

Official Opening

TUESDAY 12 MAY 2009

CONFERENCE OPENING

Sonja Carmichael, Deputy Chair, enHealth Working Group on Aboriginal and Torres Strait Islander Environmental Health (WGATSIEH)

Hello everyone and welcome to the 7th National Aboriginal and Torres Strait Islander Environmental Health Conference!

I am very privileged to be opening this conference and would like to begin by thanking the sponsors; our Gold Sponsors; enHealth, Commonwealth Department of Health and Ageing and the Western Australia Department of Health. I am a descendant of the Ngugi people of the Enoch Delaney family. One of three groups who are the Quandamooka people of Moreton Bay which is the area that extends from the opening of the Brisbane River.

I will begin by acknowledging that many of us here today are visitors to Country and look forward to the traditional owners' welcome. I now have the honour of inviting Uncle Aubrey Lynch to the stage to give a Welcome to country.

TRADITIONAL WELCOME TO COUNTRY

Uncle Aubrey Lynch, Elder, Wongatha People

I am a Wongatha person from the Wongatha tribe. I speak the language and I do openings such as this one here. In the past I have welcomed a lot of other people from other areas into our town Kalgoorlie. I was looking on your list here and Kalgoorlie has a lot to offer beside coming to a Conference like this and listening to it about health. I notice from the agenda here that you are not doing any tours in Kalgoorlie. We have open pits and things like that here too. Where people like yourselves should go and see the SupaPit and see people working a long way down in the ground. Our Mayor will probably elaborate more on that.

Kalgoorlie is a gold mining town. It's been going for years we have a mixture of Aboriginal people in this area we have different tribes but as an Elder from the Wongatha people I do a lot of opening on behalf of them as well. In life - we like to achieve something in life but if your Health isn't right you won't be able to get there. So it's important to look after your health and it's good to see so many people here today interested in health, very important.

On behalf of all our Wongatha people in the Goldfields area I like to give you a warm welcome to the Country and especially to Kalgoorlie. I hope that your few days here in Kalgoorlie that you will achieve something. Thank you.

Sonja Carmichael thanked Aubrey Lynch and invited Timothy Tamwoy to open the conference in Torres Strait Islander Prayer.

Sonja Carmichael thanked Timothy Tamwoy and next introduced the Ngadju Dancers. Sonja thanked the Ngadju Dancers and welcomed Dr Tarun Weeramanthri, Executive Director Public Health, Western Australia Department of Health to the podium.

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

Dr Weeramanthi thanked Sonja for her introduction.

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 guesstimate 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 Nurrumbuk and Goldfields people are here today so I hope I don't do injustice and simplify too much your models. But very, very briefly Nurrumbuk 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

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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 Strait 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 McKrill 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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consideration and progression. This work is being led by Western Australia and Victoria, with considerable input from all other states and territories as well.

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.

FOR MORE INFORMATION

Xavier Schobben

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