.

What about the things that a lot of people outside environmental...
health know about; dog programs and swimming pools. They have a common understanding which may not be the same understanding as those within the field have of them and their place and it’s important to be able to articulate where the people who are ‘in the know’ feel that they fit and how they can be used best. There are broader debates which you will have a view on around how the living environment is altered. So it will be very interesting to track those broader themes and challenges through this conference.

A recent Public Health Advocacy Institute forum on Indigenous environmental health concluded that in the Indigenous area local workforce capacity is the number one priority. That is training of Aboriginal environmental health workers and field officers, in particular, the employment of Aboriginal people as a condition of funding, the mentoring of the existing workforce and recognizing that Aboriginal employees may require special support, for example in literacy and numeracy. In the end, good, trained, motivated people are the key to improving Aboriginal environmental health outcomes; working in their local community, working within organisations big and small, developing successful local models, designing new systems, keeping a track on what is happening on the ground and advocating for change. In that spirit I would like to end by congratulating certain people the enHeath Working Group on Aboriginal and Torres Strait Islander Environmental Health (WGATSIEH), chaired by my friend and colleague Xavier Schobben, whose leadership on these issues has been sustained over many years at a national level. Adam Druce of Conference Management Solutions has helped to put the conference together and the Local Organising Group (NATSIEHCOG) for this conference: Kenan Bender, Troy McKrill and Alex Wiese from the City of Kalgoorlie Boulder Council, Iris Prouse from the Public Health Division in the Health Department, Matthew Lester and finally Owen Ashby who has been committed to improving Aboriginal Environmental Health across Western Australia not just for years but for decades. Thanks to all of them thanks for all of you for attending and best of luck for the conference.
WORKING GROUP ON ABORIGINAL AND TORRES STRAIT ISLANDER ENVIRONMENTAL HEALTH

Xavier Schobben, Chair, enHealth Working Group on Aboriginal and Torres Strait Islander Environmental Health (WGATSIEH)

On behalf of the enHealth Working Group on Aboriginal and Torres Strait Islander Environmental Health I would like to acknowledge the traditional owners, the Wongatha people and thank them for allowing us to meet on their land in a beautiful part of Australia.

I remember Michael Jackson, a previous enHealth Chair, presenting at our 2nd national Conference held in Broome in 1999, where he said that all of the Environmental Health Practitioners converging on that lovely piece of Australia too was like a ‘meeting of minds’ and if you pardon the pun I think that 10 years on it’s still a major meeting of minds, now near some major mines in Kalgoorlie.

As we know, the global financial recession and other major emerging issues, such as the human swine flu etc, have all had an impact on how we do our job and affected the resources we have to do those jobs. Dr Tarun Weeramanthri was quite right before when he said that environmental health needs to try and reinvent the wheel to find the health economics arguments necessary to showcase exactly why environmental health, and more particularly why Indigenous environmental health, is so important. Part of rebuilding this evidence base will be highlighted in the many presentations provided at this conference over the next few days.

As you know, most environmental health activity, including Aboriginal and Torres Strait Islander environmental health, is not actually funded by the health sector. While health agencies and local government authorities fund environmental health workers and environmental health officers, other major environmental health issues such as housing construction, repairs and maintenance programs, electricity provision, public water supplies, waste management, animal and pest control and many other essential services are all funded outside the health sector. So as environmental health practitioners, we play a special advocacy role. We are the influencers and change agents. And yes, we are optimistic and we do and will continue to work for better health in a changing environment.

I’d also like to give you a brief background of how WGATSIEH came to exist and what it does.

In 2006, the Australian Health Ministers’ Advisory Council (AHMAC) undertook a review of its sub-committees with a view to strengthening national policy development. An outcome of the review was the establishment of five principal AHMAC sub-committees, including the Australian Health Protection Committee. The review also recommended that the Environmental Health Committee be formed and report to the AHPC. enHealth then appointed a number of sub-committees and working groups and WGATSIEH was established. Its predecessor was the National Indigenous Environmental Health Forum. WGATSIEH’s major roles are to advise enHealth on Aboriginal and Torres Strait Islander environmental health issues; provide coordinated national policy advice to enHealth and take responsibility for the biennial organisation of this conference and other mainstream conferences relating to environmental health.

WGATSIEH is comprised of Indigenous environmental health members as well as, generally, the Aboriginal and Torres Islander Environmental Health Managers in each of the state and territory jurisdictions.

WGATSIEH’s members include:
- Northern Territory - WGATSIEH Chair, Xavier Schobben, Brendon Sherratt and Nicola Slavin
- Queensland - WGATSIEH Deputy Chair, Sonja Carmichael and Clayton Abreu
- New South Wales – Adam McEwen, Jeff Standen and Stephanie Smith
- South Australia - Bradley Campbell and Craig Steel
- Tasmania - Stuart Heggie
- Western Australia - Troy McRill and Matthew Lester
- Australia Government - Jenni Paradowski
- the Secretariat, that also sits in the Commonwealth Department Health and Ageing, Canberra

WGATSIEH meets by teleconference on a monthly basis and has developed a major work plan over the next three years. It is an ongoing process, and we ensure that approved national recommendations from each biennial conference are included as part of that work plan. Fortunately, much of the project work on the WGATSIEH work plan is funded by the Commonwealth Department of Health and Ageing for which we are most grateful as some of the projects, apart from being important, are also expensive.

This conference will I’m sure also produce some important recommendations, and I should also pay tribute to the Indigenous delegates workshop which will be held on Friday, which will add further influence to the recommendations arising from this conference here in Kalgoorlie.

I would now like to provide you with a balanced scorecard and status report on the progress made on the five recommendations arising from our previous 2007 National Conference held in Cairns.

1. enHealth advocate for further funding to assist with the rollout of the Remote Community Water Project including the development of resource kits and training sessions to assist jurisdictions in the management of water and sewerage.
   - This matter has been added to the WGATSIEH three year work plan, and incidentally an information package for water management in Indigenous communities, has also been developed by the Centre for Appropriate Technology. Robyn Grey-Gardiner and Kat Taylor will be presenting on this very matter tomorrow. This is a work in progress.

2. enHealth advocate to relevant federal Ministers for the establishment of a training program for Aboriginal and Torres Strait Islander environmental health officers, which could be a matched partnership agreement with state health agencies and assistance with academic and supervision support.
   - This too is a work in progress. enHealth has an Environmental Health Workforce Working Group and this particular issue has been added to their agenda for

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3. Establish an Aboriginal and Torres Strait Islander Environmental Health Practitioners’ Association.

- This is a great recommendation and this is a work in progress. It is being led by Queensland and Sonja Carmichael will update us on the proposed Association a little later on.

4. That WGATSIEH and enHealth co-sponsor the development of the ‘Conducting Dog Health Programs’ publication for environmental health practitioners with Animal Management in Rural and Remote Indigenous Communities (AMRRIC).

- I’m glad to say that we have nearly completed this task. AMRRIC has had a long association with our conferences. AMRRIC was launched at our 2004 Terrigal Conference. AMRRIC then launched its publication Conducting Dog Health Programs for Veterinarians in Cairns in 2007. WGATSIEH sought and was funded by the Department of Health and Ageing to develop a companion document to the vet manual and now Julia Hardaker, AMRRIC Executive Officer, will be making a presentation on progress on this latest publication, Conducting Dog Health Programs for Environmental Health Practitioners, on Thursday. This comprehensive 500+ page publication, aimed particularly at environmental health workers and environmental health field support officers is close to final publication. Everything you want to know about dogs is included in that document. Once it is published, it will go on the AMRRIC website. For those of you who are not currently members of AMRRIC I would urge you to join up, it’s still only $50 for individuals and $100 organisations and $20 if you are a student. I also should point out that Clayton Abreu is also on the board of directors of AMRRIC and he would echo those sentiments to say. Please join up, if you’re not already a member.

5. Obtain enHealth endorsement of the AMRRIC Manual and promote its purchase to public health units and local government and for enHealth to promote its purchase.

- WGATSIEH will indeed seek enHealth endorsement of the new publication and will promote its use. We will also pass on the copyright to AMRRIC to ensure its availability to environmental health practitioners at a reasonable cost into the future.

I am also proposing that the 8th National Aboriginal and Torres Strait Islander Environmental Health Conference be held in Darwin in 2011.

In conclusion, this conference provides opportunities for all environmental health practitioners at all levels to network, share ideas and adapt solutions to their local context. The keynote addresses and major presentations should also help you in continuing to work with Aboriginal and Torres Strait Islander people and their communities to achieve better health in a changing environment.

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BUILDING A ‘ONE STOP SHOP’ FOR ABORIGINAL AND TORRES STRAIT ISLANDER ENVIRONMENTAL HEALTH PRACTITIONERS ON THE AUSTRALIAN INDIGENOUS HEALTHINFONET

Sonja Carmichael, Queensland Health, and Jane Burns, Edith Cowan University

Sonja Carmichael
Firstly I would like to respectfully acknowledge the Wongatha Traditional Owners of the land where we are meeting this week. It’s great to be launching our web resource here which is a ‘one-stop information shop’ for Aboriginal and Torres Strait Islander environmental health practitioners. We now have a valuable new tool to help with environmental health work and sharing of information with our colleagues. This resource is a direct result of recommendations from the 2007 National Aboriginal and Torres Strait Islander Environmental Health Conference held in Cairns which was well attended by over 200 delegates.

Secondly, we looked at establishing an informal association administered by WGATSIEH and getting some agreement on the best structure to manage issues identified by Aboriginal and Torres Strait Islander environmental health practitioners.

The first step has been to progress the development of our website to make this resource readily accessible with up-to-date information and networking opportunities on-line for all Aboriginal and Torres Strait Islander environmental health practitioners. This need for better information and resources was also recognised by WGASTIEH which delegated the Western Australia Department of Health to have a look at what resources could make it possible. Investigations showed that the Australian Indigenous HealthInfoNet is already undertaking similar research in developing and maintaining such an evidence base. We have since been concentrating our efforts on building this web resource as a ‘one stop info shop’ in partnership with Australian Indigenous HealthInfoNet.

The content of the web resource and yarning space has been guided by an informal focus group of Aboriginal and Torres Strait Islander environmental health practitioners from around the country. Once this resource is up and running and the dedicated yarning place is in place everyone will be able to join and stay connected to share information. It is hoped that this will also assist with managing issues identified which could, in turn, form the foundations of where we go from here with the establishment of an association. Initially however the goal is to progress the development of this web resource to enable effective communication links with environmental health practitioners across the country.

I now invite Jane Burns, Australian Indigenous HealthInfoNet to share more with us about the web resource and yarning space.

Jane Burns
I would also like to acknowledge the Traditional owners of this land. The Australian Indigenous HealthInfoNet is a massive website. It is a ‘one stop info shop’, we gather information and package it according to need. So if you want a fact sheet, if you want a report, if you want to know about a health promotion resource or you want to have a yarn with someone, we aim to provide the details.

We want to provide quality, up-to-date information. A recent development is the provision of electronic yarning places. These are discussion boards and listserves, if you want to get a message out - say you have produced a report or you are launching a health promotion resource - the yarning place is the place to do it. We have found that, if we get over 300 people using a yarning place, we get what is called a snowball effect, such as for our general listserve, the e-message stick, where we get several messages per day and this is what we will aim for with the Environmental Health Practitioners’ yarning place.

On the index page of the new Indigenous Environmental Health Practitioners’ web resource there are various sections including:
• Environmental health; this heading is not set in concrete so if you have any other suggestions let us know and we will try and develop the information that you need.
Another is:
• Resources and equipment; for most of you this information is vital. You need to know where to find the information about what
works, sometimes people have great ideas like how to build a piece of equipment that is used for a particular need. But you need to share that knowledge.

Indigenous people have been sharing knowledge for thousands of years. ‘Environmental health’ is a topic that has just recently come to the forefront, but caring for country has always been part of the Indigenous way of life. As depicted in Josie Boyle’s beautiful painting of the Seven Sisters (the conference logo), Indigenous people have established environments and cared for them afterwards.

By gathering knowledge and information and putting it into one spot, it shows where the gaps are and where more information is needed. We want to know about your programs and projects, so tell us what’s frustrating or what’s working well. You can share your stories on the HealthInfoNet.

The total bibliography on the Australian Indigenous HealthInfoNet website contains over 16,000 publications so for example, if you are studying and you need to find something on Indigenous environmental health, have a look at our downloadable bibliography.

I will be here for the duration of the conference and tomorrow Professor Neil Thomson, Director of the HealthInfoNet will also be here. Come and see us if you have anything you want to add to the website. We have to bear in mind copyright restrictions so I will need to get copyright permission from the person responsible if items need to be copied on the website.

Now to the exciting bit where I will hand back to Sonja to launch this new web resource.

Sonja Carmichael invited the focus group to come to the stage. Sonja introduced Thaddeus Nagas to officially launch the website.

Thaddeus Nagas
Firstly, I would like to thank this group of people standing before you. Last National Conference we were fortunate enough to have our Indigenous workshop at the end of the conference. At that meeting we decided that we needed to keep these meetings alive and talk about our own issues about what’s important to us.

I was fairly emotional as the conference was held in Cairns; my family is from Cairns, my father is from Cairns. I’m really a Murray but I live in Koori country out in Broken Hill on the far West of NSW.

The only reason I came home was to finish my traineeship and be with my family. Everybody in this room is my family as far as I am concerned. Adam is from similar country from where I was born a lot of the NSW trainees in NSW Health come from the far West NSW Region but we are all brothers and sisters, aunties and uncles together.

We needed to put something together that we could identify with in one place. Being an old fellow trying to study I couldn’t find anything on the internet. I didn’t know where to find anything – that was the hardest part.

I agree with everyone we need to make some changes we need to bridge the gap and when I finish my presentation on Thursday I am going to invite you all on a trip. It is a long journey, write down the address and please participate! I would like to officially open this website and I encourage everybody to pass on the information and utilise it. It is a powerful tool, we are catching up. We have always spoke and passed on our history; it’s never been written down before so welcome to the electronic age! We Murrays and Kooris like a little joke; things have just not been the same since we went electric!

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Day Two – Wednesday 13 May

KEYNOTE ADDRESS

Professor Ken Wyatt AM, Director Aboriginal Health, Western Australia Department of Health

I want to commence by acknowledging the Elders who are present and those that have gone before that have imparted knowledge, wisdom and the skills that we carry with us into this generation and future generations. I also want to acknowledge people in this room whose contribution in the work that you do remains critical in the way that we impact on the lives of Indigenous communities in Australia. I have a 37 slide presentation but I am going to go though it fairly quickly because I want to leave it as more of an info source for which you can refer to later in terms of some of the points that I make reference to.

The context for Western Australia plays a significant role in the way that we consider the allocation of resources and the way in which we look at the proportion of Aboriginal people against mainstream Western Australian society. It’s particular in terms of resource allocation; areas of need verses the level and layers of government at the national, certainly at the state and then the local government role let alone the Aboriginal communities within the construct of the way that they work.

What’s interesting for Western Australia compared to all other jurisdictions including the territories which sometimes means that the communities aren’t in the process. That’s part of the challenge and it’s through the individuals and I know one that I want to acknowledge in my team is Rob Mullane; his passion, his commitment and his connection is the fact the he brings back intelligence along with the work of Jim Dodds and Matthew Lester. Because their contribution and Owen Ashby’s over a period of time has seen a commitment to environmental health programs.

On our program we can see that our focus is on key areas and I want to take us to a challenging thought halfway through this presentation that says that whilst we focus on those we sometimes develop a mind set. If I say to you “don’t think of an elephant” very few of you would think of anything else but an elephant. In environmental health, when we talk about environmental health we think of a set of paradigms within that so we stay locked into that and sometimes we don’t go outside the square and I think Xavier and Tarun yesterday made comment about the strategic gains that we have not achieved in terms of the level of resourcing required because there are different mind sets that are operating within the level and layers of government at the national, certainly at the state and then the local government role let alone the Aboriginal communities within the construct of the way that they work.

Environmental health; what will be interesting is I wouldn’t mind at some point looking at our report in Western Australia; what we achieved in 2004 in terms of those benchmarks and see how far we have travelled since then to 2008, when the most recent survey was conducted – whether or not the report highlights the same issues or identifies other factors that come into play that means that we have not been able to reduce that number or alter. I find it fascinating that in a country like ours there are two communities I am aware of where the water that they drink is of a quality where it has uranium salts within their drinking water supply. We would not accept that in Bondi, Sydney, Perth or any other area. But our community chooses to live on country because country is important. What we don’t look at is the technology that changes the quality of water that the community receives.

Are we making a difference? Yesterday I heard a couple of our people making comment that maybe we haven’t had the gains we should have. We certainly haven’t had the level of resourcing in the way that we would like. Do we measure our success and failures? And when we have success why does it work and why can’t we translate it uniformly across the nation? What about giving community ownership? Sometimes we lead projects, initiatives and activities, but we never empower the people who it impacts on to take control and manage it themselves with the adequate resourcing and paradigms and framework that need to be there.

Community engagement is challenging. Sustaining that engagement is even more challenging, and we have still not got that right. How do we then argue the resources using the data? The new directions are going to be very interesting. Yesterday there was reference to COAG. This is what the COAG bowl of spaghetti looked like. There were some key areas that were the priorities that the Commonwealth Government through the Rudd Government established for all states and territories to respond to. You can see across the top we end of with interesting names you have PORG, you had HORG, you had WGIT, you had IRC, we had people involved with climate change but the grey boxes are the most challenging. Those are the heads of treasury who in their brief by COAG have been asked to look at the effectiveness of expenditure against all projects and programs in the future and to particularly focus of Indigenous initiatives. That’s being led by Ken Henry at the national level and Tim Mahoney from Western Australia is equally working very closely as the Under Treasurer for our state, with Ken Henry about saying if we are pouring money into Aboriginal affairs and into Aboriginal initiatives what are the outcomes? Why aren’t we seeing change after a decade? What do we hope to see as changes in the future?

There is a commitment to whole of government approaches by COAG. People who have not read the papers around the COAG National partnership agreement will see reference to coordinated policy development, active engagement and consultation and in fact in some of the partnership agreements it is now a requirement that governments at all levels implement initiatives to draw in other key stakeholders and better coordinated and strategic use of funds. This is where there is an opportunity for this group in its leadership role, and Xavier in terms of the work that you do; it is to look at the opportunities and seeing where the points of connection are to argue for additional resources or more effect use of some of the resources that are going to be coming. The Prime Minister indicated that he was going to appoint a Coordinator General after presenting his report in Parliament he tabled it, he then went on to say that housing and infrastructure and remote communities needed a coordinated approach. So he announced

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the appointment or the creation of the Coordinator General to drive a number of key projects and recently Jenny Macklin MP announced the 15 communities across Australia which would be the priority focus of the Coordinator General. He or she will be responsible for major reforms in remote housing, infrastructure and employment in remote communities. Western Australia has 3 designated areas, the Territory has I think 6 and Queensland and then there is one other state. But the intent is that the learnings from his work will inform Commonwealth Government’s and COAG in the sense of what the other buy-ins for other communities as they start to roll out the Commonwealth funding. Now I would think that if we look at those last, because they will work closely to establish whole of government arrangements to support the achievement of the remote service delivery strategy. But they are also going to have appropriate levels of authority to cut through red tape. They are going to have access to all of the secretaries of Commonwealth departments. They are going to have unfettered access to the Minister to identify where blockages are occurring within the Commonwealth and state jurisdictions. In a discussion I was involved in two weeks ago there is a degree of nervousness about the appointment of this position and what are the states’ rights in respect to what this position will generate in the way of both Commonwealth and state coordinated approaches. And Xavier I think one of the challenges for both you and your colleague who chairs enHealth is to look at to the opportunity of meeting with the Coordinator General to look at where the points of connection are for the work that you are doing and driving because I think you will find that there are some very strong synergies around the visions that both committees have.

There are 21 partnership agreements under the new COAG arrangements. All the bilateral agreements that used to exist have all disappeared. But the key ones for all of us in this room is the national partnership on closing the gap in Indigenous health. That has a series of measures that go to the critical health issues that we argue for out of the environmental health context. And if we are improving health outcomes then these are some of the critical elements that we will have to consider and there are measures, key performance indicators and outcomes in each of the National Partnership Agreements (NPAs) Each of those measures now have to have an identified Indigenous element to them. So states and territories have got to report on the trending on Aboriginal people against those benchmarks including elective surgery and waiting lists.

So the paradigm of opportunity has shifted significantly. The National Partnership of Health Prevention is a very critical piece of the NPA jigsaw because it goes quite strongly to the front end of prevention and generates a debate on the focus of prevention. The other three are NIRA as we affectionately call it in its shortened term because we are good at acronyms, that has building blocks in it and the building blocks are about quality of life at the community level. It has a number of key planks that will also be in a sense underpin and relate to the work that you do in environmental health. It goes to community infrastructure. National partnership on remote service delivery is all about the infrastructure of a community and this is one where I see a very powerful connection in terms of driving some reform thinking in terms of environmental health and impacting on communities across Australia. If we don’t take that opportunity then we have set ourselves the mindset that we always want and we may have to bend and accept other people’s ideas and approaches and at the same time piggy-back ours onto it.

The National Partnership Agreement (NPA) on Indigenous economic participation is also another key opportunity CDEP is going as people in this room are very much aware CDEP underpins some of the environmental health workers working in a community. We have to now look at whatever opportunities are being created though this agreement plus the budget announcements last night because that is critical in opportunity.

There are three work force NPAs of which Indigenous people are a significant factor in each of those. We have been looking at pathways in education and cadetships that will take Aboriginal students in year 8 and year 9 into something like 20 health qualification pathways that will help to give them long term employment; environmental health is one of those that we’ve met.

Housing; there are four partnership agreements on housing. Again we have not unpackaged the opportunities in these but there are substantial funds. If you want to look at the detail of these go to the Council of Australian Governments website. COAG has now started to list the National Partnerships and the quantum of money that is committed over a four year period.

I just want to show you that if you take an agreement there are interconnections within those agreements that are not static and stand alone. In a talk I gave recently to a group of health people that if we take six of the NPAs there are strong points of connection in every one of those if we want to improve outcomes. That’s how we have to play with all the NPAs. No individual owns a single NPA. As they are improving health outcomes then these are some of the critical elements of the new COAG arrangements. And Xavier I think one of the challenges for both you and your colleague who chairs enHealth is to look at to the opportunity of meeting with the Coordinator General to look at where the points of connection are for the work that you are doing and driving because I think you will find that there are some very strong synergies around the visions that both committees have.
from around the world. The third part that was important was what are the implications; what are the implications if we do something and what are the implications if we sit on our hands and do nothing. So the health performance framework sets out three components in their measures that really lays open the opportunity to use it. When I co-chaired the COAG Health and Ageing Indigenous Working Groups we used this framework to argue for the $1.5b that we acquired through the COAG process. We underpinned our argument with measure and evidence. It was through that process that we won over ministers Macklin and Roxon in the early stages. In fact we were not anticipating our ambitious claim ever being met. But when they came back and said that we accept your argument for $1.5b over 4 years for Aboriginal health then what that did was reassure us that the Health Performance Framework was a good instrument to use in the negotiations. The other thing we did was we transcended all our jurisdictions, including the Commonwealth, part of what I appealed to was to transcend who you belonged to. Talk about 27 leaders who could make a difference for the health of Aboriginal people and on that basis the team working in a way that was very different to the mindset that often prevails in the way committees lobby manage and ensure they have a slice of the action. I work with a group of professionals and my co-Chairs here from Queensland also acknowledges that we took a different approach and by doing that we went outside the square, we gained the amount that far exceeded our expectations.

You can see that it covers those very critical areas that you deal with on a regular basis. Overcrowding in housing and transport, two others that are in that framework of measures. Transport we often don’t give attention to but it is critical in terms of people accessing services resources and points outside their community. Access to functional housing is a typical burden. If you are the principal person who provides the income the care and protection and you are a senior matriarch as well, then you accept and anticipate that overcrowded housing will prevail; it’s just common logical sense in the kinship structures we have. Single parent families by age group 2.12. Access to traditional lands 2.17. Outside the normal thinking of the scope of health but they are now embedded as measures that we report on.

Social and economic factors are very strongly embedded in tier two because there were three tiers. Health Stats, Social and Economic, and then Health System Performance which had never been in there before because we want the health systems to be measured. Education participation the literacy, numeracy impacts on the work that we do in environmental health. Employment status including CDP participation 2.07, income 2.08, community and safety and prime and there are three of them and transport 2.16. So can change be sustained through a new approach to achieve environmental health reform? I believe it can because certainly I want to take a tangent that is slightly different. One of the measures I argued for along with my colleague; he and I caused a great deal of debate in the technical advisory group because people said how do you measure community functioning and report on it? You will never get director generals or ministers for health wanting to have information about community functioning included in a health performance report. How can a community function and take on environmental health programs and health programs and not be responsive to the individual human rights of any Australian in this country. It doesn’t matter whether the community is a family of two to communities of 500 plus there is still a need to make sure that people access the range of services and this was challenging it took us 18 months to get agreement and consensus on this measure across the national. We had two sets of consultants working on this one and the debates were very rigorous and if any of you have worked with Shane Houston you would know the way in which he sits there, waits until somebody puts their point of view and then he dismantles their argument in a very gentle way. And part of that was very testing for both sets of consultants because they had to go back and re-think. So we can see that we challenge the traditional approach in order to bring debate. But health providers’ planners and health and social policy interests require more than say the level of sickness in a community if they are to work with a communities and families to achieve health equality in life. I see environmental health clearly set in the middle of that statement because it’s not just about fixing sickness it’s about fixing communities in which people live.

The infrastructure had been identified as one element affecting community functioning but there are other factors that are equally important in community functioning. Hospitals was a factor as well. Some of the environmental health illnesses if they are not addressed tend to be left until they become worse because hospitals are not just five blocks or two suburbs away, they are significant distances. The slide that you were shown yesterday morning showing the relationship of communities and access to hospitals was a clear marker of some of the challenges and these are just some that I will let you ponder on.

We don’t always in our thinking other than those that live in areas, think about communities being cut off because of rains. You hear of a flood, I was talking to one of my ex-colleagues from NSW and who still remains a colleague, about the rain they have been having in their area. When I was talking to Rob I said I had watched the impact of the floods and we assume that when a flood happens in a couple of days the roads are clear and in some of these places the roads are not clear for a couple of weeks because they are gravel or they are dirt and you can’t afford to drive on them with vehicles because you will damage the roads. Housing conditions, access to clean water, sewerage, it is all embedded in community functioning. It is a significant measure that we have not considered in the context of some of the strategic thinking we have to do. It covers educational services, communication, transport, community services, connectedness to family land and history, culture.

I won’t dwell on this. I believe that often in our communities we play draughts. We take one step at a time and sometimes you hear a mob will say oh we got so far down the road and we have this, this and this but the government changed its funding priorities and policies and so we don’t have money. A classic of that for those that are old enough will know the Miller Review looked at traineeships and training in Aboriginal communities and when the Miller Review was finished Dawkins who was Treasurer at the time decided that he would abolish all traineeship for Aboriginal communities. The Hawk Government then transferred $60 million to create the Torres Strait Islander Regional Authority. What they didn’t do was appropriate the additional $60 million out of the Commonwealth Budget; they abolished programs which meant that a lot of strategies put into place to skill young people and environmental health in WA was one of the pathways we used.
that particular source of funding under Andrew Penman to start training some of the people. That disappeared and so in a sense some gains we had made stopped. I believe that as leaders we have really got to draw the charts and the maps and look at the strategic directions that we take in acquiring the services I have had the opportunity, no actually a privilege of working in two Jurisdictions; NSW as a Director of Aboriginal Health and WA, and WA in two agencies; health and education- the two biggest. What I have seen is a trend of leadership occurring but not being sustained. That leadership taking a thought; running with it but not mapping it and charting the direction; that we need to take community projects and initiatives. Strategically we have probably for the first time in the COAG strategic group in Indigenous Health working group process mapped the pathway then charted the course and strategically achieved the changes that are needed we need to do the same in environmental health. The small amounts that keep coming for environmental health are often impacted on by efficiency dividends by Commonwealth and state government agencies when they have to review budget cutbacks. It is a soft area; it is easy to cut. So in a sense we need to take a leadership role.

The red tie I'm wearing I wore deliberately because it's part of a strategy we had in education. I went to a meeting and I said when I was asked to give a keynote and I said 'What happens if we look at the apparent retention rates of Aboriginal kids, we look at their progression from year 1 to year 12 we would see the following' and I identified the following, but I said 'Just imagine if every principal in a government and non-government school took two Aboriginal kids out of every year level group and mentored and sponsored them through to their year 12 with a TER or whatever it is in each jurisdiction. And if there were 2000 schools you would have 4000 Aboriginal kids graduating. The Australian Principles' Association or APADC as it was then took up that challenge and took on the slogan of 'Dare to Lead' and they negotiated with every principal and they have signed up principals now to start closing the gap in educational attainment. In health we don't do that. In health we don't even sit second to native title or land arguments. We don't sit in relation to education and yet health and education have an incredible intrinsic link; you need both to improve. So in a sense for environmental health which is part a sub component of the big health picture. When it comes up against elective surgery lists, it's a challenge then becomes how do we better position ourselves within our services to in a sense pass the buck to each other because that is what happens in the environmental housing arena.

I thank you for the opportunity of being with you. I enjoyed yesterday's sessions and I must apologise that I have to return to Perth at lunch time. I would have liked to have joined you at dinner tonight to have listened and engaged in some of the conversations but to all of you thank you for the work that you are doing.

INDIGENOUS COMMUNITIES EMERGENCY RISK MANAGEMENT PROJECT, EASTERN GOLDFIELDS

Kenan Bender & Troy McKrill, City of Kalgoorlie Boulder, WA and John Lane, WA Local Government Association

Hello everyone, as has already been mentioned, I am Troy McKrill, this is Kenan Bender and this is John Lane. We're presenting this morning on the Emergency Risk Management Project we're currently running in Indigenous communities in this region.

Before we start, we too would like to take the time to acknowledge the people on whose land we meet, their elders and history and the work they have put in to the region. Before we start, we too would like to take the time to acknowledge the people on whose land we meet, their elders and history and the work they have put in to the region.

Introduction

Firstly I'd like to give a brief overview on the City of Kalgoorlie- Boulder and its Indigenous EH Program and explain how the project came about.

Some stats on the city:
- It has a population of around 35,000 people.
- It covers an area of over 95,000 square kilometres.
- It's located in central WA. It looks as though all of you found it so you should be right there.
- It has 2 Indigenous Communities within its boundaries but acts as a service centre for much of the region and beyond.

The city also through funding from the Office of Aboriginal Health runs an Indigenous Environmental Health Program which covers...
the Eastern Goldfields region. Kenan and I in conjunction with Bega Gambirringu Health Service and the community based environmental health workers provide environmental health services to 12 communities.

It takes over 2000 kilometres round trip to visit all of the 12 communities we work with.

The Need
The need for the City to undertake some sort an Indigenous EM project first become apparent in 2007 when, during a review of its local EM arrangements and plans, the city identified that their documents did not contain content on indigenous emergency management/planning.

This was also supported through our regular visits in aboriginal communities as it also became apparent that they are threatened by multiple emergency risks. Over the course of my 6 years in the area, I’ve heard of many fatal car accidents on roads from communities, there have been three house fires that destroyed the buildings on fire and in the space of a year three people died from exposure after their vehicles broke down between town and their community. If a larger emergency were to affect a community, many people could very well be stranded without basic provisions or a transport link to services.

The city had previously purchased an emergency tent and some portable toilets through a lottery grant so we were aware of the situation but we didn’t have any action plan or strategic approach in place. The more we thought about it the more potential issues appeared. So how would we get even the equipment we had to communities if the roads had been washed out?

So then we thought about investigating to see if there was any projects/plan or research that we could use to help address the EM issues… surprisingly, there was very little information, plans or templates available.

Despite the risks we have not identified any research into the emergency risks affecting communities in our region or any emergency plans for communities.

This is a problem for local government as the WA Emergency Management Act 2005 says that local government has to ensure that effective local emergency management arrangements are prepared and maintained for its district and that it must manage recovery following an emergency affecting the community in its district.Circulars have been disseminated by FESA to stipulate that this includes Indigenous communities. From my experiences I think its very unlikely that any of the arrangements prepared for the mainstream town in the local government area would be effective for any Indigenous community that may be hundreds of kilometres away.

This being the case, it was the case we thought it was essential that emergency arrangements be made for Indigenous communities in the region. We’re hoping that this project goes a good way to meeting this need by providing effective emergency arrangements for some regional Indigenous communities and providing the structure needed to make arrangements for the remaining communities.

Background
To give you some background into the region, the area around here is made up of semi-arid eucalypt woodland which runs from about 100 km north of here and continues east and south. Beyond the eucalypt woodland is open mulga scrub that becomes sparser as you go east until you reach the nullarbor. There are 30 Indigenous communities situated in the region. In which we only provide services to only 12 of these. Three of them are located in the middle of eucalypt woodland, five in the mulga while some are town-based. Four of the communities are situated over 100 km from the nearest town with one of them being around 600 km away from the nearest town. The only regional hospital is in Kalgoorlie with half of the communities being over 200 km away. Most of the roads are gravel as soon as you leave the north-south connecting highway or go beyond Laverton so much of the time the most appropriate method of evacuation in emergency situations would be by air.

The communities we work with have a resident population of between 30 and 150 but at times, like cultural business, funerals and footy carnivals, the population can swell a lot sometimes reaching 300 or more in places.

The Project
The City was able to source $38 000 of funding through an application to the Fire and Emergency Services Authority of WA, FESA’s AWARE program, that is All West Australians Reducing Emergencies. Usually local governments are restricted to applying for $30 000 but as we were proposing to run the project in an area of known need and across multiple local government areas FESA provide the additional funding.

Some reasons for the extra cost included;

The cost of (diesel) and flights, accommodation, and the need to adapt training material for indigenous focus. We also have to allow extra time for community members to absorb the material so that people understand. It is evident that there is a clear gap present which needed to be addressed. However we are under budgeted with contract fees etc, to effectively deliver this project to its full capacity.

The aim of the project was “to identify and evaluate the emergency risk profiles of three representative Indigenous communities situated in the Eastern Goldfields Region and advocate adequate emergency risk management planning at a community and a local authority level.”

So we want to find out what emergencies are likely to occur in these communities and how bad they’d be and we want to help get the communities start getting ready to deal with them with the Shire, City or Council.

The Scope
Firstly, the City IEH program works while based in City of Kalgoorlie-Boulder also works in the Shire of Coolgardie (next door), the Shire of Dundas and the Shire of Menzies, Leonora and Laverton to our north and we’ve restricted the project to communities in these areas where we’ve already got links with the people and where we
know the area. Kenan is gazetted as an EHO in each of these LG’s. Second, we also only limited to work with three communities due to time and budget limitations but our main aim was to keep the project manageable.

And thirdly, we're just looking at identifying the risks and drawing up arrangements, we're not looking at mitigation strategies or treatment options in this project. We intend to submit another application for AWARE funding to look at these items.

Lastly we tired to choose communities which were ‘representative’ of the our 12 communities we look after.

Consultation for Project
There has to be continuous consultation and plenty of feedback to a successful project. Kenan and I have done a lot of work, even before we had applied to run the project, making sure there was interest and support in the communities.

Once we had sourced funds we both met stakeholder face to face to discuss the project and by phone to set meetings and training up. We formed a project committee with Yvette Griggs from FESA’s community emergency management who provides support to community initiatives and Moya Newman from FESA’s manager for Indigenous Strategy and Policy. Teleconferences have been used for the committee to communicate as a group; we’ve all been in different locations and this has presented some difficulties. Emails have also been useful.

A lot of effort was put into liaising with Indigenous community staff to find the best ways of communicating with community people, whether there were special needs like translation and the best ways to run the training.

Plan / Arrangement
As opposed to just sending out emergency risk surveys with no precursor, we ran the project using presentations in conjunction with workshops slash training seminars. One of the objectives was to train community stakeholders in emergency management awareness so that valuable information on emergency risks could be gathered. We thought this could best be done in a workshop presentation format with discussion and a lot of pictures to get across the emergency management ideas we were trying to get across.

In all of this, there is a very strong commitment to seek the views of the Indigenous communities and we endeavour to engage people in the emergency management process. Accordingly, we are using a community survey which will largely focus on identifying community perceptions of risks of emergencies (e.g. fire, flood etc).

The surveys have been designed to help people identify the emergency risks to a community and it is an expectation that some assistance may be required to complete them so project personnel are involved at a hands on level with people as they complete the surveys so that they are not misunderstood or incorrectly completed.

Considerations in Arrangements
It was important that the project was tailored to suit the intended participants. There were a number of issues the project needed to consider so that the objectives could be achieved.

These issues needed to be adequately planned for, in formulating the method of project implementation, as they could become potential issues that could inhibit the successful execution of the project:

- funerals
- cultural business
- reading / writing skills / language barriers
- delivery distance
- taboos
- kinship
- gender issues
- Aboriginal sites

I will now hand you over to Kenan Bender and John Lane to go through the remainder of the project.

Objectives
The major outcome of this project is to initiate the emergency risk management process in the Indigenous communities of the Eastern Goldfields Region with following objectives.

Beginning we have to analyse the 12 Indigenous communities in the region and select 3 for inclusion in the AWARE project.

Getting local governments (and other stakeholder) involved was seen as an important part of the project. As you’ve seen, local government holds a responsibility towards Indigenous communities in regards to emergency management arrangements and it’s important for them to be kept in the loop as to the project so that they can put the information from the project into their larger plans.

We needed to investigate and arrange appropriate training for relevant community members and key stakeholders. Indigenous community members and community staff needed to be trained so that they were aware of emergency management precepts and were able to combine their experience, providing the valuable information needed to identify emergency risks. In regards to agency stakeholders like the local fireys, we knew that they had a lot of skills and experience in emergencies but we thought that they may not have the skills and experience in Indigenous communities to provide an adequate service to those communities.

The project aims to clearly demonstrate the differing roles of both the local government and the Indigenous communities in emergencies. The local government has a responsibility to have in place – arrangement and plans – but what support and assistance do they need, how should they engage communities etc? Indigenous communities obviously have the knowledge of the area and history. They know about emergencies that have occurred and the cultural issues that must be respected. So how do we fit indigenous communities into the emergency management process in a cultural sensitive way?

With this in mind, we believe it is important that we facilitate
partnerships between the local government, the Indigenous community and hazard management agencies (fires) so that they can plan for emergencies together. Local government already has structures in place to deal with emergencies but they don't know much about the situation in Indigenous communities. They need the support and knowledge from Indigenous communities to be able to do their job well....and Indigenous communities need local government so that the management of emergencies in their communities is not ad-hoc and thought of when the emergency has already occurred. Indigenous communities need to be able to fit in to the emergency management structures in place so that the state emergency management agencies know what to do when a emergency occurs.

Local Emergency Management Committee

A large part of this partnership will be formed by getting Indigenous community involvement in their Local Emergency Management Committee, the LEMC and the FESA Community Emergency Management Officers. LEMC a local committee that is run (and often chaired) by local government, its main function is to advise and assist the local government in ensuring that local emergency management arrangements are established for the district.

LEMC also:

- liaise with public authorities and other persons in the development, review and testing of local emergency management arrangements
- carry out other emergency management arrangement activities as directed by the State Emergency Management Committee or prescribed by regulations
- prepare and submit an annual report of activities undertaken throughout the year to the District Emergency Management Committee (DEMC)
- participate in the emergency risk management process.

LEMC is a forum where emergency management information from Indigenous communities can be put into the larger emergency management arrangements for the area. It’s really important that Indigenous communities get involved here, on an ongoing basis, so that the LEMC is kept up-to-date with emergency management on the communities and can keep improving their response. It's here that work can keep on happening to make sure that everyone is ready for emergencies in communities. Everyone knows what's in place: what resources there are to deal with the situation, who to call, where to go.

Obviously, we want to have a starting point from the project by finding out what the greatest emergency risks are for the target communities now. The project aims to find out what the risks are from community people, from the emergency management agencies, from records and from our own experience of the communities. As we’ve said, a number of emergencies have occurred while we have been here.

Lastly, we’re going to identify resource sharing opportunities that may assist in management, response and recovery of the 3 target Indigenous communities from emergencies. If a fire breaks out, it’s good to know if you’ve got a fire truck, to know where to find transportation to remove people if you need.

Project Management

G’day everyone. We knew that there would be quite a few more things to do than we were used to so we developed some project management sheets with tables showing the different tasks, responsibilities and deadlines that were needed during the project and allowing us to track progress; whether a task hadn't been started, whether it was in progress or had been completed.

As has been shown, the project brings together many different agencies that are involved in the hazard management process. Apart from FESA, WALGA and local government other agencies we involved include the WA Police, the Department of Indigenous Affairs, the Department for Child Protection and the Department of Housing. We had a meeting before project kicked off to see what resource sharing opportunities there were between the different agencies and were given offers of help with transportation from the Department of Indigenous Affairs and assistance with shared visits with various organisations.

One of the most important areas for managing the project was in the area of vital communications and liaison, especially with our target communities. It was extremely important for us to keep the lines of communication open to these communities so that visits and training could be run. We knew it was important from the beginning and we had multiple methods of communication with the communities using phones, faxes and emails. We tried to fit in to the community calendar and made ourselves aware of funerals and cultural business that could affect project delivery.

Having said that we knew this, it was still one of the most difficult issues we had to deal with. We didn’t want to waste a 400 km round trip with a flight added on for John but we found that there is sometimes still no guarantee that a trip is going to be successful. At times it seems impossible to contact the communities we’re dealing with. We needed to have flexibility built in so that despite running into problems, we would be able to continue. One advantage we had was that John was running the city’s mainstream emergency management arrangements at the same time as our project with Indigenous communities so when we had a hiccup with communities, John could continue working on the mainstream arrangements.

Community Selection

Selecting 3 target communities was one of our objectives. We needed these communities to be reasonable representative of all the communities in the region so that the framework or template we come up with at the end will be suitable for use in other normal Indigenous communities.

Some other key areas we were looking at in the selection process was that the communities we selected would have different emergency risks, the likelihood of participation and cooperation we thought we’d get and the stability of population and community administration.

It’s not that we wanted to bar communities where we were not going to get good results in all these areas, but we needed to make sure we had a good range. The communities with unstable populations and with less likelihood of participation could well be more at risk from emergencies.
We did find, however, that the communities with less stable administrations were much harder to deliver the project to than the stable administrations.

To select the communities, we created a matrix that allocated a score to each community based on the above factors and various emergency risk factors. I’ve included the matrix in the next 2 slides.

The communities are listed across the top, while the factors we included run down the side with the final scores at the bottom.

The factors down the side are:

• the community remoteness which we sourced off Accessibility/Remoteness Index of Australia +(ARIA+)
• population 50% with small being below 50 people, moderate being between 50 & 100 and large being over 100 people
• population stability
• internal political/administrative stability – some subjectivity but based on our experience
• familiarity with English
• how participative the community has been with our EH program in the past
• what their road access conditions were like
• whether they had air access
• whether they’d had a major emergency in the last 5 years
• what local government they were located in.

The weighting given to these factors may have needed a bit more work but I think it did identify those communities with the highest risk factors.

In the end we selected the 2 communities with the highest scores, Tjuntjuntjara & Coonana and one with a lower score, Kurrawang. Each had different risk factors like remoteness and accessibility and stability and taken as a whole, were representative of Indigenous communities in the region. The inclusion of Kurrawang allowed us to run the project where we knew we would get cooperation and where we could ensure we were on the right track to be able to deliver the project elsewhere, to the higher scoring communities.

We now had to run out the training and data retrieval activities like the survey in the communities. I’ll hand over to John to talk about these activities.

Training Focus [John Lane]

I would like to thank the organizers for allowing us to present today and of course to pay tribute to the owners of the land on which we meet today.

A little about myself and the Western Australia Local Government Association (WALGA) is a peak body for local government in WA. We have 139 member councils and it’s up to (WALGA) to provide for the policy direction and advocacy to government. Local Government has a responsibility in WA for 950 pieces of legislation. The Emergency Management Act is another one that got placed on top and I might add without any extra funding for local governments. So it’s an extra is an onerous piece of legislation as well. One of the extras local government had to get their heads around was not only did they have to produce emergency management arrangements for their communities but what they had to do now was to include Indigenous communities or Aboriginal communities that were part of their local government area.

A business area called Emergency Management Services was basically raised to assist local government with a myriad of legislation responsibilities under the Emergency Management Act and all of the policy that comes out of State Emergency Management Committee.

My part of this was the fun part of the process and a fairly onerous part as well. Whilst Keenan and Troy have alluded to how they set the program up and how they wanted to run it and include the Indigenous communities. We had to come up with a way that we would bring emergency management knowledge and emergency risk management knowledge to Indigenous people and that was quite a task. We had a starting point and that starting point was the FESA program called Safer Country. I suppose that most people in WA have probably heard of that and have had a little bit of dealing with Moira Newman from FESA she is only one person in that organisation that deals with Indigenous emergency management so we decided that we would look at what their program had to offer and how we could probably improve on that and probably simply it a fair bit. When you have a look at the Safer County Program it was quite mind boggling it was about 120 slides in a Power Point presentation that went over three days and it went right across the whole gambit of emergency management structure in WA. I spent probably the best of my career, my previous life as a police officer in the last 32 years I have spent a good part of my career in communities in the Western Desert trying to explain to them what emergency management and risk management is all about. So that what we had to come up with. What we decided to do was to simplify quite succinctly and bearing in mind we were going into communities like Jun Jun Jarra, Pitandjara speaking people, English is not their first language and so we have to use interpreters. We didn’t put the program together and translate it Pitandjara language what we did was put the program into simpler terms so that anybody could pick it, read it and get the knowledge and then translate it if there was an issue with understanding the program. We decided we would run it in three modules or three sessions. The first was an introductory session to the AWARE Program and what emergency management is in WA and how it fits together and how it can affect Aboriginal communities. The next module was emergency risk management which was a light introduction to risk management if you have a look at risk management process and how that actually operates and the intricacies of the risk management process there would be no way that you would expect Aboriginal people would understand. There are a lot of people out there in the EM industry that still do not understand it. We didn’t send out a survey to everyone in the community because that would defeat the purpose so we gave a survey to the people at the sessions we were conducting. So that would give us a good insight into what the risks were in that community and those people through the running of the program their understanding that they gained out of the sessions would have a better insight into what we were trying to get through the survey.

As Keenan has already alluded we had a good communication
process but trying to get the community involvement in the process was fairly hard we went out to Kerrawang which is only 20 kms from Kalgoorlie. They put up their hand fairly early and said that they wanted to be involved and we go good involvement from them. But when it came to trying to get involvement from the other communities that was a little more difficult and we may even have to revisit who were are going to see because of that non- involvement.

What we wanted to get out of this process is to identify the risks within Indigenous communities now that has never been done in WA before. The process has been explained but they have never actually gone into a community. So what we wanted to do, and I am very grateful to the City of Kalgoorlie-Boulder because it’s the first local government that has actually put their hand up and said that they want to be involved in this and we want to involve our Indigenous communities no other local government in Was has done that yet. So we are very pleased that Kalgoorlie-Boulder has done that. As the Professor pointed out not so long ago in his presentation was that if you document what these risks are and you go through the process then your bargaining power to get something done about those risks and mitigate those risks is going to be enhanced. It’s alright talking about that we’ve got a very narrow road in the community, or that our electricity goes out because there’s branches hanging over the power line or we have speeding vehicles in the community which endangers our children, you can talk about those things till you are blue in the face but until its actually put on paper nothing can actually be done about it. The AWARE Program has got $40k involved in it for mitigation for each local government that actually wins it. Now $40k in mitigation is not an awful lot of money the whole program is $400k and that is specifically for emergency risk management. That’s across 139 local governments. Through this project and what we have done in this project what we are hoping is that part of the $80M over 4 years can actually go to making some difference in Aboriginal communities for mitigation of risk.

We put together a survey, we wanted to really identify what the causes and sources of risk were in the communities and we wanted them to understand it as well and what we were going to do was sit down alongside them and ensure that we got understanding of what we were actually on about so it worked out quite well. We have a few areas that we need to make some fine adjustments to. The terminology that was not really understood. To wind up Kerrawang Community – loss of drinking water was their biggest one right down to road crash which was the less sever and severe storms came in at number 5 and you get some quite severe storms in Kalgoorlie-Boulder. They were some of the things that they highlighted that they thought were issues in their community and there were quite a few of those that I have already alluded to and quite a few of those are in evidence in most Aboriginal communities.

So we have a lot of ongoing work to do and we are hoping that other local governments will follow the lead and WALGA will hopefully be in the mix of that. I will leave you with one little thought, have you ever thought of what causes emergencies happening worldwide currently we think of all the things that are happening worldwide and it seems to be getting worse and I would just like to ask you are the Chinese really to be blamed for all this? And if you have a look at it in 2007 the Chinese New Year celebrated the year of the Chicken, and what did we have? We had bird flu, decimated Asian countries all over the place. In 2008 they celebrated the year of the horse, and what did we have in Australia? Equine influenza, which decimated the racing industry across the eastern seaboard. In 2009 year of the pig, what have we got? Swine flu! And you can look up what 2010 year is. Thanks very much for your invitation for speaker here.

Ongoing Work

We’ve still got a lot of work to do to get the project complete. We haven’t yet done the training in our 2 remaining communities. We’re now making our last efforts in organising training with Coonana & Tjuntjuntjara but if it turns out that it’s just now going to happen we’ll run the training in our back-up communities around Laverton and we’ll still come up with a very good and representative results. The survey will also be completed in these communities and we’ll work with the administrations to make sure we collect more specific community information on emergency management resources they already have.

We’ve then got to collate the information we’ve gathered and write up the project report and compile the risk statements for each of the communities. The risks will then be evaluated and analysed so that the risk plans can be drafted and fed back to the communities and local governments / LEMCs. The project report and risk plans will also be provided to the FESA funding providers for comment and evaluation.

Where to once complete?

When the project is complete, we’ll continue to assist local governments to partner with our target communities to formulate their emergency arrangements. We’ll also be encouraging the communities to get involved in the local LEMC. These were two of the main objectives of the project and are the avenue for the ongoing sustainability of emergency management in the communities. The risks effecting communities are not static and will need to be maintained and reviewed by each of these parties regularly.

The city will also be applying for further funding under the AWARE Stage 2 program where we’ll be looking at treatment options to deal with the identified risks.

The framework or template for community involvement in LEMC will be provided to all regional local governments and Indigenous communities so that they have a model of involvement and can use the template as a stepping stone.

Takeaways

Over the course of the project, we’ve learnt a number of take away lessons. We really need to plan for a good amount of ‘face to face’ meetings with each community to ensure that there is engagement with the project and emergency management process. Budgeting for these trips, for translation services and for experienced officers really needs to be sufficient to cover the eventualities.

The timeframe we initially planned had to be pushed back quite drastically. This was not too problematic on ground level as we just need to keep FESA informed of the situation and an extended
timeframe can be authorised but the budget will inevitably rise with the duration of the project.

In future we also think that it would be better if a local government representative could participate in any training, surveys and presentations on relevant Indigenous communities so that there is a smooth hand over to both of these parties at the end of the project.

FOR MORE INFORMATION
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OPERATION, MAINTENANCE AND MONITORING OF WATER AND SEWERAGE IN DISCRETE ABORIGINAL COMMUNITIES IN NEW SOUTH WALES

Gillian Barlow, Paul Byleveld & Jeff Standen, Department of Aboriginal Affairs, NSW Health

Thank you for having me here today to talk about our program to maintain, operate and monitor water and sewerage in discrete Aboriginal communities.

I would firstly like to acknowledge the traditional owners of this place and to pay my respects to Elders, past, present and future.

In July 2008, the New South Wales Government in partnership with the NSW Aboriginal Land Council commenced a program to monitor and maintain the water and sewerage systems in discrete Aboriginal communities. This sounds pretty simple but to begin to understand the program, it is important to understand a little of the context and something about Aboriginal communities in NSW.

The history of NSW is that many Aboriginal people were made to live together in locations on the edges or some distance from a town. These may or may not have been missions and became generally known as ‘reserves’. They were the responsibility of firstly the NSW Aboriginal Protection Board, then the NSW Aboriginal Welfare Board and finally handed to the Aboriginal Lands Trust. It was these organisations’ responsibility to oversee everything on the land - including the provision of municipal and essential services. How this was done, and how well, varied.

In 1983, the NSW Government enacted the Aboriginal Land Rights Act. This resulted in these former Aboriginal reserve lands, being transferred to Local Aboriginal Land Councils or LALCs, who had an Aboriginal elected Board of Aboriginal members. 121 Local Aboriginal Land Councils were established.

Whilst the Aboriginal Land Rights Act was intended as an act of reconciliation, it brought with it a large number of responsibilities that the newly created LALCs were not familiar with, had little or no training in and were ill prepared for. For example, each LALC was now responsible for the management and repairs for all the housing on its land. Neither the houses nor the infrastructure was necessarily in good condition when they were handed over.

Most of these communities are located at some distance from, or at best, on the edge of a town and may not be connected to the mainstream infrastructure. This meant that although the community has had access to water and sewerage, the infrastructure is often located within the boundaries of the land and hence owned by the LALC.

Under the Aboriginal Land Rights Act, the land was transferred to the LALC as a large single parcel of land, even though it might contain many dwellings. The Local Government now treated the land as private land and charged rates on it as a single parcel. Rates are used as a contribution towards municipal and essential services, such as the removal of household garbage. It is also used for the provision of water and sewerage.

In the cases where water and sewerage is available, the Council was responsible for these up to the boundary of the land but it became the responsibility of the Land Council from there to each dwelling. This might be reasonably close (such as Bowraville on the north coast) or it might be at some distance away – many kilometres even.

Where the reserve was some distance from a town, the land might have its own sewerage treatment or water treatment works. The Land Council was then totally responsible for the provision of water and sewerage for its tenants. These types of systems for water include:

- groundwater (bores)
- rainwater
- river water – generally with a chlorinating system.

For the sewerage removal, the on-site systems include:

- septic tanks
- aerated waste water systems
- oxidation/evaporation systems
- land application areas
- sewerage pump out systems.

All of these systems have their own issues and require a certain technical knowledge to maintain and monitor.

Where local government provided water and sewerage to the boundary only of the land, because the land was a single parcel, rates were calculated on the basis of a single dwelling on the property, even where there was substantially more dwellings than this. Obviously a lot of houses use a lot more of everything than just one house and therefore the rates were charged at the exorbitant ‘excess use’ rate. This has meant LALCs have paid thousands of dollars for water or sewerage use, when calculation of the rates and charges on a “per dwelling” basis would have resulted in no or little ‘excess use’.
Whilst funding has been spent since 1983 on capital works – upgrading pumps or installing new filtration systems, by both the Commonwealth and the state, there has been little or no assistance to land councils for the maintenance or regular repairing of them.

Regular monitoring of each community’s water has been undertaken through comparatively ad hoc arrangements, often requiring community members themselves to be involved in this. Whilst the employment in doing this has generally been welcomed by the individual or individuals involved, it means that should they go on holiday or have other business, the monitoring may be left until another time, leaving a community in a potentially serious position. In regards to sewerage disposal, when an emergency occurred, a solution of some sort would be worked out but it remained the responsibility of the Land Council to look after the system. If funding couldn’t be sourced to replace a poor system, the Land Council had to manage this as best as it could.

This is how things stood in 2004 when a working group was established by NSW Health to develop a coordinated strategy to investigate the water and sewerage infrastructure needs in discrete Aboriginal communities.

Although this all seems comparatively straight forward now, when the working group first started to meet, it wasn’t so. Noone was clear as to what the situation was or who was responsible for what. What was clear though was that it didn’t work and communities were having to pick up the pieces when something went wrong and as systems got older, more and more things were going wrong.

The working group was made up of a range of state and Australian government agencies as well as key peak stakeholder bodies, many of whom had refused to talk to each other about the situation before, so angry were they all about it.

In May 2007, the working group completed a paper which outlined the issues involved and suggested a way forward. It included a desktop study of discrete Aboriginal communities.

The study defined a discrete Aboriginal community as one which satisfied all of the following criteria:

- It must be in NSW.
- It must be bounded by a physical or cadastral boundary.
- It must be owned and managed by an Aboriginal organisation on a community basis.
- It must be lived on permanently.
- It must have a minimum of 3 houses.

67 communities were included.

This study outlined how the water and sewerage was provided to each of these communities. It did little else because not much more than this was known about the actual systems – let alone the condition of them in each of these locations.

The Issues Paper explained how the problems had come about and made a series of recommendations. In particular, it noted that the situation was not acceptable and needed to be fixed. It mentioned that there was no single agency which was responsible for supporting the discrete communities to maintain their water and sewerage infrastructure and that LALCs were unable to sustain these systems over the long term as they often lacked the resources and/or skills. Besides, no other communities in NSW were expected to do this.

As a result of the Issues Paper, a full survey of each of the discrete Aboriginal communities was done to get more information about their systems and work out what was needed to fix them. From this, a business case was established and funding sought.

In July 2008, therefore, the NSW State Government and NSW Aboriginal Land Council agreed to work in partnership to deliver a maintenance and monitoring program of the water and sewerage systems in over 60 discrete Aboriginal communities. It was agreed that the program would be the responsibility of the Department of Water and Energy, who had the expertise to do this, and would be overseen by a steering committee made up of State agencies including NSW Health, the Department of Aboriginal Affairs, NSW Treasury, NSW Aboriginal Land Council and the Local Government and Shires Associations.

It is the program’s intent to have the relevant local government take over the responsibility of the operation and maintenance of the systems – not take ownership of the infrastructure but to enter into a service agreement with the community to do this work on a regular (and defined) basis – so that it is no longer the Land Council’s responsibility to do this and in a manner similar to that every other NSW person would expect.

Noone in Sydney for example would be expected to know anything about how the water and sewerage gets to their house or where it goes when it leaves – let alone how to fix anything if something went wrong – why then should it be expected that people on a community should be able to do this.

Each of the discrete Aboriginal communities is visited by a team lead by the Department of Water and Energy. All parties are present at this first meeting - community representatives, members of NSWALC, the local government or local utility provider, the health workers and any other interested parties. The program is explained. The various elements of the infrastructure are examined and faults, malfunctions etc are noted. The community has a chance to outline any issues they have with water and sewerage.

Notes from the meeting are sent back to the community and the local government representatives and once they are agreed on, negotiations start with the local government to see how they can take over the maintenance, monitoring and operation of the systems.

If there is any emergency works required, the Department of Water and Energy is responsible for seeing these are done as quickly as possible. At this stage, there is no funding for capital works as such, but it is part of the intention of the program that with regular maintenance and monitoring, each system should be able to work to capacity and should last for a considerable length of time.

It is an advantage to have a range of technical experts on site at the same time as they tend to challenge each other into finding the
best solution to a problem.

For example at one community, there had been considerable difficulties with a chlorination pump which was required to treat the creek water which was being used. The water was being drawn from the creek, chlorinated and then pumped around to each house. People at the bottom of the hill, close to the creek, complained that their water always smelled of chlorine and was unsuitable for drinking or using as a result. Often they would turn off the chlorinating pump because of this. This meant the water was not being chlorinated at all and people could become sick. Everyone was boiling their water as a result – a serious situation.

An initial solution included installing a second water line in which the freshly chlorinated water would be taken directly to the reservoir at the top of the hill. It would only be this water that would then be distributed to the houses – the problems with having very strong smelling and tasting chlorinated water would hence be solved as the water would have had a chance to sit in the reservoir before distribution.

This solves the problem certainly but it was at considerable expense. What is also important here is that it was known that in a few years time, the water could be sourced via an alternative mainstream method and then they would no longer have to use their small creek’s water at all – which was becoming increasingly difficult to do particularly with the effects of the drought.

After some deliberation, it was felt that a different solution might lie in pumping water from the creek and chlorinating it in the middle of the night – say from 1:00am to 4:00am when people were unlikely to be using it. The freshly chlorinated water would be able to sit in the reservoir for a length of time before being used by anyone – by which time it should be suitable for drinking without the strong chlorine smell that can occur when it has only just been chlorinated.

This solution was worth a try at least – if it didn’t work then the second line could be put in – if it did, substantial amounts of time and money could be saved and the community would be able to save on operating costs by using off peak electricity to pump.

To the end of April, 2009, 28 communities have been seen by the Department of Water and Energy.

Five have started negotiations with the local government for an interim arrangement of operation of their systems and one has a finalised arrangement in place. This community which was the very first one visited because it was known to have a large number of issues associated with its systems, has had no problems with its water and sewerage since.

An agreement between the state government and NSWALC to work together over a length of time, at a minimum of 25 years, has been signed.

Agreement between the relevant agencies will be developed so that they too know how to work together over this same length of time. The “working together” a foundation of the Two Ways Together Aboriginal Affairs plan where agencies and Aboriginal people are asked to work together to formulate the best possible results for Aboriginal communities, has been difficult at times and the program is an excellent example of how it can occur and have a great outcome.

Individual agreements between each community, the local utility provider and the Department of Water and Energy are currently being developed – as well a risk management plan will be drawn up for each community. This plan will outline what each community should do if something does go wrong - who they should call, where they should go.

There are of course still challenges to be met by the program. One major one is employment. It is hoped that a number of full time positions will be able to be secured. Before, people from a community were often employed a few hours a week or month to monitor and test the water or to ensure the infrastructure was working properly. By having regular maintenance and monitoring and overseen by the local council, a full time position that includes this work as well as a range of other activities is anticipated. The Steering Committee is continuing to work on this aspect.

By the end of 2009 all discrete Aboriginal Communities will have had the program explained in detail to them and have had the opportunity to be involved. Hopefully by then many of them will also have at least started negotiations with the relevant local council to undertake the work.

Whilst it is a single program run for Aboriginal communities across the State, each community is looked at individually and a unique solution is being worked at so its particular needs can be met. No solution is generic – each agreement is for that community and its water and sewerage alone.

Most importantly however, is that once they have an agreement in place with their local government, the community will be able to be confident that their drinking water is safe to drink and that their waste is being removed and disposed of properly.

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Introduction

One of the greatest contributions that can be made to improving water supplies in Indigenous communities in Australia is through planning and management based on risk management principles. This paper will describe a project called ‘Guidelines and Best Practice Documentation – Water Supplies in Remote Indigenous Communities’, which was the basis for creating the Community Water Planner Field Guide. The Field Guide is an information pack to help service providers and Indigenous community residents in planning the effective management and operation of small water supply systems. The information pack consists of a series of posters with guidance for appropriate participatory methods and approaches.

The Community Water Planner Field Guide was commissioned by the National Water Commission (NWC). As the name suggests, the Field Guide supplements the standard water planning tool, The Community Water Planner (NHMRC, 2005). The Field Guide will assist Indigenous communities and service providers, including governments and utilities, with local water management. The project was led by Water Quality Research Australia Ltd (WQRA), and the Centre for Appropriate Technology (CAT) developed and trialled the Field Guide in four remote communities. A steering committee and a working group with health professionals and technical specialists contributed to the content, design and strategy of the Field Guide.

Trialling the Field Guide

We asked four diverse remote communities in different states to work with us on the project so that the pack could be tested in different legislative, cultural and climatic contexts. The case study communities were permanently occupied, had a population of between 20 and 200 people, and agreed to take part in the project. The communities in the trial were: Buru (China Camp) in Queensland, Yuelamu in the Northern Territory, Mandangala (Glenn Hill) in Western Australia and Malabugilmah in New South Wales.

To assess the Field Guide materials, we surveyed the residents. The short face-to-face survey asked residents about their community, their knowledge of water supply management, and how the materials in the Field Guide could be improved. The survey responses influenced the information in the pack materials and shaped the guidance materials. The project began in April 2008 and the final trial site visits were in June 2009.

The Community Water Planner Field Guide

Indigenous communities are located in varying climatic and environmental conditions and each community may have a unique language and cultural perspective. In order to make the Field Guide applicable to any Indigenous community in Australia, we created a generic pack which incorporates the following considerations:

- Applicability to remote Indigenous communities
- Recognition that English may be a second or third language
- Small water supply system design, including technology that is used in remote areas
- Adaptable
  - Can be used with a range of water supply types, community contexts and legislative structures within Australia.
- Emphasis on hazard identification and risk management

The Field Guide focuses on preventing microbial contamination of drinking water. The secondary focus is managing other health threats, for example chemical contamination by fuel or lead. Information on water use efficiency (demand management) was also included, but the topic is not the primary focus of the Guide.

The Field Guide is packaged in a mailing tube for easy transport and storage. The tube contains posters, activity sheets and an instruction manual for the facilitator. The choice of using posters was a result of discussion with community residents. Several format options, including online tools, were discussed with the residents of Yuelamu and Malabugilmah during the initial phase of the trial. The residents preferred posters to convey the water management information. In addition, posters are an eye-catching way of publically displaying information and they are accessible to a broad audience.

The posters and other materials are brought together using the facilitation process described in the instruction manual. Environmental health workers or essential service officers could be facilitators; their skills and technical knowledge would be a valuable resource to the participants creating a water management plan. If, however, the facilitator is not a specialist, they can still use the Field Guide by reading the background material and following the process.

The Water Supply Management Facilitation Process

The facilitation process consists of four steps followed by an annual review. The steps are: community water mapping, water supply risk management, asset management and roles and responsibilities. See Figure 1 below for an overview of the process.

Step 1: Community Water Supply Mapping

The first step of the process is mapping the community water supply using the stickers and large blank mapping sheet provided. The colourful stickers prompt participants to include water supply infrastructure such as bores, fire hydrants and tanks. The stickers introduce water management concepts that might be new to the participants, such as critical control points. Mapping is a fun and inclusive way to start talking about the water supply. Mapping helps to identify any problems with the supply or gaps in knowledge (e.g., does anyone know where the isolation valves are located?).
Step 2: Water Supply Risk Management
During the second step, the facilitator and participants go through the water supply posters and identify the ones relevant to their supply. The posters illustrate installation requirements and ongoing maintenance tasks for each section of the supply; source, storage, distribution, use and wastewater disposal. By reading and discussing the posters the participants build knowledge of the potential hazards and risks to the water supply. The posters can be displayed together as a frieze or separately near the relevant water supply infrastructure. Displaying the posters in a public place serves to remind and reinforce the importance of the management activities.

Step 3: Asset Management
The asset management step consists of maintenance posters and a long-term planning worksheet. The colourful posters show basic maintenance tasks for mechanical assets such as electric pumps, diesel generators and chlorination units. Ideally, the posters would be displayed near the asset, in a workshed or similar place.

By going through the asset management worksheet, participants create a plan for infrastructure replacement. The worksheet gives an indication of how long each part might last and allows long-term financial planning.

Step 4: Roles and Responsibilities
The materials used in the fourth step are a series of posters showing the roles and responsibilities of different agencies and government departments. The posters ‘map’ the relationships between remote communities, legislation and relevant organisations along the ‘paths’ of both water quality management and infrastructure. The facilitator works through the poster content using a set of scenarios. There is a focus on who to contact and under what circumstances. If a pipe bursts, who needs to know? Names and contact details (e.g. local water utility contact person) can be recorded directly onto the posters.

Experience from trial sites
Following is an overview of what we learnt from the resident surveys and experience of trialling the Field Guide.

Firstly, engaging people on the topic of water was not difficult. Generally, residents from the case study communities recognized the importance of good quality drinking water and the role that they can play in managing their own water supply.

Secondly, the Field Guide has two audiences. The information about who to contact in an emergency, basic water supply characteristics, and water risk management principles is for everyone. The other audience is made up of water managers and other people who carry out operational activities. They require more specialised information, such as how to handle chemicals safely.

Thirdly, in order for information to be useful it must be tailored to specific community needs and circumstances. One of the challenges we faced in creating the Field Guide was making a generic resource that was flexible enough to be used in a variety of different contexts. We addressed this by including mechanisms for localising the Field Guide throughout the facilitation process. As a result, the information in the Field Guide is accessible. It is also comprehensive and technical. We meticulously cross-referenced and checked it against the Community Water Planner (NHMRC 2005) and the Australian Drinking Water Guidelines (NHMRC 2004) for consistency.

By using the information in the Field Guide as part of the water management planning process, water supply breakdowns can be reduced, water quality improved and this will contribute to better health in remote Indigenous communities.

Next Steps
The Field Guide will be released in late 2009. The Field Guide will be available free of charge and copies will be available at Health Departments in most States and Territories. Additional copies will also be available at the Centre for Appropriate Technology. All Field Guide files will also be available for download from the web.

References
National Health and Medical Research Council (NHMRC), 2005. The Australian Drinking Water Guidelines: Community Water Planner - A tool for small communities to develop drinking water management plans, Canberra.

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MAKING FOOD SAFETY TRAINING CULTURALLY APPROPRIATE

Brendon Sherratt, Northern Territory Department of Health and Families

Good morning, firstly I would like to acknowledge the traditional owners of this land on which we meet this week. This morning I want to share with you my experiences and challenges which I observed whilst delivering food safety programs in Kriol. To a family centre Beswick just outside of Katherine. I will give some information about Beswick; Beswick is a medium sized community which encompasses a local school food store, shire council office and health centre like most communities. It goes from the Stuart Highway right through to Gove in Amhren Land. The Beswick family centre is responsible for the preparation and distribution of meals to the school program the crèche and the aged care program. The centre has a number of staff members that work for them usually 3-6 staff members at any one time mostly women but there are some guys that work for the centre as well that help out with cooking and tidying the yards. Because the family centre caters for those vulnerable population groups it was paramount that they under took some form of food safety training and to gain information and to take information from the Environmental Health Officer from Katherine.

With language as an immediate barrier Indigenous people begin to feel uncomfortable and tend to distance themselves from the presenter this I have noticed first hand when delivering food sessions or information sessions in the past. Traditionally food safety training and information sessions delivered in Australia use a scientific approach to explain germ theory including this approach in the scientific rational can be difficult to comprehend not just to the population groups that don’t speak English or English as a second language but to people that don’t have a science back ground.

A lot of the time non-Indigenous health and other agency professionals working in Indigenous communities take some cross cultural awareness programs prior to their commencement. This is an effort to bridge the gap in some way and get the awareness of the Indigenous culture to these new employees. Having some knowledge of the Indigenous cultures around the top end of the Northern Territory I believe cross cultural awareness is crucial when partaking in community based activities. My former colleague identified this as a barrier when he attempted to conduct food safety programs in another community just out of Katherine with very limited success couldn’t deliver the program effectively. So he then approached the local language centre in an effort to his avail they could do that and as a result the two formats were created a written version for those that could read Kriol and an audio version for those that could not.

So in the food session we deliver its still outlines the fundamentals of food safety programs like design as well as hand washing, temperature control, cleanliness, pest control and good hygiene practices. As a child growing up in Katherine I got the privilege of going to school and developing friendships with other children that spoke Kriol. Over my schooling years I began to understand and recognize some of the words that were spoken; some of the first words I learned weren’t the nicest and I won’t repeat them here today! So when I got the opportunity to deliver this resource I was very excited about the potential about the way in which this would influence the way in which I would deliver community based activities in the future.

When I first arrived at the family centre there were some women and a guy sat outside having a cup of tea. As I introduced myself I got the impression that I made them feel somewhat uncomfortable I believe this was because I was a young guy and because it was the first time I had met them.

I started the presentation with a generic spiel on food safety and what my roles and responsibilities are as an EHO. The participants were looking a little distracted at an early stage as this was not so familiar to them so after my introductions I started to play with the audio of a woman speaking in Kriol in sync with the slide presentation. The presentation was projected onto a wall for better viewing purposes. I tried to cover all bases having the audio, speaker and better visual aid to assist. By the nodding of the heads there were a few funny points during the presentation that I had some difficulty explaining such as temperature control and I explained that it’s also difficult to explain that in the non-Indigenous areas to shop owners and proprietors. But overall the Kriol based food safety session went well and this method of transferring English to local based language has some big benefits breaking down barriers it’s could also be utilized for other programs and other community based environmental health activities in the future.

Thank you.

Q. Brendan you said that you were running that in Beswick. Are you going to look at running it in some of the other Kriol speaking communities in that area?

A. Yes, most definitely. Beswick was the starting point because the contacts were establish in Beswick but yes by all means, we did try at Borroloola even though they don’t speak the same dialect the outcome was similar to Beswick.

Q. What was the cost?

A. Although it was before I started, as far as I know it was a free service.

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KEYNOTE ADDRESS

Mark Bin Bakar

Thank you everybody. We have some Bin’s here, there is Bin Maarus, Bin Salleh, wheelie bins, black bins.

It is a pleasure to be here, and gather here at this important conference. The people of the Wongatha Nation, here in the goldfields. We have been here together for generations over. The Wongatha people, like all Aboriginal people throughout Australia, have been the victims of colonization, development and progress of this part of the state. Unfortunately, like every where else, respect, acknowledgement and empowerment of these keepers of this land have been ostracized, demonized, and have become victims of the system that seemed to have failed every basic principle and that is the principle of right of place. The very gift from God, the creator, nature and the land that makes them, like me, nothing else but Aboriginal. I acknowledge the Wongatha country.

I would also like to thank the NATSIEH Conference and Organisers for inviting me, in particular Iris Prouse who harassed me to be here and for inviting me and allowing me to present as a keynote speaker whilst I am here. I would also like to thank the conference for inviting Mary G, who I work with, who will be here as well for your sprints tonight.

She said to me “ask them to thank you as well” in her own demanding and authoritarian manner and she is known to be an environmental mental health safeguard herself.

Some great people, like yourselves, who are leading the fight for better delivery and development of environmental health services or initiatives within our Aboriginal and Torres Strait Islander peoples and communities.

People from community housing providers, health practitioners, community council members, community workers and providers, essential service providers, primary health care workers, local government, environmental health workers, practitioners, health promotion officers, directors, and managers of environmental health services. Now that’s a team and a half, isn’t it?

So friends, what does it mean to be Aboriginal? It should have, like most of you know, in the past, signified pride, identity, respect, and all the beautiful things that make up a great race of the human world and, to a degree, still does.

This is what Aboriginal people have and to a small degree, still do have, despite the challenges of living in a European way of life, rules and conditions. But when a race becomes suppressed, and kept in a place of deepest abyss of minimal self empowerment and eminence, then what we have is group of fellow men and women, fellow Australians kept in a place of emptiness. The psychological effects of this are a sense of worthlessness, helplessness and despair. Destructive effect on one’s life, you either change it or you leave. But, Aboriginal people do not have the luxury of these options as a basic fundamental aspect of their identity, culture in essence prevents them from either changing or leaving.

They are a minority; they are connected to a place like a tree is connected to the ground by its roots. They are not going anywhere and they cannot go anywhere. This is the difference between Indigenous people and westernized people. So by not being able to change their situation or leave they become a part of the shadows of the country, that is very seldom looked at, appreciated and recognized. This is the danger of society that we fall into. This is the failure of responsibility of our society, our state and our nation.

I quote the first ever Aboriginal and Torres Islander Governor in Australia, Pastor Sir Douglas Nicholas, of South Australia who said on the National Day of Mourning event in 1938, 70 odd years ago, "Aboriginal and Islander people are the skeletons in the cupboard of Australia's national life. Outcasts in our own land".

So what have we created here? We have created a sub-culture within our very own communities, under our very own noses and yet, we still generally tend to turn the other cheek and pretend that we do not see or hear or want to see it.

Why? Because as a society we care as long as it does not affect our life. Not our problem perhaps. But while this attitude continues and while the ignorance prevails, we commend members of our community, our country, into a state of emptiness. Sometimes our broader community is not even aware of what they are doing to our people.

I quote Stephen Biko, South African Activist, leader of the Black Consciousness Party, “White people must be made to realize that they are only human and not superior; and black people, we must be made to realize that we are also human and we are not inferior”.

So what is Indigenous environmental health? The question that has been nibbling in the back of my mind, since I have been invited to speak, to me it is a holistic approach to managing, understanding and comprehending wellbeing and pride.

It is not just about ensuring basic life-sustaining elements to remote communities which include water, sewerage, rubbish, pest control, vector borne diseases, housing, personal and community hygiene, dog health. It is inclusive of all of these, but I also believe it is also about the mental wellbeing and social wellbeing of our people, let alone primary health for people and in particularly Aboriginal people as immaterial.

A very old quote that was written 431 years before the birth of Christ, written by a man called Euripides who said “There is no greater sorrow on earth than the loss of one’s native land”. I also add further this quote that I found in some history books written by a white Western Australian pioneer, written in 1833. He said “Think not that the Aboriginal inhabitants of Australia, offspring of the same parent as yourselves, and partakers of all the kindred feelings of a common humanity, can resign the mountains and the seas, the rivers and the lakes, the plains and habitations of their fathers for generations to a foreign foe without the bitterness of grief”.

Professor Fiona Stanley says the history of colonisation and its aftermath of the forced removal of children has been the most significant reason for today’s picture of Aboriginal health and other
problems. The evidence is overwhelming of the effects of loss of culture, land, voice, population, parents and children. Aboriginal psychiatrist, Dr Helen Milroy who said "So many aboriginal children have a wounded sole from the layers of grief and loss, yet, so many of these children can still experience the joy in life and warm our hearts."

We must own our past collectively, because a kindred spirit a broken soul and a broken heart will continue to undermine the great investment that has been put into Aboriginal and Torres Strait Islander health, including wellbeing, healthy living and environment.

We must heal our Indigenous communities, we must heal our nation. Many people say "our people should get over it and move on". This is a denial. This is a failure by our nation to embrace and acknowledge the suffering imposed on Aboriginal and Islander people. Native title rights is a key here.

So why do we need to heal the country, its people and Indigenous people and their environments? Because, as per this very appropriate quote that touched me and I have been carrying it for a few years, said by David Seegar, a Koori warrior. He said "Lateral violence teaches people to just disrespect and deny the rights of an oppressed group to destroy the values and beliefs. Practitioners will engage in infighting, fault finding and scapegoating. Raising the stakes of competition via jealousy and envy. The attacks are made upon those who already possess low self-esteem, and the attacks lower as they think they become objects of unworthy or respect. They fail from the inability to recognise themselves as a human being. They become convinced that the oppressor owns them and often the oppressor does own them including through financial dependency upon welfare and person dependency on drugs or alcohol."

The key to a greater understanding regarding making a difference for me is we need to be creative and strategic in getting the message through to our people. Our people are ignorant of many facets, they are overloaded with comprehension of the rules to understand the many factors of having a healthy lifestyle and a healthy living environment.

An example: Dogs are family to our people. So historically we do not disrespect the dog by treating it badly or demeaning it. So the pests affecting the dog and the state of the dogs health is overlooked due to this respect.

Our people have never been educated in the basics of hygiene, but we expect them to understand the basics of home maintenance, keeping wet areas clean and disinfected. Germs and bacteria for example is foreign to our people as they are things we do not see. So when one does not see the potential of sickness or infection, it is not looked at as a danger to children, elders or oneself.

Awareness and education is the key......In the book Why Warriors Lay Down and Die by Richard Trudgdon says,"Only dialogue, which requires critical thinking, is also capable of generating critical thinking. Without dialogue there is no communication and without communication there can be no true education."
So we must engage with our people and teach them. Not enforce rules but to encourage reducing limiting sub-standard living conditions that are too often experienced in remote communities. Our goal to improve living conditions of our Indigenous people and reducing the disease rates and produce healthier communities must be also inclusive in a very humorous but laymen’s manner of getting them to understand. I add also that some of our people have been educated, thanks to churches and missions in domestic maintenance of homes, families and communities and many have not been educated. Why? No explanation, but generally just a taught behaviors.

H G Wells said "Human history becomes more and more a race between education and catastrophe".

Remember in our traditional state we were nomadic in the environment. Hence why there is a lack of understanding today in this day and age. Today we talk about personal hygiene, like showering. We use some of the best quality soaps and bathing oils. But are we really just washing off radiation protecting body oils exposing skin to the sun? This allows the potential of skin cancers. I use this as an example to express that the natural behaviors that our people practice was not really unhygienic, but considered as unhygienic because of our education into Western concepts of hygiene.

The Aboriginal body and lifestyle had been designed to live with the elements that make up our country. This has been inherited through thousands of years. Today, we expect Aboriginal people to live in a reserve and community and government housing. But our people generally have never lived in one place in their country.

A house is like a cave, a man made cave, and when the sun does not reach in and with wet areas that does not have sunlight , then kitchen areas are accessible by collectively people, kids and animals, we have created a new haven for germs, bacteria and negative hygiene that allows for other introduced sicknesses to morph and become entrenched.

It is assumed that all Aboriginal people understand. I once created a DVD script idea to promote awareness of germs and bacteria and basic environmental health issues, in fact, I have a couple of copies here if anyone would like to grab them later. I submitted this to various health organizations to no avail. They did not seem to see this as a priority. I think it is very bad not to recognize this.

I am presently working on a DVD regarding patients first. Aspects of leaving home to go to the city for medical attention. This is also well overdue. The point is our people do not understand. We must act now and move forward with no obstacles if we really wish to close the gap.

I travel throughout Australia promoting many aspects of health and wellbeing into very isolated communities. The message and the power of this beautiful woman I work with, Mary G, is to bring important messages and making people aware of tools that are available, like Mary G.

This is not a commercial break. Promotion of important messages that are culturally appropriate will give the appropriate outcomes. I travel consistently to the Northern Territory and to Queensland,
Far North Queensland, in fact I am going back there in June. It will be the third time, courtesy of Queensland Health who sees the value of the character in bringing peoples understanding to their wellbeing and mental health. Now they have invited me to go to Palm Island in Queensland to solve Palm Island’s problems.

It is a huge burden and responsibility to put on me or Mary G, but to me it is hard to her it is easy, maybe because she is a woman.

Friends, I have a high success rate in getting the message across to aboriginal and Islander people through the unique ability of the character Mary G. Her acceptance by little children, youth, mature age and elders is a phenomenon. We have won many awards for this work, not to mention credibility. I encourage you all to consider Mary G in the landscape of Australia and her ability to get the message across.

Throughout Northern Territory, Far North Queensland, Central Australia, Metropolitan Areas, Mary G and my company has the ability to present on many forms of live appearances. Our people love to laugh and Mary G has presented credible, successful awareness messages and campaigns for anti smoking, healthy eating, empowerment, general checkup, bi-genders, cyclone cleanup, wellbeing, sexually transmitted infections and diseases, domestic violence, incarceration, education, elder respect, culture, anti alcohol and so on.

I would like to again wish you all good luck at this conference and I am happy to talk and engage with people after this and the use of using Mary G for greater awareness, wellbeing and a better health in a changing environment for our entire mob and our country. We can do it together, in partnership with each other, I think that as I said earlier, everything is linked from native title, to housing, primary health, mental health, environmental health. It is all linked, you cannot support one without the other. We must not just think about what things will be like in one or two years time, but what they will be like in fifteen, thirty or even fifty years time.

The investment put in now will show a thorough outcome in the future. Not slums, poverty, disease and sickness.

I have prepared some stuff for the screen to talk through in a relaxed way. I was going to prepare a dynamic powerpoint for you,

Firstly, that one kind of says it all really about out Aboriginal and Torres Strait Island peoples wellbeing in this country.

First you have the old man sitting on his rocking chair. I remember when the old black man could get into America was to clean up the mess that the white folks had made. That was the only job a black man could have.

The guy sitting there with his banjo, I guess some things never change. I think that is very relevant, at the end of the day the government can throw millions and millions of dollars and servants of government can put all sorts of programs and policies in place, but at the end of the day we have to educate our people, to get them to own and be part of our own destiny.

For those of you who are not aware, two powerful tools quoted from Why Warriors Lay Down and Die and these two, the book and the DVD I find are very powerful tools, in particular for non-Indigenous people to learn and understand the ways of communicating including Aboriginal people who come from other areas who have not been exposed to culture and understanding as well can learn from this book.

The DVD Kanyini an amazing tool for people to understand the psychic and the mind of Aboriginal Australian, particularly people who have been taken off country and of course the Stolen Generation people.

That certain parts that make us who we are as Aboriginal people, language, culture, identity, country, when you remove from that then you just become lost. That particular DVD really captures that and Bobbie Randall who wrote Brown Skin Baby captures that really really well. It should be sent around to Government, to all ministers for health.

I quoted there is no greater sorrow on earth than the loss of one’s native land. This I presented at the Mental Health Conference in Perth about 8 months ago. Mood swings in our people - sometimes our people have got the worst temper and all sorts of things effect environmental health that they live in. The state of the environment that they live in.

I stated that quote and I think it is spot on. Sometimes we see children happy and running around and feeling good, but a lot of the times it is a pretty false view of what is actually happening in the mind of the child. That goes for elderly and middle aged people as well.

This slide I found in Queensland, in an isolated community clinic. What brings us down, our people? What are the issues? What makes us spiritual, social, family, mental and emotional? You take the spiritual, breaking the law, cultural troubles all these things that make up the state of mind of our people. Our people kind of have a burden that is on them all the time 24 hours a day. As a nation I am talking, particularly non indigenous Australians have to understand what our people are going through every day of our lives. Even if some of them are sitting, smiling, laughing, non-Indigenous Australians live in a different world. As most of you would know as Aboriginal people, bilingual thinking in our communication, we talk one way to our people and we change when a white bloke comes along.

The living zones of every day Australians you have got your private zone, you lock the door and that is your world. Then you have your professional zone, where you go to work, engage with the world, on a professional level. Then you have your community zone, your local non profit organization, club or society that you may be involved in. That is the world of most Australians.

Escape and time out - that is the message in there.

People can go back into their homes and shut the world out and say “I don’t want to know about what is happening at work and I don’t want to know what is happening at the club, I am at home, watch TV, have a beer and relax.” The private home zone is the most important place for you to have time out to escape. Look after your
wellbeing.

Home zone is all the one thing, you don’t knock off, you go back into your home, someone comes knocking at your door, can you lend me $20 to buy tucker for the family, can you mind the kids, whatever it might be. You guys know most of those issues and that is the difference between the western culture and Aboriginal culture. We cannot separate them, all those zones, because of who we are, hence why we have heart problems, sickness, and environmental health issues. All the one thing.

Mood swings come in with an overload of thoughts, issues, responsibilities, trials, tribulations, low self esteem; they are all stirred by the conditions imposed on our people which leads to major primary health issues. Living in one zone is the major contributor, there is no time out at all.

So back to that graph that I found, what keeps us well, spiritual, family, social, mental and emotional, it is all still there. Basically, spiritual, law, elders, social, country, physical, good tucker, family, friends, hunting, fishing, work, hobbies, sport, change, mental and emotional, know your illness, counsellors, know your early warning zones, positive thinking, flip charts, changing plans.

What destroys us and what keeps us strong: spiritual, physical, family, social, mental and emotional and you could add in there the other leaf the environment. This is all one, or maybe it’s the stem that holds the leaves.

I will give you a quick intro to Mary G again. Mary G was formed as an absolute accident on radio one night in Broome I started to get bored in myself in the studio so I started talking to myself in this woman’s voice. This was back in 1992. Whilst I was doing that show people in the community were saying “who is this woman?”, “where is she from?”, “we have never heard of Mary G before”. Then we went national on radio and then people wanted to see the character live that was the hard part with connotations of homosexuality …I thought I would just stay on radio then people started hassling me, someone wanted to make a TV commercial with this women and communities wanted to see Mary G live. So I started to dress up, shaved by beard and mo off and grew my hair longer. I was never into drugs or alcohol or a wife basher and I realised that the character had power and with that power came responsibility for respect for Aboriginal women. When I first started the character some women said I was offensive to Aboriginal women so I was happy to not do it any more. Lo and behold those women in the community from Beagle Bay and Broome told me to keep going and I wasn’t sure if I should keep going as some people were offended and they as “who?” and I said “oh such and such” and they said “Oh don’t worry about them they weren’t even black when they were young!” That was the turning point for me and I thought I would continue and I have never had an issue ever since. What it has done is to touch a lot of Aboriginal women around the country from many languages cultures and country.

So using the arts I can strike a cord to bridge the gap and by using humour people feel good about themselves and using black humour as people relate to that. Thank you everybody.
Trevor Adamson, APY Lands, Anne Prince, APC Environmental
& Tony Davies, Davies Consulting Services

Anne: We are going to do things a little different.

Trevor: Firstly I would like to say thank to the Wongatha people for having us here in their community here and I just want to sing one of the songs translated from Waltzing Matilda.

I would like to pay tribute to past and present owners and also to the South Australian Department of Health who have paid our expenses to be here to share the information we have today about the waste management project on Anangu Pitjantjatjara Yankunytjatjara (APY) Lands. I can’t sing, I can’t dance but hopefully I can share a little bit about what we are doing on the lands with you during this presentation.

For those of you who may not be familiar, the APY Lands is an area of 105,000 km² located in far north-west of South Australia, in which 3,000 people are living in 13 main communities and about 30 homelands. The area is between 400 – 900 kms South West of Alice Springs and is significant because in 1981 the Land Rights Act gave these communities self-determination for their land. The APY is actually managed by its own Lands Council and the Council is made up of a chairperson from each community.

Waste Management on the APY lands has been neglected for over a decade, and is inappropriate and something needed to happen – the SA state government and Commonwealth have joined forces to fund a Regional Waste Management Priorities and Implementation Plan for the Lands. The objectives or the aims of the Waste Management Plan is to reduce waste on the lands, to increase the recovery or recycling of resources and to improve land management. The deliverables were very clearly articulated to us; government wanted realistic, practical, affordable recommendations with an action plan of how to improve things over a span of 5 years. The focus was to maximise training and employment opportunities on the lands and to create partnerships with other agencies and organizations.

We had to review how waste is collected and managed on the lands. Some particular waste streams were specified that needed attention including old motor vehicles, scrap steel, paper and cardboard, beverage containers, waste building materials, used oil, lead acid batteries and tyres.

We were also asked us to investigate the introduction of the deposit system that has operated in South Australia (SA) for the past 30 years where a 10c deposit is paid on all return of all cans and bottles of beer and soft drink and beer as a litter control measure. APY is part of SA yet for some reason for 30 years that deposit system has never been operating in the lands.

In addition to the collection of waste we also need to look at landfills and to develop a Landfill Guideline which considers siting, design, management, maintenance, closure and post closure management strategy. None of the landfills are licensed by the SA EPA and government are seeking guidance on budget and financials for both capital expenditure and prioritise a landfill improvement plan and ongoing operating costs. Basically, how do we get from where we are to where we need to be, how we are going to get there and what it’s going to cost.

In May 2007 I asked if I could do an initial scoping visit to the lands as I had never been to the lands and I wanted to know what I was getting into before I agreed to do it. It is the most stunning beautiful countryside. We went to the APY Executive in Alice Springs in August 2007 to seek approval to do a waste plan for their Lands. We then submitted a proposal and got the funding approved. Trevor Adamson is centre piece of our team. He can sing, dance and is our translator and guide and he is very good friend. Tony Davies, well known to many of the local indigenous people and has worked on the lands for 30 years, he is an engineer and has been responsible for installing water infrastructure through the lands. He is my water and landfill guru. My role is trying to facilitate improving the collection, recycling and separation of materials.

With my local government back ground I was thinking about how I’m going to collect the rubbish and Craig Steel from SA Health said to me “No, you have to get it out of the house. You have to get them to manage it in the house” So that’s where we are starting the project right back in the house trying to get rubbish in garbage bins in the kitchen rather than traditionally thinking about how I am to pick it up, where am I going to take it to and how am I going to get it there.

We did a lot of community engagement with the Municipal Service Officers (MSOs) who manage the community and the Essential Service Officers (ESOs) who manage power, water and sewerage, the schools, clinics, Community Development Employment Program (CDEP), the stores about what happens now and what their thoughts were on what they would like to see happen in the future. We talked to the chair people, we talked to the white fellas that run these places but I wanted to go and talk to the community and that’s what Trevor did. We held community BBQs in every community to provide an opportunity for Trevor to talk to the community. Trevor had a picture book that we went through about talked about what we are doing now and what we would like to do in the future. All of this is contained in a interim report with 40 recommendations. We now have the funding to precede to the next stage. Now Trevor is going to talk to you about what happens on the lands now.

Trevor: Following up I just want to say a few things about what happened in 1996. The Government gave the communities $1 million for trailers for the stores and the community and homeland people living in homeland trying to clean up rubbish, new trenches dug for rubbish and toilets (bio-solids) and wheelie bins for houses, the art centre, the school, clinic and public places in the communities were introduced. Then 10 years later all those trailers broke down and trucks were not working but wheelie bins were accepted because they were good but some have no wheels. Some communities were using the truck on community work but the trailer is better than using the truck because young people don’t ‘ding’ it. There are no fences around the dump, plastic is not really good for people’s health and a lot of rubbish is blown away from the rubbish dump.
Later, government was looking at the waste oil and putting a collection area in every community and 30,000 litres of used oil has been removed out of the Lands. A new garbage truck was given to one community and some of those other communities are trying to tidy up the rubbish dump so they can put in separate areas cars, batteries, timber, tyres and metals rather than dumping it in one the rubbish hole and putting in a way so people are able to use it.

Anne: So in our report we recommended that some things can be done immediately and some things we need to see if they will work and we need to do trials on. We suggested that a car removal contract be let - about one car dies per day on the Lands and about 5,000 are now on the lands scattered in and around communities. Wheelie bin stands be provided in public areas and schools in all communities to stop the horses, the donkeys, the people and the dogs from knocking them over. Because if the bin gets knocked over no one wants to pick it back up and put it into the bin so we were going to try and stop the bins being knocked over in the first place.

We want to do a waste and litter audit to find out how much rubbish is on the ground and how much rubbish and what sort of rubbish is in the bin so we have baseline data of what we have now so that we can compare it to what’s happening in the future. KASBC – the Keep South Australia Beautiful Council have done a fantastic job doing community clean-ups and that is a ongoing rolling program and they have separate funding for 3 years.

The other thing of course is education. The schools are the cornerstone and KESAB has a ‘waste wise’ program that they are using in the schools. Trevor has done all the translations for posters and stickers to tell everyone what we are doing and why things need to change. We are using the local radio and a locally written ‘rubbish song’ and interviews to provide updates about what is happening and announcements about when to put your rubbish out. We are also hoping to use local television for some advertisements.

In terms of the trials we are putting all these trails into different communities. We thought about putting all the trials into one community and then we decided that it was probably too much for one community to have. So we are spreading out the trials so every community has at least one trial and some communities may have more than one trial.

The first trial is to to install house bins or to give one community bins for all their homes and to see how that works and to trial different sorts of bins to see if some bins are better than others. These bins will be emptied into the garbage bins which they already have. We will be installing bin stands, like we have in the public areas, by attaching these to the front fences of each house, so that the bins to do not get knocked over by animals or by people in an effort to try to reduce the amount of litter in the communities.

We are then going to introduce a monthly bulk waste or ‘big rubbish’ collection as most of the people do not have any way of getting these big rubbish items to the tip and they are not picked up by the normal rubbish collection. This was a suggestion that came from the consultation we did with the health clinic staff - they would like to see the yards cleaned up on a regular basis and this is one way that we can do that.

Waste collection; we are looking at whether the trucks or purpose built trailers are the way to go. The truck we are going to use is the new one that has already been provided and we are buying two purpose built trailers so now instead of using box trailers which will maybe move 6 bins at a time we are looking at a low car trailer type that will move 18 bins at a time. The bins are put on the trailer using a ramp an then the whole bin and rubbish taken to the dump and emptied.

Dry goods to the stores come wrap on plastic shrink wrap so to reduce that we are seeking to use fully enclosed secure reusable transport cages that can be used to transport goods in to the community and backload items out - reverse logistics back into Alice Springs. At the moment everything comes into the lands but nothing goes back out. The local transport company, ABC Transport, are willing to help us do some reverse logistics of items back out of these communities.

Currently, all of the cardboard from each store goes to the dump and is the main fuel for fires. So we are going to put in a cardboard baler to bale the cardboard and then take it back to Alice Springs and then to Adelaide for recycling. We are also introducing a deposit system in a couple of different communities and trialling different ways of doing it. In one location it will be through the school, in another using the CDEP people where a small depot will be opened and people can redeem the cans and bottles, receive a piece of paper with the amount of money that can be cashed in at the local store. Some of the proceeds will go to the individual who picks the rubbish up, some will go to the school and some will go to a sporting group. We are proposing different models to see which one we think is the most appropriate for the Lands. We will be using wool bales and also buying a purpose built trailer mounted baler to bale the cans and plastic items to reduce size for transport from the communities back to Adelaide.

We are looking at separating waste for re-use and recycling, waste metals, car batteries, timber, electronic waste, chemical pool containers; some of the communities have recently had pools installed and now we have a whole new waste stream which is the 20 litre drums of pool chemicals.

We are proposing two different trails for stripping of cars and white goods; one using CDEP and one using a family enterprise model whereby the proceeds of the value of the scrap or the value of the spare parts goes to the community or family that actually does the stripping of these materials.

We are currently getting memorandum of understandings signed off by all the stakeholders who will become the custodians of the equipment or who are required to assist us by completing surveys sheets to measure and monitor how the programs go. We are currently buying equipment and will then be implementing measuring, monitoring and evaluating over a 6 month period from June to November, 2009. We will be undertaking monthly field trips, both Tony and I separately and together just to keep things moving and to identify challenges and problems that may occur so we gain the knowledge and information of how things are working.
and if they are not working why and how they are not working.
There has been a governance process put in place as to what the
reporting mechanisms will be; there is a steering committees and
all the funding agencies are involved with regular meetings of all
the key stakeholders to report progress made to date.

This project is about trying to change behavior and create cultural
change rather than putting engineering type solutions in place.
Our final report with go to government in March 2010 and that will
identify the 5 year forward program of what money needs to be
allocated for what tasks and priorities.

I certainly hope and I am sure that Trevor does as well that we can
maybe report back on the progress that we have made at your
next conference in Darwin in 2011.

The other project I am working on is also a landmark project - a
pilot project on Warraber Island in Torres Strait which has a whole
totally different waste stream, totally different challenges including
a whole range of quarantine issues to deal with moving materials
from one Island to another or from one Island back to the mainland.
We are looking at putting a significant composting program on
Island for all the organic waste – food, garden and cardboard. So
it would great to come back and talk to you about both of those
projects and our lessons and our experiences that we learned from
these projects.

Thank you for your attention.

Q. Anne, you mentioned that there was 30,000 litres of oil removed
what was the source of that oil? Was it all from motor cars?

A. No, it was all from power stations. Recently a number of the
eastern communities have just gone onto a central power source
so the majority of that is on a centralized grid and the old generators
are obsolete.

Q. Isn’t that the responsibility of the power company to remove
that?

A. When you are that far from anywhere and no one is looking, who
is going to know if it’s still there or not there? There is a whole range
of inherent problems when noone’s watching what is going on,
and anything’s going on! So what we are trying to do is see what is
actually happening and then put in programs to try to manage the
waste streams that are there and eliminate them in the future.

Q. If the present scheme isn’t working there must be a lot of money
there for someone to take those cans back to Adelaide?

A. The deposit system has never been introduced on the lands in 30
years and nobody in government can actually tell me why the APY
lands were never part of the deposit system. The litter audit and
the waste audit we do will give us some indication of the amount
available and we know what the unit sales are through the stores.
What we need to find out is how much of what goes in we can
actually get back out though a voluntary collection program and
that’s why we are looking at whether it should be the individual or
the footy club or the school that are the beneficiaries of the funds.
In different communities the communities have told us different
things - some communities want it to go to them, some want it to
go to the school and some communities want it to go to the footy
club so we are working with whatever system the community
want and where they think the money should go and the see how
it works. They have said that’s what they want so we want to see if
that really is what they want when it actually happens.

Q. I would like to know how you went with the community
engagement side of things? Did you get a lot of interest in the
communities like you have mentioned about doing BBQs and you
used their own language?

A. We had a BBQ we get everyone to the BBQ and then we have a
community meeting. So we feed them they all sit down and then
Trevor was out the front talking to them, basically going through
these slides and showing them and telling them what we want to
do and asking what their thoughts were. Then at each community
at the end we would then say to them these are the trials we want
do, which trial would you like in your community? That’s how we
allocated trials to different communities so we are putting things
in communities that they wanted - a number of communities
all wanted the same things but pretty much they were happy to
have different ones. This is how we have done it is that how other
programs have worked or do you think this has been a different
way of doing it to other projects Trevor?

Anne: Out of the 3000 inhabitants I think we spoke to about 600
people from across the Pit Lands to come in and listen and talk
about waste management talk about it.

Trevor – This is how we do other things as many people see all
these people (consultants) coming in and don’t get an opportunity
to talk to them so this is how I decided to do it so we get a lot of
people from across the Pit Lands to come in and listen and talk
about waste management talk about it.

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DEALING WITH ASBESTOS – BAGOT INDIGENOUS COMMUNITY CLINIC

Barbara Klessa & Christopher Blow, Northern Territory Department of Health and Families

Christopher: I really appreciate the opportunity to be able to speak here today. And I acknowledge the traditional owners for letting us get up and talk about environmental health conditions and issues in our communities. I originally came from Queensland and I’ve travelled all around Queensland but now I live in the Northern Territory where I have been living for 12 years. I live with a desert woman and I see a lot of her family and other Aboriginal people living in terrible, unhealthy conditions and that really concerned me so that’s the reason I got into environmental health. Maybe through me and through other Indigenous people practicing environmental health and working with mainstream EHOs we can help alleviate some of the health issues associated with Indigenous people.

I’m a student at Batchelor Institute, studying to get my degree in environmental health and I also work for the NT Government with the Department of Health and Families in the Environmental Health Section. I am very grateful for this position and it was made possible for me through the National Indigenous Cadetship Program and Environmental Health Darwin. So am still only learning all facets of environmental health which there are so many so I am not any kind of expert yet so today I am just going to try and get a message across to you though this presentation about one of many environmental health issues that you come across in the urban Indigenous town camps around Darwin. Any way more Indigenous EHWs and EHOs are important for better health in this changing environment.

Asbestos and Indigenous Communities

The majority of the old NT Indigenous communities that exist are former church missions, old and obsolete. Some of these buildings are still being used but most are derelict and prone to vandalism and destruction by severe weather conditions such as cyclones and thunder storms. Also structural damage from termites. This poses a public health risk where people could be unknowingly be exposed to asbestos fibres. People who live near these buildings or children who play in them are especially at risk to being exposed. There are also a lot of homeless people in Darwin who have come into town from communities for various reasons and they congregate in a lot of these old buildings. One of these particular buildings was the old Bagot clinic and hospital and Bagot Aboriginal reserve in Darwin. So I am mostly going to talk about this building and how it became an environmental health problem as well as a social problem for the people that call Bagot home.

Firstly we need to look at the history of the Bagot community to get an idea of what Darwin, NT and Australia was like for Indigenous people of the era. The traditional owners of Darwin are the Larrakia people and respect goes to them in the context of this presentation. The early 1900s was when Darwin was expanding as a frontier town and there were many different races of people there. As one historian quoted the 1930s the number of Aborigines residing in Darwin steadily increased there was public pressure to get them and mixed race children out of town. So this is when a reserve of land 6.5 km out of Darwin town was proclaimed as the Bagot compound for Aborigines. On this compound, a model village for Aborigines, a medical clinic with two large wards and an administration office was constructed. This is the old Bagot Hospital. Around the same time World War II was encroaching on Northern Australia and as the army for desperate for hospital space an order was given to clear Bagot compound of Aborigines. These people were sent back to their traditional countries or moved across Darwin harbour to a new settlement. The Bagot hospital had 258 patients during the war. After the war Bagot was returned for Aboriginal peoples use and the hospital and clinic was again operated by Government Agencies.

After many years use louvered glass bays for cross ventilation and light and the roof was lined with corrugated asbestos tiles and asbestos ridged vents to the main beams. Now only the concrete walls and floor stand.

So over the years this building was just sitting it got neglected and vandalised and the extreme weather conditions of Northern Australia really damaged the building and it slowly deteriorated. Then on the 4th May 2007 the Community Development Officer for the Bagot Community wrote to the Minister for Health requesting funding to assist in the removal of the asbestos from the old building because he was a concerned about the broken asbestos lying around.

Environmental health was contacted and a public health assessment was done and this assessment advised that all broken and loose asbestos sheeting be removed to prevent risk to public health. The health risk where asbestos fibres could be blown around by strong winds or people. Environmental Health Darwin then wrote a letter to the Bagot Community requesting that the Bagot Council as a matter of priority should clean up the asbestos. Two months later Environmental Health again spoke to the Community Development Officer and requested that a robust cyclone fence and signs warning about asbestos be erected around the site. By November 2007 a fence had been erected and the Development Officer advised that the fence was working and there was an increase awareness within the community about the dangers of the building. This action was a short term measure to minimise the health risks but the asbestos was still on site.

There was a lot of further meetings between the Bagot Community and various government departments trying to work out a final solution as the problem could only get worse with the more cyclones and with the building just deteriorating more.

But this building had significant historical value to the people of Bagot and the Community Council wanted to preserve as much of the building as possible for future use. This was when we at Environmental Health could issue a formal public health notice to the community council to remove the health risks within a specified time frame or the other option was for the Bagot Community Council and government departments to work together finding a viable solution.

We at Environmental Health are in a precarious position with
regards to dealing with these types of asbestos issues as there is no distinct policy on resolutions. Plus there is a considerable overlap with roles of other agencies such as the Environmental Protection Agency (EPA), Worksafe NT, Indigenous Housing Organisation and the Darwin City Council all of these organisations acknowledge that asbestos issues have ministerial implications. So the Bagot Community Council wrote to the Health Minister to help them clean up the asbestos and they had a lot of meetings with various Government Departments. After the meetings the Minister engaged an independent engineer to determine what was best for the building. The engineering company reports stated that the building was so badly vandalised and neglected that the only practical solution was total demolition.

The Minister urged the Bagot Community Council to fully demolish the building and offered them the funds to have the building demolished; they just wanted the asbestos problems removed. The Bagot Community Council decided to pursue other options as they wanted to retain as much of the building as possible for its cultural and historical value. The Health Minister put a lot of pressure on the community to accept the offer or the money would be withdrawn. He also tried to play the guilty conscience card on the community by saying that your letter indicates that the Bagot Community Council now accepts all liability associated with this building and the potential health threats it poses. He also goes on to say “I once again urge you to consider the potential health risks you may be exposing the Bagot Community to through your ongoing indecisions” so once again we have Health Minister who lay the blame onto the Indigenous communities for their government’s inactions in providing the appropriate service for people’s safety on our communities.

This building would have been sitting and deteriorating for many more years if it wasn’t for the concern shown by the community and the Development Officer. I don’t think the Minister for Health was concerned about asbestos and the people of Bagot. Prior to all this happening the community had already signed a shared responsibility agreement with the Federal Government in August 2005 and this agreement was finally implemented with the help of the local government in Darwin and it was used to resolve the issue.

The buildings foundations were preserved, and all of the asbestos has been removed.

So I believe that if environmental health is made to be more of a priority on all of our communities and more Indigenous EHOs are trained to liaise much better with the government service providers then and communities that they represent then these serious health risks can be spotted earlier and rectified.

The Indigenous community councils that have been underfunded neglected and mismanaged won’t then be the ones to blame for the many high levels of government’s failure to deliver equity in all areas of health services to Aboriginal people.

So it is now known that asbestos is a serious health risk on a lot of Indigenous communities and we as environmental health Practitioners have a commitment to prevent these health risks. Education and awareness needs to be provided to the many communities that come across asbestos and for the communities they work with. They are confident and have strong negotiating skills. The unnecessary government bullying and bickering could be avoided with well informed Indigenous EHOs who know how to communicate and liaise between all parties. So it is important that we train more reliable hardworking Indigenous EHWs and EHOs on our communities. We can then monitor asbestos and other environmental health problems and work with the mainstream EHOs who are trying to get around these problems to find more solutions. We can then educate our communities about this asbestos problem and other very important environmental health issues. Our knowledge and awareness could create harmony between divisions and a healthier safer environment for our people in communities. Thus creating better health outcomes in a changing environment. Thank you.

Q. You have those photos about it being safe and ready for the future. Does the Bagot Community have anything planned for what they want to do with that site now?

A. They want to make a cultural centre. There is also an historian that has become interested in it he works as Charles Darwin University and they have been doing some work there because it was also the first Darwin hospital. So there has been quite a lot of taking about the future.

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REVIEW OF THE ABORIGINAL ENVIRONMENTAL HEALTH TRAINING PROGRAM

Adam McEwen, Northern Sydney Central Coast Area Health Service & Stephanie Smith, Aboriginal Environmental Health Unit, NSW Health

Adam McEwen: Thank you everyone and welcome to this afternoon’s session. I will start off by acknowledging the Wongatha people, whose land we are gathered on here. Stephanie and I are going to present this afternoon about the review of the Aboriginal Environmental Health Training Program run by NSW Health. I will begin by giving you a background of the traineeship program.

In 1995 the NSW State Government convened an Aboriginal Environmental Health forum to address some of the problems of environmental health issues in Aboriginal communities. One of the key activities was the development of a training scheme for Aboriginal EHOs.

The trainees are employed full time and work within public health units alongside other public health professionals. The trainees undertake a degree through the University of Western Sydney by distance learning which usually takes between 5-6 years. Whilst studying the trainees are entitled to study leave up to a maximum of 2 days per week during study periods and are granted 4 weeks per semester to attend compulsory residential schools. The trainees are guaranteed 2 years employment in the public health unit post completion of the degree.

Now a background of the review and how it came about. The training program has been running for over 10 years whilst there has been quality improvements along the way there have been no formal review. The purpose of the review was to assess the effectiveness of the program and to identify strategies to maximize the benefits of the program and to ensure its long term sustainability. The review intended to examine workplace issues, program management and the tertiary education elements of the program. From there the review was divided into two stages.

Stage 1 focused on research and consultation with key stakeholders. These stakeholders being trainees, graduates, former trainees, program managers and directors of public health; basically anyone who has anything to do with the running of the program.

The consultation involved interview with these stakeholders to determine what was working well and where improvements could be made.

Stage 2 of the review focused on the long term sustainability of the program.

Within Environmental Health in NSW Health Aboriginal graduates and trainees now make up 17.6% of the workforce. NSW Health has a target of achieving a minimum of 2% Aboriginal/Torres Strait Islander representation across its work force. So 17.6% is something to be proud of. It is important to note that before this training program there was no Aboriginal people employed in NSW Health in the environmental health sector.

A total of 24 trainees have participated in the program. The program has yielded 8 graduates. The program is the only one of its kind in Australia and possibly the world.

The stakeholders interviewed were positive about the value of the program and saw the need for it to be continued and possibly expanded. However, the review did find that the program was expensive to operate compared to other training programs and because of this NSW Health needs to find better ways of capitalizing on its investment by ensuring greater levels of permanency in employment for graduates within environmental health or within the health system.

The review identified there has been a degree of confusion about why the program operates and what it hopes to achieve. It recommended a program logic be developed. This will allow NSW Health and all the stakeholders to be absolutely clear about why the program exists; and it provides for a shared understanding that the ultimate aim of the training program is to achieve improved health outcomes and increase the lifespan of Aboriginal people. So how do we get there?

The short term outcomes that are happening as a result of the program are that there is an increase in the number of Aboriginal people employed in the environmental health workforce. As a result of this we are getting increased engagement in the Aboriginal communities by environmental health and all sections of public health.

Medium term outcomes as a result of this engagement; an increase in workforce is that we are seeing improved environmental health condition in Aboriginal communities which hopefully will lead to the ultimate outcome of Aboriginal people having improved health and longer lives.

Stephanie: We asked the consultants to outline what they saw as the strengths of the program. Probably the most significant was that trainees have helped to focus or re-focus the work of the public health units on the environmental health needs of Aboriginal communities. Trainees have initiated dog programs, undertaken water sampling and have initiated the number a health promotion activities such as ‘Mr Germ’. However, one of the key things we need to be cautious about this is that the trainees should not be seen as the only link with communities. It is vital that we develop ways to ensure all environmental health officers feel confident in developing links with communities themselves.

The consultants also recognised that NSW Health had developed some good work supports for trainees and supervisors over the past ten years. These have included the competency assessment guide and process, that aims to ensure trainees develop all their workforce competencies. We have also developed a traineeship manual that outlines the funding responsibilities of the NSW Health Department and the Areas Health Services and the responsibilities of supervisors and trainees. The trainees have developed an orientation manual for new trainees coming into the program and there is also a very strong Aboriginal environmental health network that meets on a quarterly basis.
The review identified that the University retention rates are comparable with all other Indigenous people undertaking tertiary studies; which is around 42%. However, over the last two years we have had 100% retention rate in trainees which is really significant and all the trainees are passing their University subjects. We put this down to a range of reasons; including better recruitment processes, and improved arrangements with supervisors. However, one of the key things trainees have identified in the review is that strong peer support mechanisms exist, that continue to grow and develop. Currently there are 5 graduates working in the NSW Health system and we have 7 trainees. The trainees and graduates throughout the process have been able to provide new trainees with individualized orientation. This has included trainees and their families, recognizing that it is a long commitment to being involved in the program up to 6-8 years. Families need to be aware of this level of commitment and we need to look at ways that we can support them to support the trainees.

While we have a comprehensive competency assessment process it is really important that we look also at other broader work experience opportunities, including in other government departments and local government. We also need to look at developing a more structured mentoring program. At the moment there is quite a lot of good informal peer support networks but the review recommended that we tap into other programs such as those run by the Department of Premier and Cabinet. We also need to provide supervisor training. While we have got quite experienced senior environmental health officers we can’t assume that they are adequately skilled in managing trainees.

Adam: Some of the employment or workforce issues that were identified within the review. NSW Health Aboriginal employment strategy is a State policy aimed at increasing the Aboriginal and Torres Strait Islander representation in the work place. Its goal as I have mentioned previously is 2%. At present the overall percentage of Aboriginal people in the NSW Health workforce is 1.6%. We are currently at 17.6% in the environmental health workforce. Again it is important to note that at the commencement of the program there was no Aboriginal people working in Environmental Health. So this is quite significant.

The issue of most concern for the trainees and graduates is that there is no guarantee of permanency of their position. While this is clear in the beginning it is extremely daunting toward the conclusion of the traineeship and a related weakness of the program is the failure by NSW Health to utilize the skills and expertise of the graduates.

There has been discussion about how the success of the program is measured. Some stakeholders believe that a graduate employed within the health system is a success; others believe that working with local government is a success. Generally it is believed that the graduates will take them their environmental health experience and it will contribute to improving health outcomes. The review supports the need to ensure trainees have planned career pathways. This could include rotations within other parts of the health system including working with other professionals working within the public health unit, stints in Aboriginal health and health promotion. This will expand the trainee’s ideas and potential career options within NSW Health meaning they are less likely to be lost from the system. So this program can contribute to achieving the overall targets within the health system and possibly have greater buy in from other areas of the health, which helps ensure its continuation.

Some educational components of the trainee program. At the moment the trainees complete their degree by distance education at the University of Western Sydney (UWS) usually taking 5-6 years. An option for future attainment of the degree could be enrol at The Batchelor Institute. There appears no reason why trainees within the program could not enrol at either Batchelor or UWS. Alternatively students could take some subjects at Batchelor and gain credit at UWS and vice versa.

At the beginning of the program there was a dedicated research unit at UWS with a full time research officer. This officer had responsibility for coordinating delivery of the course to the Indigenous participants. After the Commonwealth funding was withdrawn that academic support provided by the research officer was no longer available. This had a marked effect on the trainees and the program. From 2004-2007 the program had no specific academic advisor for the trainees. After much negotiation a part time Academic Support position has been created. One of the limiting factors of the current UWS program is that there is little flexibility for the trainees around when courses are available externally. Most trainees reported that the length of the current program at 6 years was problematic. For some this has attributed to pressure on their families and personal relationships and others commented that maintaining enthusiasm for over 6 years was a real challenge.

The review also canvassed the possibility of introducing a VET qualification into the university degree pathway. Whilst there is a strong need for a more flexible pathway to professional qualifications there was a concern about de-skilling the sector. VET trained environmental health workers that exist in other states and territories do not exist in the NSW Health system. As a result the VET pathway does not fit into the traineeship program objectives and would not be of benefit to NSW Health as these positions do not exist. However, in the future if the program expands to working with other partners, such as local government and local Aboriginal land councils, VET training may be a viable option.

Stephanie: We asked the reviewers to give us an assessment on the program costs. They concluded that it was an expensive program to operate in comparison to other cadetship programs. There was a need to examine how to make NSW Health funds go further. But at the same time ensure any changes to the program do not reduce retention rates of trainees in the program. As environmental health is the responsibility of both state and local government in NSW it will be important to focus on partnership opportunities.

So in terms of looking at how we maintain and grow the program we are currently looking at the potential of the Commonwealth National Indigenous Cadetship Program and what that might offer and how it might fuse that with our current funding program. We are going to examine working in partnership with Area Heath Services.
Under the current program NSW Department of Health funds the program fully. However, we have just embarked on a partnership program with Hunter New England Area Health Service where we have a 50/50 in funding agreement. This actually allows us a double the program’s investment. There is a lot potential options for partnerships with local government.

Q. Is there a reason why there is no guarantee for employment?
A. Stephanie: There is a cap on employment within the public health units and there are only so many environmental health officer positions out there and they are unlikely to grow.
A. Adam: In the last couple of years that has only been 3-4 replacements of EHOs. Like other sectors environmental health staff is an aging workforce. In NSW Health there are only 51 EHO positions.

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STUDYING ENVIRONMENTAL HEALTH AT BATCHELOR: A STUDENT’S EXPERIENCE

Patrick Alberts & Tait Farran, Batchelor Institute of Indigenous Tertiary Education, NT

Patrick Alberts: On behalf of my self & Tait Farram we would like to acknowledge the traditional owners of this land upon which we meet here today, the Wongatha people.

My name is Patrick Alberts and I come from Cherbourg in Queensland. My grandmothers and grandfathers were sent to Cherbourg (formerly Barambah) not because they wanted to but because they were ordered to. Sounds familiar? Most people who were born in Cherbourg now claim to be a part of the traditional owners of the area the Wakka Wakka tribe/clan.

Studying at Batchelor in the Northern Territory is quite an experience. I applied in 2006 and would never ever think that I would be constantly travelling for studies in the NT. I tried studying at the University of Western Sydney (UWS) in 2003 but did not agree with certain things. This was another reason for me to try my luck at Batchelor. It is turning out to be the best thing I have ever done. The services provided are first class and administration is as good as can be expected.

I’ve never spent more than five days at a tertiary institute but I can see me doing everything I can to gain my Degree level at Batchelor. The Degree level I opted to do was Environmental Health because I am employed by Cherbourg Aboriginal Shire Council (CASC) as the EHW. I began my employment with CASC in 1999 and then had a two and a half year break. I gained my Certificate, Diploma and Advanced Diploma in Primary Health Care at Cairns TAFE being completed in 2002.

Tait Farram: This presentation should give people an idea, of what, we; the students of the Institute, think of the Bachelor of Applied Science, Environmental Health Degree at Batchelor.

I first heard of the Institute at the 5th National Aboriginal and Torres Strait Islander Environmental Health (NATSIEH) Conference at Terrigal in NSW, and became interested in studying there.

Entry requirements and how you can study at Batchelor.

Patrick Alberts: If you are interested in studying at Batchelor, the entry requirements for the Institute include:
• a satisfactory year 12 program, or
• pre Tertiary Studies (PTS) Enabling Program - for students who have not completed year 12, or
• equivalent tertiary enabling / bridging programs offered by universities or
• Diploma/Advanced Diploma in Environmental Health or
• appropriate work experience in and environmental health related field (discuss with course coordinator

Further information is available at the Institute’s website: www.batchelor.edu

How you can study at Batchelor;
• 3 years full time course,
• part-time over 6 years,
• students travel for a 1 to 2 week block for their various courses.

What do the students learn?

Tait Farram: First year of study students travel for an orientation week at the Batchelor Campus where students are able to get to know the campus facilities, meet the lecturers and some fellow students. This week is very helpful for students as I found out in my third year when I got to finally do it, a bit late, but better late than never.

The Common Units, both Public Communication and Telling Histories are also very helpful with your study. These studies are completed by all students at Batchelor.

Patrick Alberts: The main study load for Environmental Health Science in the first year of study is focussed on introducing the students to environmental health science, environmental health hardware and construction issues as well as sustainable biodiversity and environmental management practices. First year covers environmental health from a broad perspective.

Students also learn about human physiology and different environmental health issues and their determinants.

Second year study introduces students to further construction issues, as well as sustainable community development, planning and Industrial process and methods of pollution control.
Students learn microbiology, as well as public health knowledge, professional development skills and the various environmental health laws and legislations.

In the second year of study students also choose one of the following electives:
- Independent Studies
- Information Technology in Environmental Health
- Sustainable Land Care and Management

**Third year study at Batchelor**

By the third year students are prepared for learning about food safety and legislation, emergency management preparations and quarantine and vector control knowledge, as well as water quality monitoring and assessment and further study on construction before students undertake practical placement, working as an EHO. Third year units focus on specific environmental health issues.

Electives in the third year include a choice of one of the following:
- Independent Studies
- Waste Management
- Environmental Impact and Assessment

The study and exam weeks for BIITE are held in June and November and Graduation ceremonies are held in June and September.

Tait Farram: Due to time restrictions, we have limited our talk about these units and I will talk about just one of the units involved in the degree, but this does not take away any credit from the other units.

The following slides are photos of environmental health hardware during a BIITE BASEH unit workshop on water quality monitoring and assessment.

The students travelled with a BIITE lecturer and a local community health worker to a remote community in the NT and investigated the water supply there and things such as; where the community’s water came from, where it was store, and what the water is used for. The students measured different parameters of the water from different sources throughout the community with testing equipment, and students were asked to make recommendations that could be made to improve and maintain the water supply and possibly improve the water quality for the community.

The two students are using monitoring equipment to record data about this community’s water quality; the photo next to it is of leaf litter caught in the downpipe of a rainwater tank.

The photo, bottom left, shows the students investigating the water storage tanks and the associated pumps and pipe work.

In these slides you can see dust built up on the solar panel and leaves caught in the gutters of one household. There were also leaks in some of the pipe work; as shown in the photo above.
These photos show a comparison between the bore set-ups at some remote communities and a city’s bore, notice the top photo as the bore has no protection.

To hear the different opinions and suggestions from fellow classmates as well the lecturer about the water and health hardware issues within this community was a valuable experience for myself in my own work due to my involvement in town water sampling within my own shire at the time working for Bega Valley Shire Council.

The Institutes BASEH Lecturers

Patrick Alberts: Previous and current lecturers of the degree are listed here in recognition for their efforts towards the degree; we would like to take this opportunity to thank them for their contributions.

Dr Peter Stephenson – Pro Vice Chancellor (Research) BIITE

Zane Hughes – Indigenous Affairs Advisor for Xstrata mining company, North Queensland

Dr Emma Young – Research Development Coordinator, BIITE

Michael Honer – PhD candidate in the School for Environmental Research at Charles Darwin University

The current lecturers are:
• Dr Kirstin Ross – BASEH Course Coordinator
• Steve Patman – Lecturer

Lecturers involvement in the BASEH Degree at Batchelor

Tait Farram: These lecturers have also contributed to the Degree and also deserve the students’ thanks:
Dr Christopher Reynolds, Dr Gerhard Ehlers, Paul Endres, Dr Ron Proudford, Richard Luxton, Dr Robyn Grey Gardner, Jasmine Raju, Emma Kraft, Jeff Standen, Dr Kate Senior & Dr Richard Chenhall, Menzies School of Health (Darwin), Dr Catherine Holmes, The common units’ lecturers and all of the Institutes staff.

The locations for study

Patrick Alberts: Students study at BIITE in various locations throughout Australia, some of these include:
• Batchelor, NT
• Alice Springs, NT
• Darwin, NT
• Cairns, QLD
• Townsville, QLD
• Brisbane, QLD
• Adelaide, SA

The main locations for study are Batchelor and Alice Springs.

The services that the Institute provides

Tait Farram: The Institute provides a wide range of services for students:
• all flights to and from campus locations for workshops
• accommodation on and off campus for workshops
• 3 meals a day on campus (breakfast lunch and dinner)
• 24 hour computer / internet access
• library / on-line library for students
• counselling services, campus doctor & first aid officers
• night patrol/security
• TV - movie/games room and some musical instruments

Map of Batchelor Campus

Details of the map are located at the BIITE website, www.batchelor.edu.au/main/maps

Photo of Institute accommodation at Batchelor
Air-conditioning, shared bedrooms, shared bathroom, kitchen and laundry facilities.
Batchelor Library is for students and the community. It has computers, on-line library, books and other learning resources.

The basketball court at the Institute is a good place to meet other students.

Alice Springs Campus has similar services to the Batchelor Campus; smaller campus, close to town, share accommodation, bathrooms and laundries. Women's accommodation on the inside of the East Building and Men's around the outside of the East Building.

Details of the map are located at the BIITE website, www.batchelor.edu.au/main/maps

New site for the Institute's Alice Springs Campus

The Alice Springs annex of BIITE is being redeveloped at a new site in Alice Springs that is known as the Desert Peoples Centre (DPC). It will also incorporate the Centre for Appropriate Technology (CAT). The new campus is up and running at the moment, with further courses and staff to move to the new site over 2009 and 2010. Student accommodation is also planned for the new site. Dr Peter Stephenson confirmed this by email on 24 March 2009.

Possible Study Troubles

Tait Farram: Some possible study troubles that students may encounter;
- long travel
- late arrivals/departures
- coping with weather changes
- getting used to meal times and change of diet
- sharing a room
• phone problems
• finding the time to get the study done.
• time away from family and work.

Patrick Alberts: Issues with both students and staff can, and have arisen at times throughout my study at Batchelor, but in the end, we have to work together as a team which our Environmental Health group have been able to put into practice very well in various courses.

It should be noted that these have been our own problems and they do not necessarily represent the possible study problems experienced by other students.

The BASEH course at Batchelor

Patrick Alberts: The Bachelor of Applied Science Environmental Health (BASEH) Degree course began at BIITE in 2004 with 4 students, since then it has grown to 17 students with its first graduates to graduate this semester.

Congratulations

Patrick Alberts: We would like to say congratulations to; Brendan Sherratt and Frank O’Donahoo. First BIITE BASEH Graduates 09

Tait Farram: The rest of the students at BIITE also deserve congratulating for their efforts. Keep up the good work.

Our experience at Batchelor

Tait Farram: My experience of BIITE has been excellent, it has made me stronger as a person, and I feel that both the degree and the work have broadened my work and life opportunities. The course has been inspirational many times, through the people I’ve met, the conversations I’ve had and through the various units I’ve studied.

I am glad to have chosen this line of work and study; and would recommend this study to anybody with an interest in ensuring the health of the environment in their community.

Throughout my study at BIITE I have been encouraged and supported by my lecturers and fellow students, my family and workmates.

Through my work for Bega Valley Shire Council I have been able to improve the health of my local environment and the living conditions for many people through education and awareness of environmental health issues relevant to their situation.

It’s the right idea, as far as I can see, to train Indigenous people in environmental health practices and procedures, enabling them to help their own people who can then educate others within the community as well.

Education is the key; you are never too old to learn something new.

Patrick Alberts: Since I began my studies at Batchelor I have accomplished things that I thought I would never achieve. Things like meeting strangers who end up being colleagues and friends. Being surrounded by Indigenous students from all over Australia has been an experience never ever encountered before for myself. The Institute has a comfortable way of studying, has excellent surroundings to live in, professional attitudes by students and lecturers and many different locations for study.

The things my self and Tait, have liked about studying at BIITE include;
• Aboriginal and Torres Strait Islander people studying together in a both-ways learning environment.
• The friendships formed and the networking opportunities for us.
• The knowledge that is gained over time and the group outings on free time.
• The Professional and friendly lecturers, and the travel destinations for courses.
• Inspiration to study more.

The role of an Environmental Health Officer

Patrick Alberts
• Upon graduation students can become environmental health officers (EHOs) anywhere in Australia.
• An EHO has knowledge that can be utilised in many work and community related roles.
• An EHO does also have the legal tools for their particular jurisdictions that support them in their roles, as an example, the Environmental Protection Act.
• These associated powers allow the officers to carry out the work required for the job.

Some of the work an EHO can do includes:
• food shop inspections
• health & building related inspections
• water sampling and monitoring
• investigate pollution threats - minimise damage to the environment and protect public health
• have a say in local environmental policy making and local development issues

Tait Farram: A few reasons to study to be an EHO:
• Over the course of the degree, students will gain the knowledge to help sustain healthy communities.
• To gain the knowledge to deal with health related problems within your own community.
• To help promote community action through working with the community to produce healthy outcomes.
• Environmental health officers can be great facilitators for community health education.
• The work can also be diverse as there are many different aspects to an EHO’s job.
• It can be rewarding, fulfilling work and you can get a sense of achievement out of your work’s outcomes.
• The study and the work you do can be inspirational.
• You can be an EHO anywhere in the world.
• EHOs are also in great demand.
I believe that Indigenous people both remote and in cities and towns, throughout Australia and the Torres Strait, should all, have some sort of access to an Indigenous EHO who has the Environmental health knowledge that is applicable to the health hardware associated with their housing and also to promote healthy living practices in a culturally appropriate manner.

Thanks for listening.

We would like to thank again, the traditional owners and elders, BIITE and fellow students, BIITE BASEH lecturers past and present, The 7th NATSIEH conference organisers, and everybody here today, for listening.

Thank you.

Information to enrol at BIITE
Free call; Batchelor Campus: 1800 677 095
8:30am – 4:00pm CST
Course Co-ordinator: Dr Kirstin Ross
Department of Applied Science
School of Business, Health and Science
Ph: (08) 8946 3831
Fax: (08) 8946 3833
Email: kirstin.ross@batchelor.edu.au

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Photos: Tait Farram, Merle O’Donnell & Kirstin Ross.

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**KEYNOTE ADDRESS**

**WHY ABORIGINAL PEOPLE MUST TAKE CHARGE OF THEIR OWN HEALTH.**

Dr Sue Gordon AM, Children’s Court Magistrate (Retired)

I acknowledge the traditional owners of the land we are meeting on and thank the organisers for inviting me. This is an environmental health conference and I am very pleased to be here. It is going to be a personal view of environmental health and I must say that my first work related contact with environmental health was with Dr Andrew Penman in the early 1980s in Port Hedland. He was with Community Health and he is now with the Cancer Council in New South Wales.

In that time I was with the old Aboriginal Development Commission and we took a lot of things for granted about our environment, our health and those sort of things and as regards to dogs in Port Hedland, the Rangers, just wanting to cull the dogs, all they wanted to do was shoot them - and then up fronts Andrew Penman.

He started to explain to people about diseases in dogs, right across Hedland and the Pilbara, talking and getting the trust of the people and the communities. He spoke about what happens, about dog faeces on the ground, leaking taps, pools of water with children playing in it. I learned about hookworm, I did not know anything about hook worm. He explained to the people, the visual thing about plastic rubbish bags. He explained the effect and we went to the sea in and around Hedland and he actually showed us the effects on wildlife and that was the first time I had actually myself taken much notice of the stubbie rings, the plastic ones, the fishing lines, shopping bags, mesh, all of those sorts of things and he started to show us all of these things in the environment and the effect, not just to our health but to the animals around us.

No one had really explained diseases as such, he sat down, and I am going to give an example of what used to be called the Old Twelve Mile reserve in Port Hedland and then it went to its Aboriginal name of Tjalka Warra. He sat down and spoke to old Aboriginal Moses about how you cannot see the diseases; there is the skinless and hairless dogs and the dogs that have got sores. He spoke about all those things and then he spoke to them about those people who had station backgrounds; what did they do to animals, about animal dipping. And then he went out and bought a couple of old second hand barns and he put one at Tjalka Warre and started dog dipping and it was brilliant because people could equate to that. He knew about the feeling that Aboriginal people had for their animals especially desert people and older people. He explained to them again about hook worm and how it was in the Kimberley region. He explained about clean ups and clean ups were high on the agenda.

So he began the first environmental health worker program in Port Hedland in the early 80s I have watched over the years since then and that work grows to people like yourselves who work in that area of expertise. The awareness amongst Aboriginal people and the fact that there is dog immunisation, dog sterilisation we did not have a lot of that in the early 80s. There were a lot of litters of puppies around, but we did not have all of that and a lot of that began as free. People, who can pay, can pay, and a lot of our people are earning good money so they can pay. They are understanding that it is a responsibility that we have in our own environment and it affects our health and it affects our children’s health.

As you know, environmental health is not just about dogs or cats. It is about our total environment health and how it affects our daily lives. The type of house you live in, big, small, humpy: is it suitable, is it just shelter? If you have got kids is it good for their health, it is safe for the family, do the toilets work properly, are all the taps working properly? If not, is there someone who knows how to change washers etc? If it is a community, is there an environmental health worker who notices these things? Is there dangerous situations?

I sat on the board of Homes West Commission, in Western Australia. Part of my job as a Commissioner on Homes West was to see all the housing. And some of the housing was just appalling. And that is just the white people. Then there was our mob with some of the bad tenants and there was a lot of dangerous situations that people were putting their children in. Rubbish, disease collecting. One of my pet hates is those wretched disposable nappies, all of those sorts of things.

As you know, I was Chair of the Task Force for Northern Territory Emergency Response. Regardless of your thoughts about that, environmental health also played a major part in that. Community clean ups, helping people to get a little bit of extra money to do some clean ups. School nutrition programs, which is about health, which is also about environmental health that children live in.

The housing has been a big worry of mine since I worked in the Territory, because it has been so slow, but the strategic alliance programs which the Northern Territory and the Commonwealth Government are doing with three major consortiums, is not actually off the ground as yet. So in the meantime, we have had a wet season and a dry season and people are still waiting for housing, but I believe that is going to start pretty soon.

Environmental health is also something that I have had to deal with as a Magistrate during over 20 years on the bench and you are probably wondering what the hell have environmental issues got to do with a Magistrate, how do we deal with that.

In our criminal court, children who come from homes where there is a lot of drinking, drug taking or violence, all those things, what those kids actually live under are dangerous environmental health conditions. A house can be a two storey, two bathrooms, and four bedroom mansion and kept beautifully clean, but the children who have to put up with their family drinking to excess, drug taking and/or violence are suffering in an environmental situation that is not conducive to good health. Coupled with that, you then get mental health issues arising for those children and the consequences, as you all know, are long term and can be intergenerational.

Parents often don’t think about the consequences of their actions and this leads me onto my pet subject of child abuse.

The hidden consequences of child abuse and the effects of the environmental health and health generally through child abuse is
also long term and generational. Child abuse consists of neglect of children, which can be by not giving them regular nourishing meals, not giving them adequate clothes for the conditions they live in. Example, desert winters below zero and kids not having sufficient warm clothing. Neglect is also leaving children in conditions to fend for themselves or leaving them with people who abandon them. These are all things that I dealt with in the Children’s Court over 20 years.

Long card games, long drinking sessions also lead to neglect of children and they are often put into an environment which is dangerous for their health. I have had to listen to that in court, where children because of long card games, which was in the Perth area, parents had left the kids with family who then decided to go and do something else and sniffer have been left in charge of kids and rapes have taken place. That is not the norm, but that can happen and it is not conducive to children’s health.

Physical abuse of children can also be as a result of environmental conditions, frustration, drinking, drug taking, intergenerational trauma and this is environmental health. Sexual abuse of children is just as insidious and can also arise out of environmental health conditions.

Overcrowding, the appalling and horrific overcrowding of Aboriginal people is well known, it’s costing billions of dollars, but it is still not enough. During the time we were in the Territory, the Territory Government said they need 5,000 houses to even touch the surface and they are not getting that, they are getting some. So, the damage in houses, houses that are badly damaged, houses that have asbestos, houses which are not good for the wellbeing of children; that also can lead to abuse.

Family violence, not just men attacking women, but yes, women attack men as well and again through drinking, drug taking, intergenerational trauma. The consequences are long term. Family violence can be fatal, and again, it affects children and it is the environmental health of children.

Violence amongst adults, if witnessed by children, puts them in an environment when after awhile they think violence is normal and they can suffer emotional abuse. I have had people say to me “hang on, if they don’t see it what effect”. But children, even if they hear violence taking place, especially with family, they can suffer from emotional abuse.

Over the period I was a magistrate, I have listened to horrific evidence at trials, where we are required under law where the required standard is met to remove children from their families and given that I was removed, it is very hard to do. But in this modern world where families have ability and finances to look after children there should be no need for abuse of children. Families, black, white and brindle subject their children to horrific abuse of all kinds. I have had to see photographs of environmental conditions that children have had to live in, black, white and brindle.

I have seen environments and heard the evidence, seen videos of houses that are full of human faeces, filthy wet clothing, unwashed piles of dishes, absolutely appalling conditions, drug paraphernalia, and children are expected to grow up in that. Often those children have to fend for themselves. Happily, it is only a handful of children in Western Australia, because that is what I was dealing with, black, white and brindle whose parents subject them to this. I should not say happily, but it is happy that it is not a bigger group.

Environmental health covers a wide range of areas and of course, us older people, and I am now one of those, as my sons say “old people” such as myself have to also watch and consider our environmental health. I chair an organisation called Sister Kate’s Children, and we formally became incorporated in 2001. That’s the institution I grew up in in Perth, Queens Park. We have got part of the land back, we are building aged persons units, but we also look after each other in as much, most of my members are now over 70. We have a system where I ring three or four people, somebody else has got to ring three or four people, so there is this network of looking after each other. But also making sure their home environment is safe because older people get into all sorts of strife.

We started this in 2001 because we lost a couple of our boys, as I call them, who died at home on their own, because nobody really cared. Their families had abandoned them and they just died in their home and that is very sad. So we have this where we go and we look after each other and we meet on a regular basis and if anyone wants a job done around the house and your environment is very important. It might just be that someone is getting very cluttered in the house and that is not going to be conducive to somebody who hobbles around a bit, you might start falling over boxes or piles of papers or something.

Now, my husband passed away ten years ago and having been together for a long time it was very hard. So I will just go back a little bit. In the late 1970s when my family found me, which was excellent in so many ways, it also gave me my family health background. Now, the Stolen Generation people have not found their families have no idea of their family’s health. I found out my mother’s diabetic problem and I was diagnosed as a diabetic, I never knew a thing about diabetes. I did not know what to do, I did not even know what a Type 2 was, I had to go and find those things out.

Getting back to when my husband passed away, knowing I was a diabetic, I drank too much. I still went to work and I was still a magistrate and people could see this magistrate but nobody knew the baggage that comes behind us. No one knows about my background so to speak and I was a diabetic and people who drink too much, and you are a diabetic and don’t eat properly, you are actually trying to kill yourself. So I still had to work out how I was going to do this so basically I crawled into a bottle to drown my sorrows after I lost my husband, but then I had to jump back out of that bottle so it is almost like the genie in the bottle, because my environmental health was affecting me.

I took leave, I started to get my house back in order, I have always gardened and I have always had my own vegetable patch, so I started to get back into that. I still was down in the dumps, but my two gorgeous sons said “pull yourself together, Mum” or words to that effect. Boys are not very smooth about it, but that actually equated to a few weeks of my life and since then, I have watched my environmental health, I have two little Jack Russell’s, I’ve got grandchildren, I need to keep the place clean, especially when they
crawl on the floor, because it immediately shows if you have not kept the floor clean, because they get dirty clothes.

I have a big family who visit and also because of my position, people expect a lot more of me and it is very hard for people to understand about what goes behind you because they have no idea, they just see this magistrate and you are supposed to be ‘wiser than wise’ and you have all of your own baggage that you carry around. But, it is your environmental health that you are living and working in.

So for good health, and I often have my grannies with me also, about two years ago, I started carrying around my own anti-bacterial hand gel, because kids are always getting dirty hands and I started a bit of a trend in the Children’s Court and when I went to the Territory, the Australian Army is pretty soft because they all have these packs of anti-bacterial gel, washing their hands all the time. I thought, they are not as hard as I thought, so as an older person I had to make sure my home environment was suitable to me getting older. I have a one level house, have wide stairs at the front and a rail and wide stairs at the side and I can drive my car into the garage quite easily. I have two steps up to my back veggie garden and as I said I do all of my own gardening, then I can hear you thinking what has this got to do with environmental health.

Well, have a look at the face, some of you might have seen it. I have some super glue on my face and some stitches, I have a reddish nose with bits off it and here and I have half a black eye here, and no, I have never had a fight in my life, I don’t fight, but this Monday afternoon, I had just come home from a Board meeting and I had not been to the pub, I was putting my two Jack Russell’s around after their own health and their environment, where there health and police are all five minutes.

So I am lying on the bed and the doctor said “I’ll do this, this and this, I won’t put stitches in.” In the meantime, there had been conversations with the other two grannies, said if they put stitches they have to put three as another granny had three stitches and she wanted me to be the same. The doctor said no stitches then he said to me there should not be any scaring so I said “does that mean I can continue with my modeling career?” When he finished laughing, he said yes.

The two little grannies in Perth, the 6 and 9 year olds, they reckon I look really cool and they want me to go to junior footy on Sunday, so the other kids can see me. It is embarrassing, I was at a Board meeting and a friend of mine said “have you been in a car accident” and I said “no, I fell” and they said “that’s what happens to old people” and suddenly you are labelled ‘old people’.

My eldest son at the hospital photographed me on his mobile and emailed it, whilst I am lying there, blood everywhere, emailed it to the other son. So I don’t know who has seen this email, former Magistrate Sue Gordon beaten in hospital, or something.

It has made me rethink my environmental health. My older son is a civil engineer so while we were in the hospital, waiting for the doctor, he has designed a ramp for the side and he said we should be talking about a frame. I said hang on, I just fell once. He said we have to start thinking about all these things. It is like I have suddenly become really ancient and I said look just hang on. He said no, no, we have designed the ramp and we will get it sorted out for you old girl – so there you go.

So environmental health affects all ages, but as an older person and now semi retired, although I work just as hard as I did before, I am more conscious of my environment. I sit on the Indigenous Implementation Board in WA, this is just another area that adds to the growing concern, especially older people and another one, which is very important to you is Judiciary in Western Australia have been pushing for absolute years, the requirement for more Aboriginal interpreters and this is also beneficial to the sort of work you do. There needs to be more Aboriginal interpreters.

I think that you all do a marvellous job because Aboriginal people taking control of our own health is just very important.

I don’t have a local Aboriginal medical service near where I live. There is one in Perth. I have a Chinese doctor which I have had for 30 years, we have just got old together. I think sometimes he thinks he is a black fella too. He is very good and I encourage all my members of the Sister Kate’s Organisation to make sure they look after their own health and their environment, where there health is affected.

I think those are the sorts of things, I have tried to make this light hearted for you because I think you can get a bit bored with stats, I used to do that as a magistrate I think, but if anyone wants to ask me any questions I think environmental health is something we have overlooked for years, it is just of such a great concern and it is just so important. I cannot emphasise enough, after my time in the Territory and I saw the people who were doing the work, I just could not believe that we have not done this a long long time ago.

Thanks for listening to me.
LAUNCH OF DOG HEALTH PROGRAMS IN INDIGENOUS COMMUNITIES: AN ENVIRONMENTAL HEALTH PRACTITIONERS GUIDE

Julia Hardaker, Animal Management in Rural and Remote Indigenous Communities, Xavier Schobben, Northern Territory Department of Health and Families

Xavier: My role is to introduce Julia and more importantly the work that is currently being undertaken by AMRRIC, particularly since the recommendations from Cairns in 2007. Its genesis was when AMRRIC came into being when it was launched in Terrigal in 2005. Since then AMRRIC has done a great job in advocating and providing dog health programs across most of northern Australia, WA and some parts of Southern Australia. Importantly, one of the recommendations arising from Cairns, particularly after some of the great work that Dr Sam Phelan had done in conducting dog health programs in indigenous communities. The Conducting Dog Health Programs in remote Communities: Environmental Health Practitioner Guide was developed to provide an appropriate guide or a companion document to that original Samantha wrote (which was the The Conducting Dog Health Programs In Remote Communities: A Veterinary Guide). We thought the Environmental Health Practitioner Guide would be a fairly comprehensive document which we thought would be 20 or 30 pages, or something like that, but you know Sam Phelan, it is fairly comprehensive and the page count is somewhere above 500. That’s okay, a lot of that will be very useful, the publication which Julia will extol the virtues of does contain some good resources.

Julia Hardaker: Firstly I would like to acknowledge the traditional owners of Wongatha people, and thank them for having us here on their lands. Thank you to WGAATIJEH for the funding that led to the development of this manual. Also thanks to the focus groups, who really told us what they wanted in this manual. And I think that when Sam first started too she thought it would be 30-40 pages too until she met with all you mob and everyone told her about what was needed to be in the manual and yes it is nearly 500 pages.

I thought what I would do is to take the liberty of introducing AMRRIC as I wasn’t sure if all of you know about us and I apologise to those who do know this information.

AMRRIC is a collective of vets, university staff, Indigenous community government councils, EHP’s, various government and non-government departments and really anyone who has an interest in supporting our work can become a member of AMRRIC. We are a not-for-profit organisation and the only organisation focused on supporting our work can become a member of AMRRIC. We are a lead partner with the Australian Research Council linkage programs in indigenous communities. AMRRIC has a vision that communities are safe and healthy for people and their companion animals. In a very practical terms this means having fewer animals, healthier and better behaved animals and owners that take responsibility for the health and welfare and behaviour of their animal companions. Our objectives include:

- aiding sustainable dog health programs throughout the Australian states and territories
- promoting and developing scientific research into improving animal management practices
- conferences and other educational sessions to promote best practice
- coordinating dog health programs for communities that request our assistance
- supporting those communities in managing their dog health programs through veterinary support, public health support and Indigenous environmental health worker support.

Our dog health programs are focussed on the needs and wishes of local people regarding their dogs. And I emphasise wishes of local people regarding their dogs we do not enforce ours on theirs.

Our programs are focused on building capacity for community ownership and them driving their own programs. Through the provision of veterinary services we provide desexing program expertise. We provide a means of managing large dog populations like these in the slide.

Education and training is one of our critical platforms. The sustainability of programs is achieved through training community members to maintain the elements of dog programs in between vet visits so they are acting as paravets. Our vets work alongside Indigenous community members as they are vital and integral members of the team. We hope to build a more formal school education program to raise awareness in children, especially around the treatment of animals. We aim to address cruelty to animals because of the established links between animal abuse and child abuse. We have undertaken some of those programs in schools in recent times. We have also hosted a number of highly successful conferences for vets and other practitioners.

Just to touch on some of our current partnerships. They include the Australian Animal Welfare Strategy through DAFF. We have just been given some money from them to develop an educational DVD that will actually accompany this manual. So it will give some of the three-dimensional and other parts that can’t be told in a flat book.

We are a lead partner with The Australian Research Council linkage program. Queensland Health which brought us over to Queensland last year to provide veterinary training workshops. That great mob in Queensland including our friend over there, Clayton, who is on our AMRRIC board. Clayton did a fantastic job on the cultural awareness program. We are partnered with James Cook University,...
Menzies School Of Health Research, Cambridge University, UK as collaborative research partners. NT Environmental Health through the development of this manual, various education institutions, assisting NT Shires to develop their animal welfare and control strategic frameworks. And we have international connections through Canadian and Bali dog programs and other programs we support with policies and ways to approach government funding.

Some of our key resources include: our web-based manual for vets that Xavier talked about, which is free to all members, the manual that we are going to be talking about today, multiple online papers and documents and resources in our resource library. Most of those are available to the general public, some are member only access. And we have a series of zoonoses fact sheets online.

We know that history has shown that short term strategies for dog health programs only have short term effects. Community developed control programs offer a real way forward. Many of you are already doing that but we don't see that in every area that we work in. As Sue alluded to, the older forms of treatment of culling don't work as a stand alone measure and unfortunately that's still going on. Just in the last month Tiwi Shire decided that they would kill 413 dogs in a community which they did to enforce a dog policy. People told us this that they didn't know what was happening and that the vet spoke to them rudely. That's what the Shire said was going to happen and that's what happened. It's a typical example of historical approaches which have failed to change the situation. These methods have not worked:

• knee-jerk reactionary models
• white fella top down dictatorial approach
• culling that never works as a one-off
• poorly planned and spasmodic vet visits
• no community ownership
• no community involvement

So we need new approaches and as I said, this is not reinventing the wheel. We are talking about that many of you don’t already do. So we are not being arrogant here. We must recognise past failures and have culturally sensitive bottom up approaches that are directed towards population control and training local people and focussed on education and dog health, well coordinated visits to achieve the shift from perceived pests to pets.

We all know that the best solution to achieve sustainable programs is undertaken by you, the EHPs, and we have had the pleasure of working with some of you. So as a result of all of you, and the goals that you set at the last conference, here we are launching the manual.

So I thought the person that really should be setting the scene is Sam Phelan who cannot be here today as she has a brand new baby. But in between breast-feeding and a load of other kids, and with the pile of dogs and chooks in the back yard we have a video message from Sam to play.

Same Phelan: Hi everyone, I’m a vet who has worked with AMRRIC for the past 6 years. Some of you may know me from my work in the Katherine region. Other people may know me because I presented the Vet Manual for Working in Indigenous Communities at the last conference held in Cairns. It was really as a result of that veterinary manual that I wrote and also a promise that Xavier made at a conference we are launching the manual. Xavier came out and shook my hand on a $10,000 promise to produce a manual for environmental health workers. And that’s what we are launching today. It’s exciting, even though it’s not quite done yet, but it is at the printers. So it’s closer!

The origin of that manual, as I said, was the work done on the previous vet manual, which was really a guide to how to work in Indigenous communities as a vet; what you will need tools of the trade and also how to get around communities. When it came to doing an environmental health workers manual, we needed to consider both working from an ESL perspective and also working from a perspective of people that can’t read English easily. It looks at running a vet program from a person living in a community’s point of view. The work you are required to do isn’t rocket science. It is solid, good and relatively simple to work, but translating that information to make it seem simple is quite difficult. I had recruited my sister, who became the illustrator for the environmental health worker manual. And then we looked at how we were going to present the material in the best possible way for environmental health workers who may not speak English as their first language, and who may not read English very well. The process of developing the manual was by holding two large focus group meetings, one of them the students from Batchelor. Both groups were incredibly generous with their information. The goodwill surrounding people’s intellectual property that they gave to the manual was incredible. And I thank both of the focus groups for making it the manual that it is now, because without their help they just it would not have been what it is today.

We started with focus group meetings at Batchelor and that was great because the range of Batchelor students included people with a lot of history of working and running dog programs in their own communities, right down to students that had just come in. I think they were Cert II students, some of them Cert III students, so a bit of a mixture there, some people with pretty limited knowledge of what the work could entail. They put together ideas about the best way of presenting that information to a non-English literature or non-English speaking audience. So the use of illustrations Julia will talk about later, evolved from the focus groups at Batchelor. The second part of the focus group meetings were hosted by Queensland Health, who brought together what they call their ‘top gun team’ of environmental health workers who were already working in the field delivering dog health programs in their own communities. And this group really redefined the content of the manual. What problems they had faced what information they wanted and how that information could be best presented was all covered in two-days of focus group meetings in Queensland. With all of that information we came home and nutted it out together, my sister and I, going through how best to present the information in a pictorial fashion. It was three-step delivery, in that they have the information that’s with stand alone picture, then you have a large selection at the back of each chapter, with more detailed information in a written form. It’s still relatively simple but we worked very hard to ensure that there wasn’t any information left out. If people really knew this manual they will know everything they need to run a dog program safely and effectively in their own community.
We sat down and wrote the manual over a period of six months, and then it went out to peer review. It came back from peer review in dribs and drabs, but by the end of February this year we had most of it back and we made the changes we needed to make. The focus group participants all reviewed it as well as additional people working in education or working in health fields or working in environmental health. And at this stage it is with the printers. I cannot wait to hold it in my hand in one piece. I hope that you have a great rest of the conference and enjoy Kalgoorlie.

Julia Hardaker: So let’s explore the manual. Sam uses the term EHP (Environmental Health Practitioner) as a broad term to include EHOs, EHWS, AMOs, AMWs, and really anyone who is into running a dog program, and in some places that may be a clinic sister in a remote community. It really could be anybody. As Sam described, each of the drawings are really beautiful, and you will get to see them featured throughout this presentation. We were asked to design the manual in this fashion, where the overlay tells the story, the colour picture, actually tells the story even without the words. The black-and-white drawing behind it is designed as an education tool that people can actually write on in thier language to tell their story and can be used for educational tools in schools for kids to colour in and to tell their stories.

So what does the manual include? Obviously I can’t tell you all of it so it’s going to be a brief overview. It covers:

- dogs, EHPs and dog programs, their cultural and spiritual significance of the story about dogs, why people have them and what their roles are
- planning a dog program, dog germs and immune systems, germs that cause diarrhoea
- common skin problems in dogs
- parasites, how to treat them, worms in dogs that can get into people, what to use to kill parasites, getting rid of mange, worms and common dog sicknesses
- top watch programs and other exotic diseases
- a chapter on dogs are not dingoes, and all that means
- dog breeding, stopping dogs breeding
- putting animals down, ‘finishing them up’ or euthanasia
- dog bylaws, dog bites, the law and the EHP
- animal welfare, running a pound, record-keeping and program evaluation and what the shop can stock

The manual constantly emphasises the key role of the EHP in animal welfare and control programs. It acknowledges you as the most important component of any dog program and a team that runs a well planned dog program can address over population and make dogs stronger and healthier. Many problems can be fixed with only a little bit of outside help - which is great news because so many times we see Shires and people are just bringing vets into the communities as the sole solution to dog problems so there is a huge emphasis on dollars when it need not be.

The more the EHP team fixes, the more dog owners like the program and engage in it and then the cheaper it will be for the community.

Now, I think that ‘deadly mob’ from Queensland helped Sam come up with this model for community engagement and planning, which is a brilliant model. I won’t go through the whole model, but basically it’s a very systematic way of going about working with the community to plan and manage the problems as they come up around issues concerning dogs. It doesn’t suggest doing it all at once, but rather tackling the issue one at a time.

So it looks at what the community can fix, who’s going to do it, what resources they need, what budget will they have, which is sadly often limited, how do they get training and what outside help will they need. Then it looks at how they are going to do that work.

Some chapter highlights:

Look at Chapter 3 for instance; dog’s germs and immune systems. This one looks at what germs are and how germs can build up in the environment, how they get into us, how the immune system fights germs, and tables of germs that people and dogs share. A big focus of our work is on healthy dog’s healthy communities. We are constantly looking at zoonoses that are germs that move from dogs to people and make them and us sick. This manual covers that extremely well.

It covers germs that cause diarrhoea, how dogs get diarrhoea germs, how they give these germs to people and how the EHP stop dogs and people sharing germs. It describes how to work with the clinic, and all about the germs that people and dogs share. An example of this is how dogs spread diarrhoea and germs to people. In the picture in the manual you can see dog licking kids, sharing bowls of food, faeces in water that people are swimming or bathing in, flies moving from faeces to food and by not washing hands.

In Chapter 5 it covers common skin problems in dogs and parasites in the skin. So, it covers things like mange, ticks, fleas, lice, ringworm, sores on dogs and people. And of course, it covers all the ways in which you identify them, how they are to be treated and things that you can do to prevent those things from spreading. The entire manual is not just drawings, but throughout the body of the text and behind each of the set of diagrams which lead into each chapter there is a significant amount of text and it’s highly illustrated.

It covers worms in dogs that can get into people, round worm, hook worm, heart worm, hydatid tape worm, Strongyloides. There is a chapter on what is used to kill parasites and mange and worms. It’s really beautifully illustrated.

It covers using Ivermectin programs, the dose rates, safety in handling, planning those programs to get rid of mange, ticks and heart worm. It covers other common dog sicknesses, like TVT trans venereal tumours; which is a sexually transmitted cancer, parvovirus and how to treat it, how to heal dog fight wounds and how to run awareness campaigns and get rid of TVT.

Chapter 9 covers top watch and exotic diseases. So that’s about working with quarantine for rabies is obviously applicable to people working in the top end. The manual talks about how the environmental health practitioner can work with quarantine top watch program to make sure that we don’t get rabies and screw worm fly into our country.
Chapter 11 is about dog breeding. It covers normal breeding cycles, problems with breeding, taking care of puppies and a number of other issues. It covers stopping dogs breeding. So why do we want a stop dogs breeding? Desexing operations, chemical alternatives such as covinan and planning the desexing programs. I have here a quote "Desexed dogs make better pets, they also cause less humbug, undesexed dogs are more cheeky, they also cause more humbug, desexed dogs have fewer worms this keeps the dirt in their yards cleaner”.

It covers putting animals down, ‘finishing them up’ or euthanasia. It covers reasons why you may need to be putting dogs down, ways to put them down humanely, through lethal injection and shooting. It covers giving lethal injections and what the implications are for that community and what they need to do to administer lethal injections. It also covers the appropriate disposal of carcasses.

The next chapter covers dog bylaws. How they are made, how to enforce them and planning a dog registration program. In the chapter ‘dog bites, the law and the EHP’, we look at how you can avoid being bitten. First aid, dog bites, the types of biting dogs; fear bites, dominant bitsers, the law and biting dogs, choosing the right dogs for your community are all covered. It includes sedation and planning how to stop dog bites in your community. It also has in one of the sections a school program; teaching kids how to stay safe in your community and not be bitten.

Chapter 16 looks at animal welfare laws, what they are, how are they made and who enforces them. It covers the EHP and animal welfare laws, making animal welfare in your community better and school education. Running a pound, types of pounds, and reasons for having them, things to think about before a community gets a pound and all too importantly record keeping and program evaluation is included. Why do we keep records, what do we keep, what sort of records are there for each dog, sensus forms and drug usage record forms are there too. It looks at what the shop can stock. We’ve been working with outback stores in the Northern Territory, trying to get them to get some of these products pictured into the stores. There is a lot of criticism out there about the state of dogs and people say, ‘Aboriginal people aren’t responsible pet owners’ so we try to get them to get products into the shops so that we can have responsible pet ownership. This is something that the EHP can take a big part in.

Q. Owen Ashby, Department of Health WA: Can you comment in relation to how the manual may affect the WA dog health program? And secondly I hope the emphasis on the community and the environmental health worker is going to be maintained, so they going to be responsible for the dog health and vets will not come in and want to take over the program.

A. I will answer the last one first. Obviously, we don’t work in all the community and we don’t have a say in what vet’s do. I guess I can only talk on behalf of AMRRIC affiliated vets and on behalf of the work we are currently undertaking in the NT Shires where we have been brought on board as consultants to write up animal welfare control frameworks. So here we are having a direct influence on policy and in the way in which vets come and work in communities. We can influence the Shires regarding vets who may tender for programs or those they may just keep who have been working in a community. Those vets are going to have to meet a certain set of requirements and to work in a particular way and probably to be AMRRIC members be working to the AMRRIC philosophy. So at that level are looking at a very big change so that we can change some of those horrible practices that we have seen in the past. As for the other States, at this point, we don’t have that level of influence at government level, but it’s something that we are working toward. And we certainly hope that this manual, and also the fact that FaHCSIA have just asked us to scope the need for the development of a national best practice guide and management to see whether guys like you Owen, feel that there is a need for a document like that we have a chance to set benchmarks around those animal welfare practices. Of course if it’s coming from us it will have a really huge focus on the EHPs as the key to the program on the ground. So that partly answers your first question as well. How that will influence your work directly, I can’t answer that. How it may influence the work of people on the ground I think it’s fairly self explanatory. It’s such a user-friendly tool such a broad range of people can use it. We think it can have a very powerful effect on the way in which dog programs are delivered. Each of the states and territories are at different places in the way in which programs are delivered. We are aware of that some of this information in the Manual many of you already know of this, but it also provides a whole education and research tool as well as being a very hands-on approach to be able to run programs. So we hope that the manual will put government organisations and others in a stronger position to be able to push through the importance and the need of dog health programs as a key component to improving environmental and human health. We really noticed it in Sue Gordon’s speech, when she started straight into dogs as key components to improving community health. And this is why your contribution to this is so valuable.

Q. Thad Naggs: Apart from Clayton Abreu, is there any other Indigenous representation on the AMRRIC Board and, if not, are you willing to seek a greater presence of Indigenous people on that board?

A. The answer to the second part of the question, absolutely. We really do want to build Indigenous representation. We have had predominantly vets on the board in the past. And one of the things that I was keen and others are keen on when I came on board a few years ago was to get Indigenous representation, so Clayton was our first and we are currently seeking people who might be interested in being part of the Board. We also just applied to FaHCSIA, but got knocked back, for funds to establish an Indigenous advisory board to AMRRIC, so that group will directly guide our policy development so we hope to get the funding next time.

Q Michelle Major, Kowanyama Queensland: We are a member of AMRRIC. I haven’t seen a vet in the last two years. How many times does the vet have to come into the community?

A. That depends on the size of the community and the number of dogs and what’s been done there before, so it really has to be planned with the community and the vet to look at those things needed to establish a program.

FOR MORE INFORMATION

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SUPPORTING ANIMAL MANAGEMENT IN ABORIGINAL AND TORRES STRAIT ISLANDER GOVERNMENTS

Clayton Abreu & Andrew D'Addona, Tropical Population Health Service, Queensland Health

On behalf of presenters Andrew and Walter we would like to acknowledge the traditional owners; the Wongatha peoples and that the organising group for allowing us to speak at this conference. We will talking about supporting animal management in Aboriginal and Torres Strait Islander Local Governments, the Queensland story.

There will be three presenters; Andrew myself and Walter. I will be talking about the background and history of the program.

Prior to March 2008 in Queensland we have 34 Aboriginal and Torres Strait Islander Community Councils. After the amalgamation this has reduced to about 16 Aboriginal and Torres Strait Islander local government, Torres Strait Islander Regional Council consists of 15 separate Island communities and the Northern peninsula area that which is right on the tip of Cape York consists of five separate communities. Although the one local government area we still support an animal management worker on each community. A bit of history, animals have significant cultural and social relevance with Aboriginal and Torres Strait Islander communities. Animals present, health and safety risk in all communities. A review of the Aboriginal and Torres Strait Islander environmental health program emphasises that this matter with community members, councils that are raising animal management as a significant issue in need of addressing. Part of the reasoning behind having this program if that local governments have the responsibility to manage their own animals in the communities under certain different legislation, the public health act, public health risks, land and protection, pest and stock management. All local government had to have a pest management plan. This includes feral animals, the animal care and protection act that bio security and DPI look after and there are local governments themselves who enforce local laws. Recently, the passing of the Animal Management Cats and Dogs Act 2008.

These councils have limited capacity and resources to handle these matters. So why do this program?

- There were heaps of reports of numerous dog attacks.
- Alleged animal neglect.
- Problematic animal numbers.
- The death of the child in a community from a dog attack.

So in 2006 Queensland Health elevated a cabinet submission requesting funding to assist Aboriginal and Torres Strait Islander communities with animal management. I’ll pass you on to Andrew to talk about what we received from the cabinet submission.

Andrew: I would just like to start by acknowledging that the traditional owners of the land on which we are presenting today. So as Clayton said Queensland health put up a submission for funding for animal management, and although we didn’t think we would get you we did. It was topical at the time as it was very close to when the child’s death occurred from the dog attack. I guess that became a political topic, and therefore they chose to fund a program. So Queensland health, in partnership with Department of Primary Industry, Biosecurity Queensland secured funding to support animal management in Aboriginal and Torres Strait Islander communities. The initial budget was $2.73M that was to get it set up, see this provide some funding for capital infrastructure and develop the program. In 2007/2008 financial year it was $1.69M and ongoing about $2M to support the program. At that time all 34 Aboriginal and Torres Strait Islander Council were invited to apply for that funding. Obviously in getting money we came across quite a few challenges in developing and delivering the program. So I will run through a few of those.

The initial planning, what we were intending to do with this money? Was one of the questions that was asked. We put in the submission with some very general ideas of what we were going to use it for. However, when it actually came down to working out what we are going to do. There were a few clashes defining the roles between different government agencies. As soon as you get the money, everyone wants to be part of it, because getting the money is so hard to get. So we had to work out exactly what I wanted to deliver. Was going to do what. The provision of support for the community is obviously having 34 communities to support with very limited staff with the knowledge and skills to be able to get out there and do there was a definite challenge for the program and one we are still dealing with. Working in with so many other programs; natural resource programs even knowing they exist, working in with them can be a significant challenge.

Recruitment and retention of staff, I think we all know that that can be really difficult. Finding the right type of people to work on community in their own communities. The ability to fulfil their study obligations. The ability to fulfil the role in community can be quite trying role at times, and not one that everyone enjoys. Therefore, finding the right people is really important; inevitably you will go through a few staff in certain communities and to find the right person.

The local government themselves, understanding the funding and their roles and responsibilities with it. Honestly, when you go to a Torres Strait island local government and say we’re going to give you $70,000 they would jump at that because it’s money. But making sure they really understand what is it therefore what their roles and responsibilities in delivering appropriate animal management in the community, and what it actually is meant to be spent on. And that’s something that we have had problems with. Our animal management focussed feedback to us has been “they employed me but I haven’t seen any of my equipment” or “can’t access the vehicle’ or ‘where has my money gone?”

Queensland Health is not normally a funding agency so this is a big challenge for us as we have never done this before, we have never actually been a funding agency. Trying to monitor the funding, to get reports back from councils has been huge challenge for us. And talking to the actual funding agencies. It’s a huge challenge for them as well so it’s something that we’re having to deal with.

Selection and recruitment of a veterinary services. We heard in the presentations this morning that we really have to get the right types of vets with the right attitude to working those communities. And without making it sound to bad some vets seem to think it as
a money making venture as well. So trying to get the right people, and I’ll acknowledge AMRRIC as we have run a training course with AMRRIC for vets working in communities that Clayton and some of our other colleagues presented at and did a fantastic job. That was about when vets do come into communities that they are aware of the program and that there are aware of how the program is supposed to work and the aware of their role within the program. So it’s about minimising surprise value, if they haven’t been to a community before.

In Queensland for some reason we have real trouble with the legislation and allowing our guys to do some of the animal health services between vet visits and been authorised to use Ivermectin and that sort of stuff is a real issue for us, which is something we are still working on. And obviously developing appropriate resources for using in community. We have done a lot of work at workshops. Negative media is quite important to us some of the communities are nearby to major centres. It doesn’t matter how much good work is happening in the community it only takes one negative article to put doubts over the whole program because the politicians see this and say “What the hell are you doing?” “How come this is still happening?” The reality of this is that it can and undo a lot of your good work because people in community or the staff you’re working with can say “Why are we wasting our time. If they never going to put a positive story out there about us?”

I said at the start, it was a bit of a decision to work out what we have to do with his money. So we came up with a plan or the Queensland government action plan for supporting animal management by Indigenous local governments. We had a few aims; to coordinate the animal management program, to improve health and welfare of animals, to provide capacity for councils to deliver sustainable animal management which I think is one of the key deliverables of it, to facilitate a whole government support network and council is to meet accountability and sustainable animal management.

The key for us, is being able to provide support to community. It is not up to us to be doing this is not our role, it is not what we want to do. Communities can do this, they just need some support and resources, educational or whatever it might be and that is our role in this program.

So, what was funded? As part of the funding agreements we gave councils. Obviously a major factor and one of the State government’s major goals is providing employment in Aboriginal and Torres Strait Islander communities. The funding was there to employ an animal management worker; full-time funded wage. It was also there to develop and deliver a training program for animal management workers. And partially fund, the construction of central animal management infrastructure in community. Obviously the huge cost of infrastructure in community meant that we could not fund the whole lot, but it was there to try to help communities out with the building of things such as pounds and various other things. The purchase of essential equipment for animal management workers, contracting veterinary services where needed and provide support to council was an animal management workers to develop and implement animal management programs.

So, what are we actually delivered with this funding, so far? firstly, there was no actual management training program for animal management workers. So as a part of this we contacted in a training provider, a broker and developed a training course called ‘Certificate II in rural operations and animal management in Aboriginal and Torres Strait Islander communities’. That was the first step. Anyone who isn’t involved in training, and then tries to get involved realises it’s a nightmare; all the rules and regulations and setup. That’s why we got an external agency to do for us; people that know what they are doing, they had all the contacts they know how to get funding. The training course is very expensive but we have had something like a 90-95% completion rate. It’s about delivering in community one on one or in community in group settings, it is a fantastic program, and all feedback has been fantastic. So far we’ve had 31 employees graduate from the Cert II course.

We have started to develop a Cert III and Cert IV course in animal control and regulations to build a career framework for these guys to move on and further develop the skills of those people want to. So far we have 29 staff employed by Aboriginal and Torres Strait Islander councils as animal management workers. In the 2008-2009 financial year. We funded $1.9 million, and we put that into the program so far. And approximately $550,000 has gone into infrastructure.

Clayton: The program needed support and Queensland Health employed an animal management project adviser. He, Scott McIntyre, was based in Cairns and he covered from Cherbourg up to the PNG border. His role was to coordinate the project activities, from the outcomes of the action plan. He built an internal relationships statewide. So we had to ensure that and networks were maintained and developed so that project worked in with other programs, and so it was more of a coordinated approach. The position also provided strategic, technical and operational advice to not only the guys on the ground, but to Queensland Health staff are and other government agencies. Also in that position we had to make sure that we could monitor the program so he collected on the existing animal management before the program came into place, assisted on ground activities in community; making sure that they were getting the operational equipment and other stuff that they needed and make sure that communities were able to develop and maintain programs.

Other than that position there was other on ground support, and it was delivered by not only my position in Queensland Health,
but district coordinators based in Wiepa and the Cape, Torres Strait on Thursday Island in Townsville and he covered Mount Isa and the Gulf and other area coordinators based in Rockhampton and Towoomba. Also during the training we had student mentors to work on how to be a student. That was pretty successful, with a high completion rates of students passing the course. The RTA’s acted as trainers and also as support.

Walter: When a dog comes to the pound, there is no holding period of five to six days in which time people can go to the council office and bail their dog out for a $25 fee. Not only is there a dog program on the island, but there also a horse and dumping problem. In fact, we have a lot of injured horses on the island mainly from dog attacks. Out of the budget we purchased uniforms for the staff to wear so that everyone knows their role, and it is a promotion for the work they do.

Q: I have a question about the Queensland Government funding for the Aboriginal environmental health workers. Was that full funding for wages?
A: Yes

Q: For how many workers for each community?
A: We have funding for all 34 communities and the environmental health worker program. So they are fully funded one position per community. Some communities such as Palm Island has employed an environmental health manager and has an environmental health team under him, they choose that funding from their own grant funding that they get from the Queensland government.

Q: I asked the question because with the changes to CDP and some workers are on CDP money, so was it difficult to get the money through Queensland government?
A: This was something that I was lately part of. But before that there were strong advocates in Queensland, Stuart Heggie who is a director of Environmental Health in Tasmania was a strong advocate. He went to see the Western Australia model and brought it back to Queensland in the early 90s. But we didn’t get fully funded positions until late 2001, and that was the Cape York pilot program, and from that we had the expansion program to all the communities and from that funding we got the animal management funding as well back in 2006. Back to the programs we have the environmental health worker program, which we have fully funded position for and then we have the animal management worker program which we have a separate funded position for. Basically what he got paid back from the review of our environmental health workers, was the animal manager was such a huge part of it that you are either do animal management or you do other stuff. That brought about coping with the two roles and two separate funding bases.

Q: You mentioned that people were doing Cert III and IV does that mean that people have an increased in wages after they have done those?
A: That is a good question. Thank you for your question.

For those of you who don’t know me my name is Michelle Howcroft. I am the new manager after the Torres Strait islands, I look after 15 communities. What I am currently working on if an incentive program so that the study and an AMW or EHW does they can progress and get better pay, and also attend more conferences. So it does encourage them to work harder towards their career. Your point before about the CDP, I can see that being a huge problem for us in the Torres Strait because we do get a lot of assistance with our EHWs we rely on them a lot to you assistance in doing a lot of programs, like cleaning out drains to stop stormwater issues is something that I am currently working on, so I’m interested to see what happens with the changes to that program because it will impact us a lot.

Andrew: One thing we did come across was what award do we put these people on? Once again we are learning as we go. These are issues that we come across are still working through in some circumstances and funding is semi-finite, and as you say, if people going up on qualifications and stuff, does the funding cease with an increase in wages or not?

The workers are employed by councils. We provide the funding and we provide a wage component and an operational component but we can’t actually dictate to Council what their pay should be. We can provide recommendations but councils direct how they pay their workers.

Q: Matthew Lester: This links into the career pathway. Is there any view to expanding this training in the Cert II/III/IV to other environmental health units with a view to getting Batchelor as the next extension to a degree. That is probably a long-term goal, but that is a pathway which could lead to a difference in pay because there is a difference in the qualification.
A: We strongly support the environmental health workers and that pathway, and we’re trying to link in the animal management workers and to look at environmental health as the next step for another pathway. Some may not use that way, some might go into other areas - it’s up to individuals and individual councils.

Q: Is there a part where you can support council in upgrading our wages?
A: I’m not really able to answer that question.

I fully understand and I have been told all my life that size doesn’t matter. And I am a firm believer in that. It’s not enough that we are only a small group of people. This is a perfect opportunity to raise the on our website for advocacy for our people for wages, better support and training, and it’s the ideal avenue to promote this issue it is an indigenous issue, always as being always will be like the land. We need to support ourselves and push advocacy for ourselves on this issue and be vocal about it. Don’t just listen and be told that you are just a small group. We are not a small group were a great race and a large people and the problems are just as big if we rest and splinter and let it go at a state level and I apologise gentlemen. United we stand divided we fall, that’s why we’re not getting anywhere, that is why we have a national conference we only had every two years, and at least with the website it’s an everyday thing.
it doesn’t stop and it’s sustainable at the present next three years so it’s important that we all raise these issues in that forum are not being rude gentlemen, and I appreciate all the support and work that you have done for us over the years but now is the time to utilise the support each other for decent wages, decent training and progression of these issues for our people.

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MISTER GERM HAND WASHING HYGIENE AND NUTRITION PROGRAM

Robert Barnett, North Coast Area Health Service, Clayton Abreu, Tropical Population Health Service, Queensland Health, Dianne Penberthy, Macksville Community Health

My name is Robert Barnett and today I will be discussing the Mister Germ Hygiene and Nutrition program.

I work for North Coast Area Health Service which is located on the North Coast of NSW. This is where the Mister Germ program kicked off in NSW and during my presentation I will refer be often referring to the North Coast. I would like to note here that this presentation focuses on the program being delivered to preschools not primary schools.

The North Coast of NSW has experienced ongoing outbreaks of communicable disease in children aged between 0-5. Back in 2006 over 25 children from one preschool became ill with gastro symptoms and this preschool requested assistance from the public health unit on how to manage the outbreak. It was identified that this preschool needed hygiene information for parents and staff and it was felt a handwashing program would benefit the preschool. Young children, especially those in child care are particularly vulnerable to infectious disease for several reasons, exposure to germs in group care, immature immune symptoms, they participate in behaviours that spread germs, like thumb sucking, putting objects in their mouths, and lack of control of bodily fluids.

Also back in 2006, Aboriginal Health requested assistance from the Public Health Unit in resolving outbreaks of communicable disease in several local Aboriginal communities on the North Coast that where particularly affecting children and the elderly. In my role as an environmental health officer, I undertake community environmental health consultations and visited these communities experiencing illness. These communities have many environmental issues including inadequate housing, overcrowding, waste issues, un-maintained sewerage and water infrastructure, high dog numbers and limited pest management.

As a disease prevention strategy the Public Health Unit decided that a hand washing program needed to be established in local schools that is culturally appropriate for Aboriginal children.

Back in 2006 there was no NSW Health hand washing program available targeting Aboriginal children. However, NSW EHO practitioners that had previously attended the National Indigenous Conference learnt of the Queensland Mister Germ program and felt it may be adopted by NSW. As Clayton mentioned permission was granted for the program to be implemented in NSW. A partnership was formed between various health services within the North Coast Area Health Service and a local AMS to establish how the Queensland program could be adapted for New South Wales. The Queensland model runs over 3 years in primary schools by environmental health workers, however we do not have this staffing model so therefore at this stage it was decided that the program would be adapted for preschools and only delivered to primary schools on request.

I will briefly discuss the program’s components that assist with meeting the programs aim and objectives, the first component being communicable disease information. Schools that participate in the program are provided with the latest information on immunisation, health factsheets on communicable disease i.e. boils and prevention information e.g. nappy changing and cleaning sandpits. This information can also be passed on to parents.

The second component is the Mister Germ program presenters ‘activities guide. This guide was modelled from the Queensland presenters’ guide, however was designed to suit preschools. The guide contains a variety of physical, visual and verbal educational activities that show students what germs are, how they spread sickness and how this can be prevented.

Each activity has its own aim and some are compulsory and others are optional.
Examples Include:

- introducing Mister Germ
- washing hands activity
- insects carry Mister Germ onto food
- wash my fruit
- put rubbish in the Bin
- patting the dog
- ball activity

The duration of the activities are 5 minutes to 20 minutes in length.

Schools may develop their own activities. One school introduced the use of glitter to illustrate the spread of germs and another school has developed an activity called 'micro nasties' which encourages children to take their medicine.

A resource kit is provided with equipment and materials to run the activities. Estimate cost of each resource kit is less than $1000, however this does not include the cost of the costumes. However it is possible to run the program without the costumes. The majority of the funding for the program has been sourced from the NSW Aboriginal Environmental Health Branch.

This is a picture taken of the equipment used to deliver the Mister Germ program. As you can see the kit contains many items including the Mister Germ and Germinator Costumes. The Germinator character is a newly created character suggested by a local Aboriginal Elder, Martin Ballangarry.

The Germinator is a good character who teaches children about germs and Mister Germ is a bad character who spread germs.

The posters were updated, good and bad picture cards were designed and promotional items such as stickers, pencils and rulers were purchased.

This program tries to teach children about good and bad germs. We let the kids know it's ok to play outside and get dirty but the program strongly encourages the children to wash their hands after going to the toilet and we use aids like a toilet seat and glow cream to show the pretend germs on a toilet seat.

After running a series of activities with kids we hope they use soap and wash their hands.

The nutrition component of the Mister Germ program was developed in partnership with the Port Macquarie Dietitians department and is called the Great Lunch Box Dilemma. This resource was sourced from the Department of Health and Human Services, Tasmania. This resource is provided to the preschools in a template format that the preschools can use and display.

A display board is used to give a visual presentation of healthy lunch box ideas aimed at the parents to see when they come to the preschool.

An example of one of the pictures is of the cost per 1kg of rollups compared to the cost of 1kg of apples. This program aims to hit parents in the pocket. The Mister Germ program is flexible in that any local nutrition program can be incorporated. The idea is to utilise existing resources.

Another component of the program is food safety. On the North Coast of NSW we offer an existing local food safety program in conjunction with the Mister Germ program. The program we use is called ‘Junga-Marlannggu Yurall’ meaning ‘Proper Handling of Food’ in the Gumbaynggirr Nation language. This program was developed by the Regional Health Service Program to provide information to assist preschools to comply with the new Food Handling Legislation Standard 3.3.1 Under The Vulnerable Persons Act.

This legislation is not enacted in New South Wales yet, however it is in other states and territories.

It is still common practice in schools that kids blow out candles on birthday cakes so this part of the program provides information on this activity with focus on preventing the spread of disease.

Parents are still preparing food for the preschool children, meaning therefore it is unknown what ingredients are being used, and how and if any food safety precautions have been taken in the home environment.

In 2007 eight preschools across the North Coast trialled the Mister Germ program consisting of 360 children. Four of these preschools were Aboriginal.

All eight preschools recorded the daily number of sick children over two school terms, however only four schools were introduced...
to the Mister Germ program and the results were compared, unfortunately given the small number of children, the length of the program and period of the year the program was delivered there wasn’t much difference in the illness rate between the preschools. However the statistics showed there was a higher incidence of illness among the Aboriginal preschool children compared to the non-Aboriginal preschools. On one particular day 49% of children from one Aboriginal preschool were sick with running noses, gastro symptoms.

The evaluation feedback suggested there was a large increase in the frequency of handwashing among children and staff.

Schools are reviewing their policies around handwashing.

This program allows for EH practitioners to provide information on other EH matters e.g. lead, drinking water, copper logs. EH matters of interest to preschools.

There are potential research opportunities around this program to measure the impact of handwashing on reducing the spread of disease in preschool, however none are proposed at this stage. The PHU are happy in what the program has achieved so far. Current evaluations of the program is based on feedback received from the teachers, that has shown that staff and children have both increased their frequency of handwashing.

Just remember handwashing!

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‘NO GERMS ON ME’ HAND WASHING CAMPAIGN

Xavier Schobben & Natasha Clements, Northern Territory Department of Health and Families

Natasha Clements: I would like to start by acknowledging the traditional owners of the land on which we meet. We are here today to talk about the ‘No Germs On Me’ social marketing campaign. So what is all the fuss with hand washing? It’s a question and a skill that we had ingrained in us as children. How many times were we asked “Have you washed your hands?” It was a question that was asked on a daily basis. Every time that we went to the toilet “Have you washed your hands?” Just before you sat down to eat dinner “Have you washed your hands?” So if we all have learned this valuable skill, then why is it that five minutes spent in a public toilet sees so many people leave that bathroom, without touching the tap let alone the soap dispenser. Studies have found that for every five people one person will not wash their hands. Take a look at your neighbour are they that fifth person? Where have their hands had been? Scary proposition!

So despite the proven health benefits of hand washing many people do not practise this habit as often as they should, even after using the toilet. Not washing hands frequently enough can lead to the spread of infections. Inadequate hand hygiene contributes to diseases such as salmonella and hepatitis. Because these diseases are spread by the ingestion of the tiniest faecal material handwashing after using the toilet cannot be over emphasised. Less commonly known is that handwashing spreads respiratory diseases such as the common cold, and flu. And whilst most people will get over the cold the flu can lead too much longer-term effects or problems, particularly for those people of chronic medical conditions.

So today’s presentation will seek to provide you with a whirlwind tour of the handwashing project and the resulting campaign ‘No Germs On Me’. I’ll focus primarily on the marketing aspect of the campaign, the wins, the challenges and most importantly the outcomes.

We start with Xavier to recapture the origins of the handwashing project before we get on to the campaign and its results.

Xavier Schobben: I have been blessed with having three magnificent project coordinators in Nicola Slavin, Annette Fuller who you met at Carins and finally Natasha Clements, they have done a sterling job, ably supported by Barbara Klessa, Fiona Smith in Central Australia, Kia Grieves, Ken O’Brien and the treasure trove of EHOs we have across the Territory. I would like to also just like to thank the AMRRIC funding that we received through WGATSIEH though eHealth endorsement and importantly though the auspices of Jenni Paradowski and the Department Health and Ageing. We would like to thank you Jenni for your continued support of WGATSIEH through eHealth, and we obtained funding from Department of Health and Ageing (DOHA) to continue on with this great project.

The handwashing project was developed to assist in addressing the high rates of infectious diseases amongst Aboriginal babies and children in the Northern Territory. Respiratory and intestinal infections impact not only on the health of children in the short term, but may also contribute to chronic disease in adulthood. Infectious diseases such as respiratory and intestinal infections are the leading causes of hospitalisations for Indigenous infants and children aged under five in the Northern Territory with rates many times higher than those in the non-Indigenous population. Research has also indicated that repeated infections during infancy and early childhood can also result in impaired growth, which can lead to long-term health repercussions. Primary barriers such as sanitation and handwashing after faecal contact has been found to be the most effective means of reducing diarrhoeal disease.

The handwashing project was trialled on an Indigenous community in both Central Australia and the top end of the Northern Territory. There was also a designated comparison community in both of these regions. The project commenced on the 9th of February 2006 and was finalised on the 15th of May 2008. The long-term goal of the project was to reduce the person-to-person and
environment to person transmission of pathogenic organisms that cause diarrhoea, skin sores and respiratory disease. There were four objectives and these will be reviewed in more detail when we will discuss the outcomes of the project. The project took just over two years from its inception to completion and funding as I have said was provided, thankfully, by the Australian government.

Briefly, the project involved a number of phases; Natasha will talk in more detail about some of these phases throughout the presentation. In a nutshell, the project concept involved undertaking formative research to determine the key barriers and drivers to handwashing, identification of trial communities, the development and testing of creative concepts, the actual launch, and most importantly, the evaluation.

Natasha Clements: There are several aspects to the handwashing campaign, none of which could taken place without the formative research. It was used to identify the barriers for people not washing their hands routinely with soap and the sorts of things that motivate people to adopt good handwashing practices. Several barriers were identified and I will briefly mention a couple;

- Handwashing wasn’t considered a social norm, so washing hands was not considered a routine behaviour, and there was no social expectation of each other in terms of washing hands. Soap is not available in homes, so if it’s not available you are certainly not going to use it. Some of the households did talk about using other types of cleaning products such as dishwashing detergent and shampoo.
- Handwashing was not seen as useful. Many people did not see the link between washing hands, and stopping the spread of germs.
- Health hardware wasn’t being maintained, so if the tap wasn’t working then you are unable to wash your hands.
- There was lower self efficacy, people didn’t believe that they have control of their own situation and the events in their lives.

On the upside, however, there were two key drivers for washing hands with soap:

- Soap is cheap.
- People expressed a positive attitude towards washing hands and soap.

Social marketing: so why would you use social marketing? The formative research basically guided the development of the social marketing campaign which included television advertisements, posters and stickers and point-of-sale materials which were all trialled in the intervention communities. The determinants of hygiene behaviour such as handwashing are complex and research indicates that simply teaching people the health benefits of handwashing does not result in substantial behavioural change. Internationally, there is an increasing awareness that in order to change handwashing behaviour on a large scale the principles of industrial marketing need to be applied. So this was the rationale behind choosing social marketing as a means of promoting handwashing to achieving the goals and objectives of this campaign.

The key difference between social marketing and commercial marketing is that the benefits of social marketing benefit individuals and society rather than the market organisation. Promotion of hand washing will have a far greater impact on public health than promoting drinking Coke as a means to ‘winning the girl’ in order to sell the product.

What were the chosen tools? We produced several tools to ensure that the campaign reached the widest audience. In doing so, it also ensured that there was sufficient support material available (ie posters, stickers ) to reinforce the commercials. During the course of the presentation, I will show you some of these chosen tools and the advertisements.

There were 8 commercials that were filmed, and they used local talent. The style was a top and tail format, so essentially that meant at the commercial break, a poor handwashing scenario would first come on then at the completion of the commercial break, the same commercial would be shown with a positive reinforcement of handwashing. The commercials screened on Imparja for 6 months, and because we had a bit of extra funding available we did another 6-month block about a year later.

There were 4 posters and stickers developed; A3 posters, three of them each featured one of the critical junctures for washing hands, and the fourth one, tied them messages together. A bar sticker was developed using the five steps to effective handwashing, and then posters and stickers were displayed at key sites on the intervention communities, including the Council office; community stores; health centres and schools.

Point-of-sale materials: These were fantastic, they included a counter top display unit for soap, a large counter sticker featuring the logo and shelf talkers where the soap was displayed in the community stores at the intervention sites. We did have to alter some of those point-of-sale materials due to confusion of the message, i.e. purchasers thought the messages meant the soap was complimentary instead of for sale.

The hip-hop workshop was another tool. A professional hip-hop artist and DJ were contracted to hold the hip-hop workshop with the schoolchildren at the Central Australian intervention community. The artists worked with schoolchildren to develop a hip-hop song incorporating the hygiene message. This footage was then incorporated into a community service announcement and an educational DVD. The health education activities promoted handwashing and germ theory and were conducted throughout the duration of the campaign and beyond. Such activities included; handwashing and hygiene themed literacy and numeracy days, colouring competitions, demonstration of germs on agar plates and games with ‘Gerry the Germ’ - a fibre glass germ where students were able to use glo germ gel and UV light to witness their handwashing effectiveness. Most recently a hygiene activity book was sent across the entire Northern Territory to all schools, which was matched against a Northern Territory curriculum framework as a way of incorporating it into the education program.

The community service announcement was a 30 second announcement that featured the students footage from the hip-hop workshop and an educational DVD was also produced,
targeted at lower primary students.

The benefits of social marketing: Social marketing costs a lot of money, but there are a lot of good benefits to it. Marketing traditionally has one main goal and that is profit. Companies such as Coca-Cola, Nike and Holden spend exorbitant amounts of money on marketing due to its proven ability to persuade viewers and listeners to buy their products. On a much smaller scale, the health sector uses the same concept to persuade the public to change their behaviours. How this is achieved and the degree to which it works varies, but in the case of the ‘Did you wash your hands?’ social marketing campaign, a number of secondary benefits were achieved in addition to the goal of improving hand washing practices. ‘Did you wash your hands?’ formed a talking point, ‘should the government be seen to be promoting a health message that isn’t correct English?’ but the slogan was easily remembered. So I guess it worked out quite well. It went on to be well used and well remembered after the completion of the program. By using local talent, the commercials and support material united and engaged communities. There was a certain sense of pride of seeing local people featured in the commercials.

Of importance to the Northern Territory Environmental Health Program the campaign raised the program’s profile so all of a sudden we were no longer just inspectors, we were the ‘germ people’. We also had new resources and opportunities available to promote handwashing.

However, there are always risks with every campaign. The risks associated with social marketing:

- Be aware of the unintended messages. You don’t want the local talent to be tarnished as a ‘germ boy’.
- Beware of getting caught up in the fun of the creation. I had a ball with this, but remember you are trying to promote a message. You’re not there to just have a huge amount of fun.
- It is easy to get carried away with the storyline and the development of other ideas such as competitions and educational activities such as Gerry. The risk is that you miss the point of the message and you may find it difficult to maintain control of that message.
- Remember marketing companies are paid to make money off you and their creativity. That is why they are paid big dollars. It doesn’t matter to companies if the messages they create isn’t the message you are trying to sell.
- Other risks include control of resources on completion of campaigns. Whilst the fact that the resources and message are being used is a positive, it is important that it is used appropriately. For example, posters lose their effectiveness if they are tacked up on a wall of other posters with no further promotion undertaken.
- Social marketing tends to have quite narrow demographics, even large corporations can only target sub-populations such as teenagers, or males, or 20-somethings.
- A major downside to SM is the cost. It can be very prohibitive especially for small organisations. However, the lessons learnt from this campaign can be applied on a smaller scale for an effective campaign to be undertaken at the local level.

So did the campaign achieve its objectives and ultimately its goal?

In terms of whether objective one of the project was met it is difficult to say definitively. In the Top End intervention community there was an increase in the self-reported rate of handwashing after going to the toilet and after changing babies’ nappies however there was no change in the number of respondents who reported washing hands before touching food.

In the Central Australian intervention community there was an increase in the self-reported rate of handwashing after going to the toilet and before touching food. There was however no change in the number of respondents who reported washing hands after changing babies’ nappies.

In relation to Objective Two, Central Australia reported an increased awareness about the importance of washing hands after the three key junctures. In the Top End there was an increase in awareness of the benefits of washing hands after going to the toilet and before changing babies’ nappies but not before touching food.

Objective Three, unfortunately was difficult to measure as the questions used to assess attitudinal change did not turn out to be overly useful. It was felt that respondents did not fully understand the scale that was used. However, almost all of the respondents to both the pre and post handwashing questionnaires expressed a positive attitude to handwashing.

Objective Four was not met. Whilst the original project proposal did include a focus on the safe disposal of faecal matter it was later determined that this was beyond the scope of the project.

The decision to advertise the market research and development of creative materials as a single tender unfortunately restricted the number of submissions received. It would have been better to have advertised each of the contracts separately.

Contracting a marketing research company to undertake the formative research was not as effective as hoped. Conducting the research ourselves and redirecting the funds towards employing a second project officer, one for the top end and one for the central Australia would have been more effective. It was difficult for a single project officer to fully engage with both communities, which unfortunately meant that not as many community based strategies were developed and implemented as originally planned.

Ideally the social marketing campaign should have run for longer than 6 months. Given that routine handwashing with soap is not considered a social norm by the target population, intensive, long term exposure to the handwashing message is needed to engender sustainable behavioural change.

Throughout this presentation, I have provided you with an overview of this campaign, its key successes, lessons learnt and some tricks to be wary of when undertaking a similar styled campaign. To recap, the key success would have to have been the mass media campaign. The concept, campaign and resources have been well received in the NT and beyond. We have received enquiries from around Australia and internationally and are aware of the resources being used in Laos and Cambodia.

Since its formal conclusion, ‘No Germs on Me’ has been extended to
The school film clip competition was won by Milikapiti School on the Tiwi islands and I would like to finish today’s presentation with a snippet of their entry.

FOR MORE INFORMATION
More information can be accessed on from the NT Department of Health and Families website (http://www.health.nt.gov.au/Environmental_Health).
Ph: 1800 095 646 Email: envirohealth@nt.gov.au

HOUSING AND HEALTH: WHAT’S THE CONNECTION? HEALTH BENEFITS FROM AN ABORIGINAL HOUSING PROGRAM IN NSW

Jeff Standen, Behnoosh Khalaj, Wayne Smith, Aboriginal Environmental Health Unit, NSW Health

I’d like to tell a story today about Housing for Health. To start with I would like to acknowledge the Wongatha people for the warm welcome to Country and I also want to acknowledge my co-workers; Benoosh Khalaj who is a statistician who has done a lot of the analysis for this project and Professor Wayne Smith my supervisor who has provided a lot of the academic guidance, particularly around the methodology for some of the more complicated parts of the project.

Housing for Health is a project we have been running in NSW for 10 years now. It has been part of the Aboriginal Health Strategic Plan since 1999 and it’s all about creating environments that support good health, in particular, creating a home environment that supports good health. We have been running Housing for Health in NSW in partnership with the Department of Aboriginal Affairs. And we have also, at times, received funding from the Commonwealth through their Fixing Houses for Better Health Program, a parallel program which uses the same methodology as Housing for Health, only the funding source and funding amounts differ.

What is Housing for Health?
It is a methodology for surveying and fixing the houses which gives priority to safety and health. We buy the methodology ‘off the shelf’ as a tool to do assist us to do our job, much like we would buy Microsoft Office. It is a methodology that we believe, based on the evidence available, is a good approach to improving health in the home and in NSW we have been running the program for over 10 years now. The methodology has been used right across Australia and, more recently, internationally.

The fixing component is an important part of the licence agreement with Housing for Health. It forms an ethical component of the project, and there is a condition that there is “no survey without service”. As a result the survey teams carry took boxes and fix basic things that they can safely fix, and tradespeople are attached to the project as well so that serious electrical and plumbing jobs, which can only be fixed by qualified trades, get fixed immediately.

All the work we do to the houses are strictly prioritised in terms of getting a health benefit and safety as well.

Stages of Housing for Health
There are five main stages to Housing for Health.

The first stage is Community Consultation and Feasibility. It is very important to be clear about the project at this stage because we don’t fix everything in the houses and care is taken to explain to the people what we are not going to as well as what we are going to do so as not to set up any false expectations. We don’t paint houses, we generally don’t do guttering, and we don’t build fences or carports etc. All the work we do is focussed on getting a maximum health benefit. If the community agree to the project we also do a feasibility study to arrange the logistics of running the project. At this stage we include all the community people.

Once the community agree to it, and the project is considered feasible, we then set aside a week for training and surveying houses. This week is the Survey-Fix 1 (SF1) stage of the project and involves a technical person such as an EHO doing training with the community team members in how to carry out the survey assessments. The team members then go out in groups with a team leader - a technical trained person - and they test about 240 items in each house; every light switch, every power point, every drain, every tap etc. All of these items are very methodically tested, and there is a standard test for each item. If they identify a problem and they can safely fix it, they do. For example if a shower rose needs replacing we have a box of shower roses and tools to replace it. It is a very intrusive process taking around 45 minutes to an hour, but by the time the team has finished there is some tangible benefit to the household.

The data that the survey teams record goes back to a temporary office we set up somewhere in the community, where it is entered into a database. We then produce almost straight away a list of works for each of the trades; particularly plumbers and electrical trades, who go out and immediately start fixing all the urgent problems. The level of community involvement at this stage and the delivery of an immediate and tangible change to people houses immediately builds respect and relationships with the community. Even though we have promised that the trades will be coming to fix the urgent works identified, there is usually some scepticism and community members are often surprised when the trades turn up about a half a day later. It’s on the back of that relationship and trust that NSW Health can start to talk about other issues in the houses, and delivering other services as well.

Once we have done the urgent jobs we enter a Capital Upgrade Stage where we do the larger, less urgent jobs, such as replacing

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the mainstream audience across the NT including the development of more TV commercials, a radio commercial, a school film clip competition and the use of social network sites to further promote the message. Posters were distributed in shopping centres, on tabletops in food courts, in cinemas and other high usage areas including the toilets at Darwin airport.

The school film clip competition was won by Milikapiti School on the Tiwi islands and I would like to finish today’s presentation with a snippet of their entry.
hot water systems, installing safety switches, or sometimes we might have to re-wire a whole house. We sometimes find we have to fix bathrooms; we come across quite a lot of leaking showers and if the leaks affect other rooms in the house then that can compound crowding issues.

The fourth stage is Survey-Fix 2 (SF2), where we go back and do exactly the same survey, re-doing the training with the survey teams (many who participated in SF1). By doing exactly the same survey again it gives us the opportunity to evaluate the project; ensures that there are no outstanding items, and also gives the community an opportunity to audit our work. The involvement of the community in the project ensures the community has an understanding of what work has been done.

Then we report back to the community and funding providers and close the project.

**Housing for Health Priorities**

The Housing for Health priorities are also outlined in the National Indigenous Housing Guide. They are firstly about ensuring safety as top priority. This includes electrical safety, fire, gas and sometimes structural issues. In terms of structural safety, we are limited by the project budget, so for example, if there are white ants throughout a whole house it may be beyond our project but where we can, we deal with those smaller structural issues.

The next priorities are about providing a healthy living environment and many of you are familiar with this work over the last 20 years. They are outlined in the box below. Being able to wash people, particularly children, is the highest healthy living priority, followed by washing clothes and bedding, then removing waste. Improving nutrition through being able to prepare, cook and store food in the house reduces people dependency of having to go down to the store for a meal every day.

There are another five priorities (listed below in blue). These are important and we do address some of these but it really depends on how far the dollars stretch; if we had unlimited dollars we could go through and do everything but we don’t have unlimited dollars. The top four are the critical ones.

**Housing for Health priorities:**

1. ability to wash people (especially children)
2. ability to wash clothes/bedding
3. removing waste
4. improving nutrition and food safety
5. reducing impact of crowding
6. reducing impact of pests, animals & vermin
7. controlling dust
8. temperature control
9. reducing trauma

In NSW, we have now been doing this for 10 years and we have a broad range of projects across the state. We have been doing projects in hot climates and in cold climates. We have done them in remote areas, in urban areas and in between. We have done projects in discrete Aboriginal communities and we have done Indigenous housing in mainstream towns as well. We have done houses in fairly good condition right through to houses that are in very poor shape. We have done work in a diverse range of houses from nearly half the Community Indigenous Housing in NSW.

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**DEMYSTIFYING INFRASTRUCTURE: A NATIONAL INDIGENOUS INFRASTRUCTURE GUIDE**

Ruth Elvin & Eleanor Hogan, Centre for Appropriate Technology

**Introduction**

Before moving into the substance of this paper, a couple of acknowledgments and an apology need to be made. First, thank you to the traditional owners, the Wongatha people, for their warm welcome to country on the first day of the conference. Second, the work of co-author and project coordinator Eleanor Hogan was been fundamental to the progress of both the project and this paper, and it is a shame she was not able to participate in the conference.

Third, an apology for the misleading title; this paper should have been titled ‘Trying to Demystify Infrastructure’, for it describes our attempts to do so in the development of a National Indigenous Infrastructure Guide. It is a Guide that we hope will help the victim of the following scenario:

**What happens when the cistern doesn’t flush and there isn’t any water at the household tap?** The solar bore is pumping, but water is only just trickling into an empty storage tank. A household water supply splits, sending a fountain of water into the air. You have to isolate the main because you can’t find the isolation valve at the branch. The valve box is hard to find. You think it’s near the generator shed under a mass of grass and vegetation, though there aren’t any markers to identify the water main’s alignment. Eventually you find the remains of the valve box, broken by the bobcat during a rubbish clean-up. The valve shaft is filled with soil and the area is contaminated by waste engine oil dumped on the ground from servicing the generator. And now the phone connection has dropped out again….

We hope that by the end of 2009, the harried victim will be reaching for the new National Indigenous Infrastructure Guide to help sort out some of these problems.

Understanding the development and maintenance of small community infrastructure is critical to Indigenous community...
capacity building and the environmental health of communities in rural and remote Australia. Community capacity is undermined when infrastructure is inadequate, inappropriate or malfunctioning, with consequent impact on health and education. However, working with sustainable infrastructure in Indigenous communities throughout Australia presents particular challenges, particularly for those new to working with service provision to communities often distinguished by their remoteness, climate and culture. Information is scattered, inaccessible or varied across state borders, and seldom cross-referenced across different areas, such as water and wastewater. Where technical information is available, it is not necessarily related to principles of community involvement or sustainability. It has become increasingly evident that a single, coordinated guide to infrastructure development in Indigenous communities would be extremely useful. This paper describes issues in the development of the National Indigenous Infrastructure Guide (NIIG) in 2008-09 by the Centre for Appropriate Technology (CAT) in collaboration with the Australian Department of Families and Housing, Community Services and Indigenous Affairs (FaHCSIA).

NIIG was conceived in 2008 as a sibling to the National Indigenous Housing Guide (FaHCSIA 2007) to fill a perceived gap in accessible information about infrastructure delivery issues to Indigenous communities, particularly remote communities. It covers all of Australia and addresses the issues found in different climate zones and jurisdictions. In providing a systematic approach, it is akin to a ‘one stop shop’ similar to other comprehensive projects such as the Australian Indigenous HealthInfoNet spoken about earlier in this conference.

NIIG is primarily for the people working with infrastructure in Indigenous communities, including:

- Community Managers, Executive Officers, Essential Services Officers, Environmental Health Workers, Works Supervisors
- local and state government officers
- those planning and developing infrastructure projects.

NIIG follows the National Indigenous Housing Guide’s emphasis on water supply, energy, sanitation and waste management as being critical areas of infrastructure that contribute directly to environmental health. Transport and communications infrastructure (telecommunications, roads, airstrips, barge landings) were included because they are essential in ensuring that remote and very remote communities are not isolated. Similarly, stormwater drainage was also deemed a necessary inclusion in recognition of the impact of flood damage in flood-prone communities.

Housing, however, is excluded from the scope of the Guide because the National Indigenous Housing Guide already provides a comprehensive resource in this area. The overlap between the two guides, particularly in areas such as wastewater, is recognised by cross-referencing in NIIG and, hopefully, in future editions of the housing guide.

The technical infrastructure areas listed above comprise the second part, and bulk, of NIIG. The first part provides the foundation, the underpinning principles, and we have provided chapters on community involvement, and management and maintenance, which are then echoed throughout NIIG.

Although NIIG’s authors and collaborators take it as a given that without community involvement or planning a maintenance regime, infrastructure cannot contribute effectively to sustainable livelihoods, NIIG is deliberately explicit for people less familiar with those assumptions. NIIG thus documents:

- best practice approaches to infrastructure design, operation and maintenance; and
- recommended approaches to effective community engagement, planning and capacity building.

It also brings together existing research, codes and standards, resources and other material on community infrastructure.

Audience

Defining the audience was one of the more difficult issues faced by NIIG’s developers. It is not an exhaustive manual for technical specialists: there are enough of those. Nor is it a basic ‘how to’ manual for the person on the street: this is not possible as not everyone has a grader or an engineering degree.

NIIG is primarily for the people working with infrastructure in Indigenous communities, including:

- local and state government officers
- those planning and developing infrastructure projects.

NIIG’s Development

The process of scoping and defining NIIG began in October 2007. Draft chapters were prepared between March and September 2008, and were reviewed at the Centre for Appropriate Technology and by government and non-government service providers and Indigenous people working in the various fields covered by NIIG.
Regional workshops were held in Alice Springs, Adelaide, Broome, Cairns, and Darwin with potential users of the Guide. Following the incorporation of feedback by March 2009, another workshop was held with the key reference group to approve the new shape of NIIG. The reference group represented Commonwealth and NT governments as well as programs such as Fixing Houses for Better Health.

NIIG began the long editorial process with FaHCSIA’s Indigenous Communications Unit in April 2009, with final production and distribution expected towards the end of the year.

NIIG’s Parameters


Both resources use an environmental health framework based on the assessment of health risks in a particular environment and the development of strategies that seek to eliminate or minimise this risk. The Environmental Health Handbook is useful for considering issues of health, housing and community infrastructure, and includes information about community development and land management. However, it limits the discussion of infrastructure to water supply, sanitation, energy and waste management.

The 3rd edition of the National Indigenous Housing Guide also provides a basic overview of health-related infrastructure. Its approach relies on the premise that a basic level of infrastructure is required to support health hardware and thereby reduce the risk of community health problems.

The critical performance factor here is ‘reliability’. The Housing Guide utilises a lifecycle reliability framework to provide a checklist of best practice measures for each phase of the infrastructure lifecycle (design and specification, quality control, maintenance).

However, while both the Health Handbook and the Housing Guide offer good information on community infrastructure, it is not their primary focus. NIIG addresses this aspect of creating sustainable community livelihoods by providing an ‘enabling platform’ for understanding service needs outside the house.

In short, the Housing Guide stops at the front gate, while the Infrastructure Guide goes beyond the front gate, and even includes the roads out of town.

Issues in Developing NIIG

Guiding Principles

Not surprisingly, there was considerable debate over the shape of the guiding principles that underpin NIIG. Much of the approach to infrastructure in Indigenous communities refers to the history of service deficit created by remoteness, poor standards and lack of resources. HealthHabitat has documented this history in relation to housing through its Fixing Houses for Better Health programs. Individual and public health have been central themes of calls for improved service standards to Indigenous communities.

NIIG seeks to broaden this platform by enhancing the understanding of the role that access to essential services plays in sustaining remote Indigenous communities and assumes positive contributions by the communities to the process. It puts forward a framework of integrated principles that best serve the development, management and maintenance of infrastructure in Indigenous communities. They are: access and equity, environmental health, health and safety, appropriateness, affordability, and sustainable livelihoods.

This approach is also in keeping with the principles outlined in the National Partnership Agreements on Remote Indigenous Housing and Remote Service Delivery, which Ken Wyatt referred to in his keynote address at this conference and which have been explicitly incorporated in NIIG.

A Detailed or Holistic Approach?

We have attempted to take NIIG beyond ‘just fixing things’, but we admittedly struggled with the level of detail required in each area. How deep should we bury the pipes, how wide do we grade the road, how high to put the tank? The potential for useful detail was endless.

After much discussion, NIIG has ended up with a mix of some perceived necessary detail and information about where to get more detail, based on the authors’ assessment of immediate need, and general likely usefulness. It is in this area that we expect and hope to get most feedback.

More generally, NIIG incorporates an analysis of the vulnerability context in which infrastructure is placed and should enable the identification of holistic strategies to improve the viability of infrastructure. These include:

- improved community engagement, planning and decision-making processes
- maintenance strategies including a systematic and holistic management framework that incorporates the complete asset lifecycle.

Refining the Issues

NIIG Regional Workshops

Workshops were held in Broome, Cairns, Adelaide, Alice Springs and Darwin, with participation from NSW agencies. Participants represented the range of potential service providers and users from Indigenous communities, government, power and water utilities, Telstra, Outstation Resource Agencies and other non-government organisations. Up to ten people attended each workshop, excluding CAT staff.

The general response was very positive about the value of NIIG and the unique contribution it would make as a resource for those working on community infrastructure projects, particularly in remote areas. Many thought NIIG would be more useful and have a broader application than the NIHG. There was strong support for a regularly updated NIIG and interactive Web portal.
NIIG was seen as potentially having multiple audiences, ranging from those with high levels of knowledge and experience to less-specialised workers and relative newcomers to the area. Consequently, they felt the NIIG had to be user-friendly and functional enough to cater to these audiences and to direct people promptly to what they want and need to know. Community involvement needed to be flagged as a key message.

However, the feedback also indicated that NIIG needed to be more streamlined, and replication of material from elsewhere needed to be eliminated, while it also needed to be linked more closely to the Housing Guide. We have tried again to balance these often conflicting requests, and no doubt the next round of feedback will let us know if we have succeeded.

As already noted, there was some debate about the need for guiding principles to inform the NIIG’s integrated framework, and what they should be. There was robust support in several workshops for environmental health as an ‘enabling platform’ for the NIIG, with the argument that most priorities for infrastructure in remote communities were reducible to environmental health matters. This would also give the NIIG greater contiguity with the NIH. However, it was more generally agreed that an environmental health platform might not encompass all the principles and issues the integrated framework seeks to address, which is why environmental health is a major, but not the only platform.

With regard to format, workshop participants agreed that a visually oriented design might be more appropriate for the NIIG’s users. This interface should be a feature of both the print publication and Web portal. How much it ends up looking like the Housing Guide is in the hands of the FaHCSIA Indigenous communications design team and their budget.

Finally, in the feedback, there was NIIG’s scope: the NIIG has been conceived of as a resource for those working with Indigenous communities where one or more services are not provided by a network or broader, reticulated grid. However, it was been suggested that a continuum be considered, as there are some grey areas where communities are ‘half-in, half-out’ of available networks. This is not entirely resolved, and we haven’t focused on rural or urban communities that may find this useful. Again, feedback towards the second edition may help us understand the need, if any, in those areas for this guide.

The main message though from the workshops was: “Just get the Guide out there and see how it floats!” And so we will, with publication expected by late 2009.

It has been a huge project, done in less than two years by a small group of specialists committed to using their technical expertise to improve the chances of healthy and sustainable Indigenous communities wherever they are. It has been a privilege to be working with them, and we all look forward to your feedback about the usefulness of our NIIG.

Thank you.

Bibliography


FOR MORE INFORMATION

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ENVIRONMENTAL HEALTH OFFICER, COMMUNITY ENGAGEMENT TRAINING AND SURVEY

Thaddeus Nagas, Greater Western Area Health Service, Helen Ptolemy & Bob Allen Sydney West Area Health, NSW

Firstly I would like to thank the traditional owners, the Wongatha people for allowing me to speak today.

As part of the traineeship program we have been able to work alongside quite a few ‘housing for health’ projects. I’m from Broken Hill which is out in the wild west of NSW. I cover quite a few towns. Just to let you all know I’m not of Aboriginal descent, I’m a Torres Strait Islander fella working on Aboriginal Lands, amongst Aboriginal people nothing wrong with that; I’m having a good time and a lot of people made me feel very welcome.

What this project is about is that a past graduate of the traineeship program Greg. Highlighted during one of our regular trainee meetings that there has been a need because there is only a minor number of trainees within the health system and it’s not a sustainable training package by that I mean we have no guarantee of employment at the end of it. We have guarantee of excellent training. It’s good for us not only to absorb the information from the learned people that we work alongside but also pass on some cultural knowledge to our colleagues to give them some greater understanding what living ‘black’ is all about and learning to engage with our people our people, our communities and not just rely on government people above them that they can be proactive at their local level; including local government and from within their own public health units. So basically we came up with a plan about how we were going to go about training some of these EHOs; there had to be a more formal process and as usual people wanted data. So we had to jump through the normal hoops we have 51 qualified EHOs working in public health units across NSW so for us to develop a training package we had to first show that...
there was a need to have it.

I am going to play a video clip and whilst this clip is on some of us older people in the room will be aware of this short video clip I want you all to think about your communication style whilst watching this video clip; not only with Indigenous people but everyone you are involved with during your working life.

Refer to video clip located on the CD

You may have just noticed that is the correct way to spell BBQ.

We conducted a survey late in 2008 to collect information hopefully form all EHA working in public health units in NSW Health so that we could evaluate if there was a need for this project convince the people working above us i.e. directors and those above them that there was a need for this training component. Other people that worked on the project were Robert Barnett who presented the ‘Mister Germ’ program, a senior EHO in Sydney by the name of Bob Allen and Helen Ptolemy, another EHO in NSW Health. We needed to basically get the message across that EHO work was not supposed to be left up to Aboriginal trainee EHO’s, that it was everybody’s business it was up to all EHO’s, don’t just leave it up to some of us younger people or less knowledgeable people to engage in communities and get the message across that environmental health in Aboriginal Communities was everybody’s business. The existing training is very limited across all health services with cultural awareness training it’s basically a broad brush type effect across NSW which doesn’t really highlight some of the issues in local areas which someone might live and work in. Say you started to work in NSW Health in Sydney and then you were transferred out to ‘back of Bourke’. You were considered as having appropriate cultural awareness training and not being aware of the issues locally that you were about to be confronted with in work environment. Even down to the point where you wouldn’t know the of the language group, name of the local people, names of the reserves or local missions and the history in those communities.

Our training needs should be focussed on the items highlighted on the slides. Culturally appropriate communication you may have seen the way some people may want to talk a bit slower like they have problems but we still have a brain you don’t have to talk slow and dumb everything down to us we will catch on if we don’t catch on we will ask. Sometimes you feel like that we don’t speak the same language as everyone else. Sometimes you can be offended but most times we have a bit of a laugh and a joke about it and a lot of times we play on it a bit too, just to make us feel a bit more uncomfortable.

A lot of work has already been done. EHOs have identified through our survey that project success have been improving. We asked people and basically the improvement has come about since the inception of the traineeship program for Aboriginal and Torres Strait Islander EHOs. Prior to that they said that could not get such successful figures of implementation. I am sure that all the Indigenous EHWs in this room will understand that there is a lot of community pressures and work pressures put on us to deliver these services in our communities and what we are trying to do in this trainee package is to alleviate some of this pressure from ourselves and share the burden across the workforce.

We hope to do lot of work in rules of engagement in communities to achieve better project outcomes through the following points as listed. This is proven to work and we have two areas where a lot of community based work is showing a lot of positive outcomes already in NSW one is being put together by a former Indigenous trainee who is now a Senior EHO; Glenn Pearce I’m very proud of that brother. Where he basically goes and starts at a community level, engages stakeholders and they sit down on a regular basis and plan and focus on what services are required within that community. That the community has interest in what they want delivered from that aspect they then go about trying to source funding so there is no double dipping. They talk to relevant stakeholders about coming to positive outcomes for those issues. It also happens out in the wild wild west where we call it now the Aboriginal Health and Housing Forum; houses have been attached onto it in the last 18 months. Some of you may be aware of the ‘healthy housing program’ which was trialled out there, it’s a real trial area out there, and sometimes it is a trial working out there. Everybody wants to have a play out there because there are a lot of remote communities that they can play with and it’s only a day’s flight from Sydney. We get people coming into community quite often and we sit down in a similar process out there and basically get FaHCSIA, DAA, AHO Health and all of us together and try and plan and implement service delivery in Indigenous communities. Why do we need to do the training; well as in local Indigenous communities where there is a high turnover of staff there is going to be quite a high turnover rate of us trainees as well. Also people come to country areas to get a start after Uni and then move on for promotion so in the end we need to build that capacity in not just have that knowledge absorbed and then taken somewhere else maybe to a useless place like a city. Most people only get a job straight out of Uni; I know this successful person who I used to go to Uni with and she is going to start work up in Derby very soon. I am sure there will be similar places and people have had first year trainee EHOs out in Indigenous communities; we don’t want to lose that knowledge.

Some of the key recommendations that we will want to put into this training package will be:

• Recognition is Aboriginal environmental health as a priority function of all EHO staff I mentioned that previous because of these reasons
• For further specialised training to be conducted and maintaining sustainable partnerships in collaboration with Indigenous communities focussing on their level of health needs. Plus also building in the ownership of the local level of the component; getting local people interested a lot will hang around a bit longer and nobody cares about us more than us and it’s our kids getting sick on the land.

We hope to put this training package together. You have seen a map of NSW it is very spread out the area health services are divided up into 8 health areas I think. We plan to go to 5 difference regions and deliver these packages together. So that we can bring all the EHOs in those areas together into one unit so we are also speaking the same language and it will also give the capacity to let people in that whole area know about local Indigenous history and who the contacts are within community in that whole area. This would be a nightmare for a new person trying to start off in
health anywhere and within any state health service. I would have no idea about working in Western Australian. I know a little about Queensland but I have no idea about community contacts. Half the battle is getting a start of knowing where to go.

Cultural competence to allow participants to develop an understanding of themselves first and what they think and believe themselves of what culture is. I have sat in recent job interviews and given people jobs in DAA and that’s the best question I have heard in my life when I have got people that; Mary G eluded to it in one of her jokes last night – “don’t worry about those people, there weren’t even black when they were young!” A lot of people as they get older start identifying as Indigenous. I went to school with people used that to make racist remarks to me then later on came along in later life and asked me to be a job referee for those people because now they are claiming to be Aboriginal or Torres Strait Island people. It is very difficult. The question was in that job interview “What does Aboriginal mean to you?” and it was quite interested to see people stutter and stammer and have no idea even at the point where people were saying “that’s a good question, I don’t know” and yet they had applied for an identified position within a government department to work with our people.

Some of the levels of cultural competence.

• Cultural aversion to overtly racist people.
• Cultural incompetence; the people that are opportunistic and just want to work our people to get their first job or can’t get a job anywhere else – are they really interested in solving the health problems of our people?
• Cultural blindness makes and organisations look useless for our people it seriously does. Do they really care about us?
• Cultural pre-competence; access to information the best practice options.
• Cultural competence again; knowledge of community and clients.
• Cultural proficiency; working with everyone, community and in an advocacy role at all times.

It will basically cover a broad historical background of Indigenous history and then be taken back down to local people; people that you will be working with and engaging with. There will be a component of a role reversal as seen in a previous video clip; where we will sit down and ask those people a lot of questions about their history and some quiet personal questions to get them to get a feel of what it’s like to be living black and people coming into your community. For example if a team of people in say ‘Housing for Health’ and don’t think I’m knocking ‘Housing for Health’ I’m a great advocate for it, turned up at your place and knocked on the door with a team of 6 people and just started walking though and you had no idea what it was all about. They start to pull things apart and fixing things sometimes that what’s happened to our people in the past and unfortunately it still happens the present day.

You need to be very well prepared before approaching a community. Sometimes unfortunately you may be aware it doesn’t happen in your area. We need to make sure it doesn’t happen in NSW. This is something that EHO’s will be made aware of from the training package. I am sure a lot of people in the room will be aware of the benefits both for the associations and the organisations they work with about using Indigenous people to help them implement services in their communities. We to have found “we can get into these communities a lot easier if we use black fellas we will only train them up a little but, we will only pay the a little bit and we will get our job done and we will get out of there.

I mentioned earlier that there needs to be a bit more sustainable component; don’t just rape and pilage our knowledge and take it away so that you can get your job done and move along with your career – put a bit back including the money into that local community. All Aboriginal health workers face the same challenges. We live and work and play together. Other people have mentioned previously so I will reiterate it – we never knock off! I don’t have a phone at home - I have one in my pocket I can turn it off. People ring me up at 3am. I live in Broken Hill which maybe long way away but you become identified in the area as the bloke to talk to. I had to push and request for a mobile phone because I was sick of people ringing me up at home. I don’t mind talking to my mob just not at 3am in the morning because that’s when they have their problem and they know you and they know you will talk to them and they know you have been through area and will come back.

There is an important point there under ‘trainee’ which I touched on earlier. Being of Aboriginal descent does not also guarantee cultural competence as I pointed out earlier I’m Torres Strait Islander decent working ion Aboriginal communities.

In conclusion we are all aware that there are no easy answers. In the past there has been introduced along range of solutions. That time hasn’t finished there are more solutions; there are better ways. We need to develop more culturally appropriate interventions sorry to use the work interventions – it is not a joke. Minimum standards of cultural competence must be achieved at all levels; personal, system organisational, professional and individual.

Once again some of the older people in this room will recognise these words. It’s been a long time, round about the same time as I heard this song and the words of this song for the first time as a very young child. I didn’t realise the significance of it. My father took me along, it was winter time, and it was on Aboriginal health what he was doing because we would pull up in the Holden, open the boot and hand out Vitamin C tablets in the middle of winter. It is just as cold in Broken Hill and the outlining areas as it is here in the winter time. That was Aboriginal health. Whilst we were there, there was a big deal about someone turning on a tap in a place I thought was a rubbish dump because I grew up in Broken Hill in a mainly white society. It wasn’t a rubbish dump they were humpies and it’s where my people were living and I had the privilege of seeing the first chlorinated water supply being turned on. I was 7 years old and now I’m 44 and we haven’t done enough. To many brothers and sister, aunties and uncles are passing away.

There are copies of these words, they are not my words but I believe in them. Thank you for your attention.

Statement: Clayton Abreu: I am glad that NSW Health has done this project, this awareness. We are doing it in our service it’s a need it’s given other staff within the service a different perspective on how to work in Indigenous communities and in Qld Health we have started to do that. With the VET workshop we had with AMMERIC
in Qld we did a similar program of how to work in Indigenous communities in Qld so we have that starting up in our service as well. But I see it as a need across all services not just environmental health.

Thaddeus: I will just highlight some of the issues I have faced since I started my traineeship. One day I was working a long way from home. I was at Uni and I got a phone call just before my Chemistry exam. The phone call was my son; my daughter had cut her wrists. I sat that exam and I couldn't get home in a hurry. I got home to talk to my boy. I went home and I tried to talk to my Director three times to tell him I needed to take some time off to be with my family. They were too busy to talk to me. I'm old and wiry and I find a way to get around things so I thought I'll make them talk to me. I took the work car home; I didn't drive it all round the place, just took it home and parked it in the driveway. My priority was looking after my kid. I thought that sooner or later they would realise that I took the car because you have to sign for it and they would come looking for it. Three days later they came looking for me. My Director knocked on the door and asked me if he could have the car back and I said “Yes, but I want to talk to you about something first mate” So I went through the issues. I had my daughter sitting outside talking about taking her back to country to make her strong. I said to my Director, I need a few days off. He was very supportive once he knew.

I took six weeks off work. In my absence, I apologise if anyone has lost a member of their family to suicide, a colleague that was asked to work with me for me to pass my knowledge onto him was making jokes “I wonder where Thad is, I wonder if we will find him hanging in a wardrobe” I raised this issue with quite a few people in the working environment who said that he was only joking. It was bloody serious to me! And it’s serious to my people. I had to keep working with this bloke. I couldn't look him in the eye I had to face my back to him and give him a cultural history lesson about some of the plights faced by Indigenous people. He was one of the fly-by-nighters that come in get paid very well and yes he eventually left. He had also upset me previously because I had been maintaining and documenting all the changes since about 1950 in my local area of Council EHO’s, State EHO’s and they still been maintaining and documenting all the changes since about 1950 in my local area of Council EHO’s, State EHO’s and they still

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BUILDING ENVIRONMENTAL HEALTH THROUGH COMMUNITY PARTNERSHIP

Chicky Clements & Louie Bin Maarus, Nirrumbuk Aboriginal Corporation, WA

Kullari Regional Environmental Health Services is a program of Nirrumbuk Aboriginal Corporation, funded by contract, through the Office of Aboriginal Health. Nirrumbuk Aboriginal Corporation is an Indigenous owned, non-government organisation that has experienced a high level of success in the delivery of services to discrete Aboriginal communities. This in part, can be attributed to the Indigenous membership of the organisation and the organisational philosophy which maintains social inclusion, cultural relevance and appropriateness.

The organisation utilises a similar structure to local government, where corporate governance is established with the Committee members who ensure that the organisations vision and primary decision-making evolves, to remain relevant and in-line with current community needs and concerns. The Directorship (predominantly local Aboriginal Australians) have understanding and involvement with community and cultural life and are able to exercise appropriate, flexible management of arising issues for the organisation and its employees, as well as sustain relevant and practical on-the-ground management of day to day work concerns.

In keeping with the Aboriginal and Torres Strait Islander Health Performance Framework Measure 3.09 Aboriginal and Torres Strait Islander Australians in the health workforce, the majority of Nirrumbuk and Kullari Regional Environmental Health Services employees are Aboriginal (this is at all levels of employment, including the directorship and upper management). Indigenous employment is a priority for the organisation, as is employee professional development and career progression.

The Environmental Health Team is comprised of:

• Managing Director Environmental Health and Municipal Services
• Finance and Administration Manager (non-Indigenous) 0.5 FTE
• Supervisor Aboriginal Environmental Health (as part of regional team)
• Six Aboriginal Environmental Health Workers (AEHW), including two roving regional team members and four community-based AEHW
• Environmental Health Officer, Aboriginal Communities (non-Indigenous)
• Environmental Health Trainer and Educator.

Since the inception of Kullari Environmental Health Regional Services, due to a revised funding model, many structural and service delivery improvements have been made. Traditionally funding was of singular positions, based with distinct individual Community Councils. The change to a regional model has seen a number of benefits. These include:

• Staff retention is increased
environmental health workers report an ability to give greater focus on the specific job role (with fewer diversions)
• increased ease of resourcing e.g. major equipment ad
materi als are now shared between communities and retained
solely for environmental health purposes
• Environmental Health staff are freely available to support each
other as the positions are no longer isolated or confined to the
one community
• mentoring between staff – each member has a different
background, sharing knowledge and experience
• ability to travel and learn from experiences in neighbouring
communities
• increased collaboration and ability to work together on
designated projects
• greater variety of tasks, in line with training and exposure to
the environmental health field
• same standard of service is delivered across the region
• an ability to tailor program projects to individual community
needs (offering flexibility and variation)
• one system of management and financing
• ease of reporting
• ability to achieve a continuous presence in the region, through
combination of community-based environmental health
workers, a regional crew and roving staff of Environmental
Health Officer, Educator and Management.

All members of the Environmental Health Team complete regular professional development and all team members have accredited environmental health training. In part this is related to the outstanding staff retention rate, which is particularly significant in view of the high staff turn-over normally witnessed in the Indigenous environmental health field. It can also be attributed to the commitment of Nirrumbuk management to improving environmental health and living conditions, and the overall health of local Aboriginal and Torres Strait Islander Australians.

The Kullari Regional Environmental Health Services management have undertaken and completed the Environmental Health certificates alongside the other members of the team. This was a measure to ensure management has a sound understanding of the funded program, expectations of employees and the environmental health field. The outcome is that management are appropriate and capable support personnel for their team. In addition, the majority of the accredited training provided has given specific relevance and attention to Aboriginal and Torres Strait Islander needs, resulting in a workforce well equipped to address the needs of discrete Aboriginal communities. Both outcomes are in line with the Aboriginal and Torres Strait Islander Health Performance Framework Measure 3.13 Accreditation.

Further to the Measure 3.13 Accreditation, on-going qualification is fully supported by the organisation. An example is the Environmental Health Educator’s career pathway which started as Environmental Health Field Support Officer, progressed to Environmental Health Trainer and is currently completing the Degree (Bachelor of Applied Science in Environmental Health). This will see the region have an Aboriginal Environmental Health Officer, able to be gazetted and authorised under legislation to investigate health issues (e.g. such as an outbreak of communicable disease). Within this field there is currently under-representation of

Aboriginal and Torres Strait Islander Australians (reference Aboriginal and Torres Strait Islander Health Performance Framework Measure 3.14 Aboriginal and Torres Strait Islander peoples training for health related disciplines). Any team member who wishes to further their career, expand their knowledge and expertise is encouraged to investigate and undertake the required study.

The Aboriginal and Torres Strait Island Health Performance Framework 2006 Report references a customer satisfaction survey which “found that the presence of an Aboriginal and Torres Strait Islander doctor at a community health centres was a main reason that Indigenous Australians attended the clinic (Hayman 1998)” and that “Patients report that an Indigenous doctor was “more understanding of their needs”. Similarly, a large proportion of the opportunities, partnership projects and successful outcomes experienced by Kullari Regional Environmental Health Services can be attributed to the reflection of the local demographic in the organisations staffing. This assists the Environmental Health Services in maintaining a direct link with the Aboriginal and Torres Strait Islander Australians accessing the service, and in maintaining up-to-date knowledge of the community issues and concerns. With the majority of employees being local community members or with strong familial links to community, Kullari Regional Environmental Health Services is highly approachable and accessible in its service. The recent employment of a female team member has increased access to the service for some of the sensitive environmental health concerns, particularly for community women. Although a non-indigenous employee, this has been partially overcome by being a community-based position, which has significantly improved community links, accessibility and the responsiveness of the position. This difference is pronounced when compared to the more traditional basing of Environmental Health Officer for Aboriginal Communities in nearby major town centres.

The employment of local people has had associated benefits through increasing participation and access by the target groups. This can partially be attributed to the ability to use appropriate communication, the inherent knowledge of timing, who to speak to, when to seek information, the right questions to ask and when to take action and how. Through the innate existing knowledge of community and ability to access people and places, misunderstandings are significantly reduced. This basic knowledge and ability has instilled a heightened sense of community confidence in the service. It has also contributed to the ability of Kullari Regional Environmental Health Services to efficiently deliver outcomes, within reasonable time frames. This is particularly relevant when compared to time frames and outcomes of non-local, non-Indigenous organisations who have of necessity to invest greater resources into consultation and investigation, in order to ensure service delivery adequately meets the needs of the target group.

The Nirrumbuk Aboriginal Corporation and Kullari Regional Environmental Health Services model has seen significant success in delivering basic environmental health services, on a minimum budget. As highlighted in the Aboriginal and Torres Strait Islander Health Performance Framework 2006 Report (Health System Performance Measure 3.15 Expenditure on Aboriginal and Torres Strait Islander health compared to need) there remains outstanding need in the regions discrete Aboriginal communities, and overall current health expenditure per Aboriginal and Torres
Reducing trauma (or minor injury) around the house and living

Controlling the temperature of the living environment

Reducing the negative impact of dust

vermin or insects

Reducing negative contact between people and animals,
of infectious disease

Reducing crowding and the potential for the spread
of infectious disease

Improving nutrition: the ability to store prepare and cook food

Removing waste safely

Washing clothing and bedding

A number of the Frameworks Measures of Health, (including
health conditions and status e.g. reasons for hospitalisation,
acute rheumatic fever, rheumatic heart disease, end stage renal
disease, children’s hearing loss; life expectancy and wellbeing; and
deaths), show a significant and re-occurring link to the quality of
environment and living conditions experienced by many Aboriginal
and Torres Strait Islander communities. Referenced throughout the
document is the disparity between basic environmental health
standards observed by Australia as a complete nation, and that of
discrete Aboriginal and Torres Strait Islander communities. Infection
and communicable disease are consistently reported at a higher rate
for Aboriginal and Torres Strait Islander Australians, and the key
finding given is the difference between environment, housing and
living conditions.

A series of environmental health and ‘health hardware for housing’
education sessions were delivered on community for community
members.

The Aboriginal and Torres Strait Islander Health Performance
Framework establishes key measures of health for the Aboriginal
and Torres Strait Islander people of Australia. The report documents
the importance of each measure, tables findings and provides
discussion of the finding implications.

The relationship between environmental health and health status
(and outcomes) has been formalized by the Report under the
Frameworks Tier 2: Determinants of Health. Environmental Factors
referred as Health Performance Framework Measures are 2.01
Access to functional housing with utilities and 2.02 Overcrowding
in the house. Discussed as part of these measures are basic
environmental health standards such as access to potable water,
functional sewage systems, appropriate and functioning housing
and the established nine Healthy Living Practices:

1. Washing people
2. Washing clothing and bedding
3. Removing waste safely
4. Improving nutrition: the ability to store prepare and cook food
5. Reducing crowding and the potential for the spread
   of infectious disease
6. Reducing negative contact between people and animals,
   vermin or insects
7. Reducing the negative impact of dust
8. Controlling the temperature of the living environment
9. Reducing trauma (or minor injury) around the house and living
   environment.

These healthy living practices have a palpable impact on health
status and outcomes. Implementing healthy living practices
can present a real challenge for many communities with many
obstacles, in particular a lack of access to resources (e.g. equipment,
materials, machinery, knowledge etc).

Kullari Regional Environmental Health Services, a funded program
division of Nirrumbuk Aboriginal Corporation, has developed a
close working relationship with the Djarindjin Community. This
informal partnership has made steps to overcome the difficult
reality of “no one organization, level of government or sector
[holding] responsibility for environmental health” (Aboriginal and
Torres Strait Islander Health Performance Framework 2006 Report).
Just as “the strategy seeks to streamline government responsibilities
and better coordinate all parties” (Aboriginal and Torres Strait
Islander Health Performance Framework 2006 Report: Determinants
of Health, Environmental Factors), the relationship developed
between the Djarindjin Community, its governing body and Kullari
Regional Environmental Health Services has seen the open flow of
information and discussion increase, with a strong core of trust. The
result has been the inception of and collaboration on a number of
environmental and living condition projects, with the outcome of
significantly improved environmental health for the community as
a whole.

Djarindjin Community and the governing body, Djarindjin
Aboriginal Corporation, initially worked with Nirrumbuk and Kullari
Regional Environmental Health Services to establish a ‘Health and
Housing’ project. This project was education-based and supported
through one-off funding from the Office of Aboriginal Health.
The project was developed with key input from the community’s
Housing Officers and Nirrumbuk’s Environmental Health Educator.
A series of environmental health and ‘health hardware for housing’
education sessions were delivered on community for community
members.

The Community Housing Officers advocated for at least one
resident per house to attend (preferably the primary tenant), with
the main focus being how to maintain functioning health hardware
in the home. Links between environment, living conditions, healthy
homes and personal/community health were included in the
training. The relevance of maintaining housing and infrastructure
was highlighted in terms of health, and information was partnered
with the respective roles and responsibilities defined by tenancy
agreements.

The Health and Housing Education progressed to raise community
awareness of local health, environment and living conditions. This
increased awareness triggered further collaboration between
the two organizations, with the Community Council committing
finance and Kullari Regional Environmental Health providing in-
kind support for a number of projects, resulting in significant
improvements to environment and living conditions. These
projects are summarised below.

Kullari Regional Environmental Health was invited to partner with
the community’s existing Tidy Town program in order to further
raise awareness of the importance of dog health. This included
newsletter articles, a more detailed focus in the Health and Housing
education program, posters, and a Gorrna Illa competition. Dog
spaying was conducted over two days, with the support of the
Environmental Health Team. The Community Council covered the
veterinary fee, and utilized the spaying program as a component
in the introduction of a two-dog per house policy. This project and
partner projects are detailed below in the following case study.

As an extension of the Tidy Town collaboration, Kullari Regional Environmental Health assisted with the design and construction of ‘dog-proof’ community bins and re-modelling a recreational shed into a breeze-way, creating a shady and sheltered community meeting place.

Creating a cool & shaded community meeting place

Community confidence in the Environmental Health Team increased with our strong, on the ground presence and through the successful implementation of short projects, providing practical outcomes, and tangible benefits for community members. With confidence and new depth of environmental health knowledge three major projects were developed, all having potential to positively to impact on health status of Djarindjin community members. These projects were investigating waste management and recycling options, pest management for housing and the community road upgrade.

Djarindjin is located off of the Cape Leveque Road, two hundred kilometres north of Broome. Adjacent to the ocean, and separated from the beach by sand dunes, the community roads were mostly deep sand and difficult to negotiate – for cars and people alike. This created access difficulty for the community members in every day tasks; such as getting to the school, the office, the shop or the clinic. Dust could also be a problem, with fine sand thrown up by vehicles and wind. In partnership with the Djarindjin Aboriginal Corporation and on a cost recovery basis, Kullari Regional Environmental Health Services completed road works to create a solid road base (by removing sand and replacing with compacted pindan and gravel).

Djarindjin Traditional Owners, CEO and Kullari Regional Environmental Health Services had provided feedback to the Shire of Broome on the needs of the regions discrete Aboriginal communities. As part of the Shires tender and contract process for metal recycling in the area. This consultation process has led to a new contract and service provider, which will now see metal recyclers access the Dampier Peninsula and the local discrete Aboriginal communities. The Environmental Health Team introduced the new service provider (CMA Recycling) to the area and to the Djarindjin community, and facilitated discussions for metal recycling options - from tin cans to building and construction waste, through to the breakdown of car parts and car crushing. The project evolved and the partnership expanded to include an on-site induction to recycling for the Community Waste Management Worker (on-site at CMA Recycling in Port Hedland) and Kullari Regional Environmental Health Services transporting tin cans and/or similar metal via backload to Broome, in an effort to see the recycling effort remain economically viable. Recycling bales are now placed throughout the community, and with continued promotion and program success the load of waste to landfill should be significantly reduced overall. This project will continue to develop, with the benefits being a reduction of loose waste in the community, less litter to be scavenged by animals, a reduction in flies, an increased awareness of waste and recycling, an increase...
in life of landfill (with the associated environmental benefits) and an overall increase in community pride. A recent outcome of this project was the community’s success in winning the Tidy Town Regional Award for Waste Management and Recycling. Waste management processes are a key community and housing service that assists in improving hygiene, environment and living conditions. This in turn, becomes a preventative health measure contributing towards reducing the burden of infectious disease.

The partnership between the Djarrindjin Housing Office and Kullari Regional Environmental Health Services has recently progressed to include pest management for the community homes. The Djarrindjin community are financing pesticide and basic equipment to target cockroaches and Singapore ants (which attack both food items, plastic and wiring in the home), and the pesticide-trained Environmental Health staff are applying the treatments. Pre-application information has been provided to each household detailing how to prepare for the treatment, as well as non-chemical measures to prevent both pests. The Environmental Health Workers are utilising the opportunity to provide informal education, face to face, on the best practice to discourage cockroaches and ants from the house.

Due to the ongoing presence of Kullari Regional Environmental Health within the area and increase in profile, the service was able to provide assistance to the Department of Housing and Works and their contractor as part of an emergency response to loss of water for the community outstation, Ngamakoon. The community had been without access to water and carting drinking water from Djarrindjin for a number of weeks. While the Department of Housing and Works had organized access to a neighbouring bore, due to the remote location and lack of easy access to appropriate equipment and machinery, the Environmental Health Team provided assistance to the contractor by clearing a track to lay the new water line. While the community has experienced on-going water related issues for an extended period of time, the impact of assistance from Kullari Regional Environmental Health was that on approval of new water supply by Department of Housing & Works, the outstation was able to have access to water, prior to the weekend and at a time of increased population – restoring access to functional housing and the associated water utility.

Kullari Regional Environmental Health Services has been able to make a positive impact on the environment and living conditions, with the partnership of the Djarrindjin Community. Although there is no statistical data to correlate the project outcomes directly with the Aboriginal and Torres Strait Islander Health Performance Framework, it is reasonable to expect to see a continuation in the improvement of community health (through improvements to the living environment) and a decrease in associated infection and infectious disease, with positive impact on health status and outcomes.

The evolution of environmental health at Djarrindjin is largely due to the partnership between Kullari Regional Environmental Health with Housing Officers and the initial impact of Health and Housing education; an increase in confidence and community awareness through short and tangible projects; and a continued on-the-ground presence. The environmental health improvements and completed projects were possible through the Djarrindjin community’s willingness to commit and the Environmental Health Teams ability to support the community with appropriate resources, including equipment, machinery and expertise.

An additional outcome has been the communities increased willingness to approach the different members of the Environmental Health Team with their health concerns, examples have included advice for hygiene and odour concerns in the community members own home; wastewater overflows in the house; tackling children’s sickness; and talking to Elders about living with lots of dogs.

The partnership is looking forward to new challenges and projects, with the aim of further improving environmental health within the region.

**Case Study – Healthy Dog Program for Indigenous Communities**

The Aboriginal and Torres Strait Islander Health Performance Framework documents measures of performance against health status and outcomes, the determinants of health and health system performance. The relationship between health, housing and hygiene are consistently incorporated as relevant to health status and outcomes. Living conditions and environment are documented as key elements in the determinants of health. One of the nine Healthy Living Practices, referenced under the Health Performance Framework Measure ‘2.01 Access to functional housing with utilities’ is ‘reducing negative contact between people and animals, vermin or insects’.
For a number of years Kullari Regional Environmental Health Services has implemented a dog health and population control program for the regions discrete Aboriginal communities. This program has been included in the routine environmental health services in recognition of the impact of community dog populations on community health. While dogs have a strong and positive role in community life, dog populations can also negatively impact on community health. With large dog populations there is an increase in camp dogs (with no singular owner), a reduction in food availability, increase in dog fights and noise, a proportion of ‘cheeky’ dogs and dog bites, and an increase bin and rubbish tip scavenging.

Through studies conducted by Murdoch University and the University of Sydney, it has been demonstrated that dogs including companion dogs, carry a number of zoonotic diseases. Examples include giardia, cryptosporidium, salmonella and worms (e.g. hookworm, roundworm, tapeworm). Dog populations particularly unhealthy dogs and those living in close quarters with humans, have been attributed to spread of skin infections. This is due to the introduction of skin lesions on humans from scabies, flea and tick bites (and the associated scratching) and as carriers of the bacteria streptococcus. The impact of bacterial skin infection for Aboriginal and Torres Strait Islander communities is referenced throughout the Health Status and Outcomes detailed in the Report against Aboriginal and Torres Strait Islander Health Performance Framework Measures (e.g. including reasons for hospitalisation, acute rheumatic fever and rheumatic heart disease, end stage renal disease, children's hearing loss).

The community and environmental health impacts of large and unhealthy dog populations was incorporated in a community-based Housing and Health education project, delivered by Kullari Regional Environmental Health Services. The education project was developed in collaboration with the Djarindjin Community Housing Officers, and aimed to raise community and housing tenant awareness of the link between housing, personal and community health, and the respective roles and responsibilities of both Housing Office and the tenant. The Community Housing Officer advocated for at least one person per house attend the education sessions, with preference for the primary tenant. The community members and the Housing Officers gained an increased awareness and knowledge of the link between health and living conditions, which led to the decision to improve the community management of dog health and population.

The Housing Officers consulted with Kullari Regional Environmental Health Services to establish an action plan to address the community concerns. Initially dog health articles were included in community newsletter and Djarindjin’s Gorrna Illa (Deadly Dog) Competition was held as part of the monthly Tidy Town Awards. The Environmental Health Team judged entrants on dog health, including a lack of mange (scabies), lack of infected sores and ticks, a healthy weight with shiny coat, and a friendly temperament that included no ticks (and the associated scratching) and as carriers of the bacteria streptococcus. The impact of bacterial skin infection for Aboriginal and Torres Strait Islander communities is referenced throughout the Health Status and Outcomes detailed in the Report against Aboriginal and Torres Strait Islander Health Performance Framework Measures (e.g. including reasons for hospitalisation, acute rheumatic fever and rheumatic heart disease, end stage renal disease, children's hearing loss).

The dog spaying program was held over two days, resulting in eighteen female spays and two male spays. The community had elected to give priority to female sterilisation, in the interests of reducing the number of litters born and the dog population over time. Based on veterinary projection, this de-sexing program has prevented the potential for a hundred and eighty (180) puppies being born annually (i.e. this is based on a female dog having an average litter of five puppies, twice per year). The reduction in the community dog numbers has the potential to result in a healthier dog population (through greater access to food, reduced dog fights, ease of administering routine healthy dog program to capture entire dog population). When coupled with the existing healthy dog program and treatment, there is a marked reduction in the potential for transmission of zoonotic disease within the community.

The dog micro-chipping component of the project was conducted by Kullari Regional Environmental Health Services, with the assistance of the Djarindjin Housing Office. A total of fifty-six (56) companion dogs were micro-chipped. Micro-chip information has been stored on a local database (for ease of access and use for the environmental health team and Djarindjin community) and registered against the national database. This process is to assist the Djarindjin Community Office, and Housing Officers to monitor agreements would include a two dog per house policy. It was agreed that at policy commencement, a ‘grandfather clause’ for owners with more than two dogs could register all their dogs, but could not increase their dog numbers with ‘new’ companion animals and over time, could not replace any dogs beyond the ‘two dogs per house’ maximum. The Housing Officer gathered data including house number, tenant, number of dogs, sex of dog and whether the owner wanted any dogs euthanased or spayed.

Kullari Regional Environmental Health Services organised a dog spaying program with the local Broome Veterinary Hospital. In recognition of the community-based trial, Broome Veterinary Hospital agreed to subsidise their fees and charges, and bill based on a daily rate. The Environmental Health Team provided in-kind and resource support (e.g. providing transport and accommodation for veterinary staff, while the community covered the two day veterinary fee). The community’s municipal service shed was converted into a surgical studio by the Environmental Health Team and Veterinary Staff. This included building temporary pre-operation and post-operation observation cages, setting up a sterilising unit, ensuring the operating table was well equipped and had enough light for procedures and potable water for cleaning.

On the day, the environmental health workers & the rest of the Kullari team were actively involved in the process. This included collection and return dogs, assisting with preparation of animals for operation, giving post operation care to animals, cleaning and sterilising surgical equipment, and explaining post-operation home care instructions to owners. Through out the two days, the local radio announcer for BRACs broadcast reminder messages to the community about the dog de-sexing and micro-chipping, encouraging people to make use of the service. The combined effort of the community, Djarindjin Housing Officers, Broome Veterinary Hospital and Kullari Regional Environmental Health Team lead to a highly successful project with positive outcomes.

The dog spaying program was held over two days, resulting in eighteen female spays and two male spays. The community had elected to give priority to female sterilisation, in the interests of reducing the number of litters born and the dog population over time. Based on veterinary projection, this de-sexing program has prevented the potential for a hundred and eighty (180) puppies being born annually (i.e. this is based on a female dog having an average litter of five puppies, twice per year). The reduction in the community dog numbers has the potential to result in a healthier dog population (through greater access to food, reduced dog fights, ease of administering routine healthy dog program to capture entire dog population). When coupled with the existing healthy dog program and treatment, there is a marked reduction in the potential for transmission of zoonotic disease within the community.

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the dog population against their Tenancy Agreements and the two-dog per house policy.

Part of the success of the program can be attributed to the community’s confidence in the Kullari Environmental Health Team. The discussion in the Aboriginal and Torres Strait Islander Health Performance Framework (Health System Performance Measure 3.09 Aboriginal and Torres Strait Islander Australians in the health workforce), references the inherent community trust born from employing Aboriginal and Torres Strait Islander Australians in the health workforce. All Environmental Health Workers, the Environmental Health Educator and the Director/Manager of Environmental Health Services are local Aboriginal people, who have lived and worked in the region for many years and hold a strong connection with the community. Utilising local knowledge, existing relationships and the inherent community confidence led to an engaged community and allowed the expansion of the dog health program to run smoothly, with no major hurdles arising.

As a result of the success of the dog health education, dog spay and micro-chipping program the Djarindjin community has decided to continue with Djarindjin’s Gorrna Illa Program. This will include on-going education through school projects, raising community awareness (utilizing newsletters, the Tidy Town projects and local BRACs radio) and a continuation of the dog spay days (on an annual basis).

The on-flow affect of Djarindjin’s Gorrna Illa Program, has been the neighbouring communities up-take of the project. Ardyaloon (One Arm Point) recently held a two-day dog spay program with the Environmental Health Team and Broome Veterinary Hospital, with similar statistical results (13 female and 7 male dogs desexed). Beagle Bay Community has referred to their Steering Committee and Reference Group for funding support. Similarly the Bidyadanga community has recently embarked on a three year research program (which includes dog spaying) partnering with AMRRIC, University of Sydney, Kullari Regional Environmental Health Services and Broome Veterinary Hospital to investigate the link between dog health and infectious disease, with the project including a dog spaying component.

This case study show cases a highly accessible service, which was developed through response to community need. The project has now expanded to be part of the continuous or cyclic program undertaken by Kullari Regional Environmental Health Services and the communities which continue to support the program. Many environmental health projects such as this are directly linked to primary health (status and outcomes). Utilising responsive consultation during project development, this project and others similar to it, address community health concerns in an effective and appropriate manner, and with minimal expenditure. The program demonstrates a sustainable preventative measure to improve the overall health of Aboriginal and Torres Strait Islander Australians.

FOR MORE INFORMATION
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Photo Gallery

Stephen Canendo and award for “Leadership in Indigenous Environmental Health”

Entertainers at the Conference BBQ

Owen Ashby and award for “Leadership in Indigenous Environmental Health”

Palace Chambers, Kalgoorlie

Kalgoorlie Town Hall

Street scene Kalgoorlie

Boulder Town Hall
The conference auditorium

Craig Steel - South Australia, Bill Atyeo and Clayton Bell - Western Australia

Mary G and artist Josie Boyle.
Painting “The Seven Sisters”

Meleoni Nario and Bill Atyeo - Western Australia

Alex Weise, Kenan Bender, Emma Caitlin and Gordon Pickering
Western Australia

The conference auditorium
Photo Gallery

Darren Ponton with the Environmental Health Australia sponsorship stand

Sharne Stacey, Kenan Bender, Alex Weise and Troy McKrill with the City of Kalgoorlie-Boulder sponsorship stand

Back row - Chris Blow, Tait Farran, Dr Kirsten Ross, Patrick Alberts, and David Baggs
Front row - Steve Patman, Vashsti Sambo, Penelope Springham and Timothy Tamwoy with the Batchelor Institute of Indigenous Tertiary Education Sponsorship Stand

Thaddeus Nagas, NSW, Prof. Neil Hamilton (HIN), and Jane Burns (HIN) with the Australian Indigenous HealthInfoNet (HIN) sponsorship stand, Edith Cowan University

Matthew Lester, Sally Newbury, Jim Dodds, Dr Tarun Weeramanthri, Prof Ken Wyatt AM, Robert Mullane, Owen Ashby with the Western Australia Department of Health sponsorship stand
Post conference workshop delegates
Photo Gallery

Owen Ashby, Paul Todd, Raelene Tolentino, Kristie Taylor, Ramu Naidoo and Darren Ponton - Western Australia

Mary G and painting “The Seven Sisters”

Xavier Schobben - Northern Territory

Conference gala dinner dance
Sponsors

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LANYARD SPONSOR

REFRESHMENT SPONSORS

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EXHIBITORS:
Australian Indigenous HealthInfoNet  •  Batchelor Institute of Indigenous Tertiary Education  •  City of Kalgoorlie Boulder Department of Families Housing, Community Services & Indigenous Affairs (FaHCSIA)  •  Environmental Health Australia Western Australia Department of Health

CONFERENCE ARTWORK: Conference artwork titled “The Seven Sisters” appears courtesy of the artist Josie Boyle