

Case Study Report

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Abstract

This case study has been composed to examine both community and government-based programs that have a direct focus on closing the gap in life expectancy between Aboriginal and Torres Strait Islander and non-Indigenous Australians. This program also aims to increase the proportion of the Aboriginal and Torres Strait Islander population living in appropriately sized housing and adequate conditions (Australian Indigenous HealthInfoNet, 2020). This report was also created to advance knowledge and awareness amongst people on the major environmental factors affecting the health of Aboriginal people. The central purpose of this case study is to identify how the “Housing for Health” program has improved both the safety and health of Indigenous people through repairs and maintenance of their homes. The significant findings of the report demonstrate that Indigenous people that had been exposed to Housing for Health had a reduced rate of hospital admissions for specific environmentally related infectious diseases.

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Introduction

Aboriginal and Torres Strait Islanders have unfortunately endured generational disadvantages over time as a result of factors such as, political, economic and historical (Australian Indigenous HealthInfoNet, 2020). In 2008, the Federal Government of Australia began the “Closing the Gap Initiative” which encompasses a whole range of ways in which there is a gap between indigenous and non-indigenous people (Australian Indigenous HealthInfoNet 2020). The Department of the Prime Minister and Cabinet, (2018) stated that the key goals of this initiative include employment, health, community development, education and housing. Closing the Gap, (2019) discovered that although advancements have been made in relation to education and health over the past decade, the Australian Government has still been unsuccessful in achieving the targets in the initiative. This report will initially provide an analysis of how indigenous people’s housing and infrastructure have long been identified as major environmental factors affecting their health. Furthering this, the report will explore a fundamental government-based program that has successfully addressed this issue in closing the gap initiative. This report will also consider success and problems this program has encountered, along with any solutions and recommendations for further improvement.

Body

According to The Australian Institute of Health and Welfare (2005), Indigenous Australian's are more inclined to be residents of poor-quality housing and overcrowded dwellings which result in the spread of infectious diseases. Aboriginal people living in this poorly maintained and insufficient housing are at risk of serious health conditions due to the infrastructure of the housing being a dominant environmental factor affecting health (Aboriginal Environmental Health Unit, 2010). Housing for health is a program that aims to improve living conditions within Aboriginal communities. It originated in the late 1980's with the focus on environmental changes that would result in optimum improvements in health status and decrease the risk of injury and disease (Aboriginal Environmental Health Unit, 2010).

The goal of the Housing for Health program is to ensure houses are safe and the occupants have the ability to carry out healthy living practices (Aboriginal Environmental Health Unit, 2010). This goal is achieved through a process of assessment, repair and replacement of essential hardware. The tasks completed by the Housing for Health program are prioritised based on a health benefit with the priority being safety. The team ensure that all immediate dangers are addressed first which include, electrical appliances, gas, fire and structural safety issues (Aboriginal Environmental Health Unit, 2010). The healthy living practices that the Housing for Health participate in guarantee that repair and maintenance are of their top priority. These include washing people, bedding and clothes, removing waste safely, improving nutrition, reducing overcrowding, dust and the impact on animals on the health of people and finally, controlling the temperature of the house and reducing trauma (Aboriginal Environmental Health Unit, 2010).

The Housing for Health program has enhanced the lives of 9258 people as a result of fixing their houses and improving safety and health (Aboriginal Environmental Health Unit, 2010). There was a significant reduction in the number of hospital separation for infectious disease in the residents who had utilised the Housing for Health intervention. Results displayed this was 40% less than the aboriginal population of rural NSW, where this program was not implemented (Aboriginal Environmental Health Unit, 2010). Evidence retrieved from public health distinctively highlights a correlation between the high burden of infectious diseases and chronic diseases later in life (Aboriginal Environmental Health Unit, 2010). Housing for Health is addressing widespread chronic disease amongst the Indigenous population in Australia as well as contributing to decreased hospital separations for infectious diseases (Aboriginal Environmental Health Unit, 2010). Housing for Health's key successes comprise of reduced infectious disease rate, decreased long-term chronic disease and their ability to provide the conditions for health promotion amongst Aboriginal people.

Housing for Health addresses the closing the gap targets of economic development, housing, education and health (NSW Department of Health, 2010). This program aims to educate Aboriginal and Torres Strait Islanders on how to effectively manage health hardware within their homes and the significance of doing this (NSW Department of Health, 2010). This program also aims to ensure Aboriginal and Torres Strait Islanders are living in environments that are not overcrowded and are clean. This allows health promotion to take place (NSW Department of Health, 2010).

The Housing for Health program has been successfully repairing, replacing and assessing homes for over 12 months to ensure they are safe for their occupants. Although the program has an extensive amount of accomplishments, there is potential for improvements to better impact on the occupant's health or the hardware within the house. As per the statement made

by Council of Australian Governments (COAG), their target was to “increase the proportion of the Aboriginal and Torres Strait Islander population living in appropriately sized (not overcrowded) housing to 82 per cent by 2028” (Australian Indigenous HealthInfoNet, 2020). It is important that Housing for Health broaden their work amongst Aboriginal communities, and this can be done by implementing alternative environmental health initiatives to address an extensive range of health-related issues (Housing for Health – Aboriginal Environmental Health, 2019).

When analysing the health-related problems associated with the Housing for Health program, it is evident that there needs to be more examination of house fabric in order to reduce the incidence of asthma. Among Aboriginal and Torres Strait islander’s, Asthma is the most chronic respiratory condition (Australian Indigenous HealthInfoNet, 2020). In order to reduce respiratory problems occurring amongst Indigenous people, the Housing for Health program can implement key modifications to a home to allow it to become a lung friendly house. This can be done through educating indigenous people on the importance of not smoking within the house, vacuuming and dusting the house at least once a week and making changes to the home’s ventilation, heating and cooling will improve the quality of air for Aboriginal people suffering with respiratory issues such as asthma. The Housing for Health program can reduce internal house temperature through installation of awnings, insulation and shading through a tree planting program issues (Housing for Health – Aboriginal Environmental Health, 2019).

Housing for Health aims to employ local Aboriginal tradesmen where possible but a further push in this area will help establish trusting partnerships and use community development approaches (Australian Institute of Family Studies, 2019). Employing local Aboriginal staff is a factor that supports effective indigenous community-managed programs like Housing for Health and has the ability to empower community members and create a stronger, more

connected community (Australian Institute of Family Studies, 2019). Training and employing Indigenous health workers can help in promoting improved housing-related healthy living practices (Pitman, 2011). Therefore, capacity building of these health workers and ongoing funding of their work is essential.

When addressing issues related to the way in which the Housing for Health program runs, it is important that they consult their community of Aboriginal and Torres Strait Islander people and involve them in the process. By not involving or consulting the community problems can arise that impact on the way in which this program is run (Ware, 2013). Housing for Health also has the ability to create opportunities for other service providers in the community. This includes, fire service, RSPCA, Landcare and the local government who would be able to work in partnership with communities through Housing for Health to improve living conditions, community living and health-related issues (Ware, 2013).

The location of these houses that Indigenous people are utilising is very important. Despite the fact Indigenous people have access to adequate housing by houses being by the Housing for Health program, it is crucial that they are located in close proximity to local shops, medical centres and schools. The program should ensure that resources are close by (within 100km) and if not supplies should be delivered second daily.

Limited funding can become an issue within the Housing for Health program and one being that no aesthetic work can be done to the house, only what is necessary (NSW Department of Health, 2010). To address this limited funding, it would be beneficial to raise awareness to the program which will in turn educate people within the community of its benefits and what it provides. This will allow people to make donations with informed knowledge. Another approach to this issue involves approaching the government for more funding to employ

more indigenous tradesmen to work within the program. This will address the unemployment rate amongst indigenous people.

According to the NSW Department of Health (2010), there are a number of people actually inhabiting living within the program. If this is inaccurate it would disrupt actual statistics and health benefits due to over populated houses. As important as it is to avoid overcrowding, it is vital that we remember that Aboriginal people have large family groups who are of great importance to each other. The families of Aboriginal people are central to the wellbeing of indigenous communities and their sense of culture and survival (Walker & Shepherd, 2008). Families are also valuable in defining identity and a sense of connectedness to culture and kinship (Walker & Shepherd, 2008). With increased funding allocated to the Housing for Health program, it will allow larger houses to be built in accommodation for larger family groups. This will not only help avoid overcrowding but also ensure that Indigenous groups are in close proximity to each other. By allowing this, it will promote social connections to continue and family traditions to maintain.

Discussion and Conclusion

While the Housing for Health program has implemented many safe and healthy living practices, the program could still improve on closing the gap in housing. Housing impacts all of the Closing the Gap targets, particularly on health, employment and education (Robinson, 2018). A home is essential to health and wellbeing, not just a fundamental right. Some positives of the program include the increase health benefits, which is one of the Closing the Gap targets. This involves reduced infectious disease rates and reduced long term chronic disease (NSW Department of Health, 2010). The program also encourages employment and education opportunities which aids in addressing more Closing the Gap targets. Housing for Health stimulates Aboriginal and Torres Strait Islanders to gain an education as living within a stable environment benefits mental health, establishes a good basic routine and promotes social interaction.

The Housing for Health program would benefit from ensuring they are always accommodating to large indigenous family groups. Due to a lack of housing available within some Aboriginal communities, many generations end up living under the same roof. This is not only an inconvenience, but it creates the issue of overcrowding. Overcrowding has a clear link to family violence, poor health outcomes, poor performance at school and increased rates of removal by child protection services (Robinson, 2018). Housing for Health should aim to house Aboriginal and Torres Strait Islander people within close proximity to schools, shopping centres and local businesses. This will provide not only a stable environment but easy access to resources which promotes social interaction and mental health. By the program employing Aboriginal and Torres Strait Islanders to be involved in their work promotes cultural respect and trust amongst both indigenous and non-indigenous. It is crucial that the

non-indigenous employees of this program have good Aboriginal cultural awareness. This includes having knowledge and understanding of Aboriginal people's history, values, belief system, experiences and lifestyles.

The housing for Health program has been able to effectively demonstrate a significant improvement in house function for all of their projects (NSW Department of Health, 2010).

To accomplish these projects and address the COAG targets, both Aboriginal and Torres Strait Islanders must work collaboratively to achieve quality in health status and life expectancy for Indigenous Australians (NSW Department of Health, 2010).

Recommendations

Ways in which the housing for Health Program can enhance their services would be implementing a fresh food supply service for those who live in rural communities.

Indigenous Australians who may not have close access to local resources may struggle to receive fresh produce. By enforcing this service to be either delivered by truck or helicoptered out to rural housing communities, it will improve these Indigenous Australians access to services and overall health and wellbeing.

Another recommendation for the Housing for Health program includes having it discussed within schools and the local community to raise awareness. By engaging in this and informing the local residents on everything the program entails, more informed decisions can be made when it comes to donations and residents are aware of what the program is executing within their community.

The final recommendation for this program would be to aim to source larger blocks of lands in Indigenous Australian communities to build larger houses on. This will accommodate for bigger family groups present in the Aboriginal community. Aboriginal kinship and family structures are united forces that bind Aboriginal people together. For Indigenous Australians, their family provide emotional and psychological support which is valuable to their wellbeing (Working with Indigenous Australians, 2017). As a result of this, Aboriginal people living close to each other is of high priority and a recommendation to the Housing for Health program is to ensure this is implemented when assigning housing accommodation.

These recommendations made to this program are all realistic, practical and achievable and will provide positive rewards to both the program and the Aboriginal and Torres Strait Islanders that utilise it.

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