

POLICY FUTURES

A Reform Agenda



Healthy Housing Programs: For Aboriginal and Torres Strait Islander communities with high rates of acute rheumatic fever and rheumatic heart disease.

Acute rheumatic fever (ARF) is endemic in many First Nations communities and, to our national shame, Australia has one of the highest rates of this condition globally.

ARF is caused by a Streptococcal infection which occurs more commonly in crowded environments with limited access to health hardware basics such as working taps, showers and washing facilities. Recurring episodes of ARF can lead to rheumatic heart disease (RHD), heart failure and premature death.

National strategies that combine economic development, policy, and regulatory changes, in partnership with Aboriginal and Torres Strait Islander organisations and communities are urgently needed to address ARF and its causes. Enlisting the local knowledge of those living with ARF/RHD to co-design and co-develop Aboriginal led, community driven healthy housing programs will provide place-based solutions that are fit for purpose and locally relevant.

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2018 Churchill Fellow (NT)

Key Policy Recommendations

- 1** That the National Indigenous Australians Agency (NIAA) and the Department of Health and Aged Care (DoHAC) lead the development of a national Aboriginal and Torres Strait Islander housing and environmental health strategy in partnership with First Nations communities and peak Aboriginal health and housing organisations that focuses on place-based housing solutions.
- 2** That the NIAA and DoHAC work in partnership with peak Aboriginal and Torres Strait Islander health and housing organisations, and communities with high rates of ARF to develop and implement sustainable healthy housing programs embedding environmental health into primary health care.
- 3** That the Commonwealth fund the National Aboriginal and Torres Strait Islander Housing Association (NATSIHA) to work with Aboriginal and Torres Strait Islander health and housing peak bodies, along with registered training organisations to:
 - a) grow the Aboriginal and Torres Strait Islander environmental health workforce
 - b) update and reintroduce the National Indigenous Housing Guide for endorsement by the Australian, state and territory governments to ensure minimum building standards and regulations for the construction of new housing and refurbishments in remote Aboriginal and Torres Strait Islander communities.
- 4** That state and territory governments fund and support the development of locally relevant healthy homes programs in their jurisdictions.

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Closing the Gap

Recommendations support the following targets:

Target 1

Everyone enjoys long and healthy lives

Target 9

People can secure appropriate, affordable housing that is aligned with their priorities and need

National Partnership Agreement on Closing The Gap priority reform areas for joint national action:

Priority reform one

Formal partnerships and shared decision making

Priority reform two

Building the community-controlled sector



Cost of Inaction

\$27 million

The cost of medical care for people diagnosed with acute rheumatic fever (ARF) and rheumatic heart disease (RHD) since 2007 and alive since mid-2016.

+

\$317 million

The cost of medical care for people who develop ARF and/or RHD from mid-2016.

Recommendations could reduce this high level of public expenditure.



Evidence Base

Healthy Homes Initiative Outcomes Evaluation

Between 2013 and 2018, the Healthy Homes Initiative (HHI) has received 15,330 eligible referrals. The HHI Outcomes Evaluation shows that the service has resulted in:

- ✓ 1,533 fewer hospitalisations
- ✓ 9,443 fewer GP visits; and
- ✓ 8,784 fewer medicines for the referred children.

The HHI service is anticipated to avert approximately

\$30 million

in health care costs over three years. The predicted return on investment for the funded HHI program costs is expected to be **less than two years**.



92% of ARF

cases reported in Australia is among Aboriginal and Torres Strait Islander people.



ARF is most common in young people aged **5-14 years**