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NIRRUMBUK ABORIGINAL CORPORATION
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INCREASING REFERRALS TO ENVIRONMENTAL SERVICES IN THE KIMBERLEY: CURRENT POSITION AND STRATEGIES FOR CHANGE

VIEWS OF ENVIRONMENTAL HEALTH SERVICES IN 2016

A BASELINE REPORT PRODUCED BY THE KAHPF EH SUBCOMMITTEE

APRIL 2017

EXECUTIVE SUMMARY

In 2016, the KAHPF Environmental Health SubCommittee decided to assess the baseline use of Environmental Health referrals between primary health care (PHC) clinics and the local Environmental Health Service (EHS). Given referrals from PHC to EHS have occurred patchily over previous years across the Kimberley, the SubCommittee finalised a template for an EH referral form to promote this important partnership. There are now two EH referral forms loaded onto clinical information systems for use in PHC clinics: one designed by Nindilingarri Cultural Health Services (NCHS) for use by PHC in the Fitzroy Valley and the other other parts of the Kimberley (both WACHS and KAMS member PHC clinics). Having a baseline of the extent to which referrals were underway between PHC and EH services before further distribution and promotion would enable an assessment over time of trends in uptake.

The five organisations providing these environmental health services in Aboriginal communities across the Kimberley EH services are:

- ✓ Nirrumbuk
- ✓ NCHS
- ✓ Halls Creek Shire
- ✓ Shire of Derby/West Kimberley
- ✓ WACHS KPHU EHS

With the input of the Chair of the KAHPF EH SubCommittee, a standard set of questions was produced to help reflections and structure discussion. All five people invited to participate did so. The first interview was conducted in April 2016 and the last in October 2016. This reports presents de-identified responses in full. All comments have assisted the KAHPF EH SubCommittee. Some highlights include:

- *"Awareness is limited. In all fairness, PHC staff come and go. They change all the time".*
- *"They should get orientation when they enter the Kimberley and a package of information. This should also happen for visiting specialists too not only the clinic staff"*

During 2017, KAHPF EH SubCommittee will develop a package of orientation materials including an orientation guide and reminders in clinics to standardise orientation to environmental determinants across the region, ensuring consistent practice that means everyone will benefit.

- *"As a EH practitioner, I think there needs to be awareness raising with PHC staff on the ground PLUS a communicated expectation from management perspectives of partnership processes and expectations of collaboration".*

KAHPF EH SubCommittee acknowledges that PHC staff also need to learn about what the Aboriginal EH Workers in their community do and learn about the scope of their work. Everyone needs to understand more about the role of the Department of Housing and various subcontractors for repairs, utilities and maintenance. Such an understanding will mean that EH referrals are informed and partnerships at the local level based on an accurate appreciation of what services can offer.

- *"Publicise the roll-out of the form. Get us involved. Have face-to-face staff in-service on clinic sites with everyone – FIFO doctors, DMOs, nurses on rotation, everyone needs to be orientated".*
- *"One gap for SubCommittee is facilitating stakeholders to work together."*

Each EHS in the Kimberley should confidently take the lead in getting their message across especially to local PHC clinic staff and to form strong local relationships with PHC teams. These interviews confirmed the ability of EHS to do this. In 2017, KAHPF EH SubCommittee will also progress resources to help clinicians identify when to consider EH referral ('clinical triggers').

In conclusion, this feedback provided part of the picture of what was happening in 2016 before wide rollout of the EH referral form is undertaken in 2017. The SubCommittee will also conduct a survey of PHC staff (doctors, nurses etc) as another source of data.
We thank all those who participated in interviews. Their input has provided rich ideas and suggestions to strengthen implementation and support.

KAHPF Environmental Health SubCommittee
April 2017

WHY DID WE DO THIS PROJECT?

The Kimberley Aboriginal Health Planning Forum (KAHPF) decided to establish an Environmental Health SubCommittee in December 2014.

The overarching goal of the Environmental Health SubCommittee is **to deepen understanding across the Kimberley of the link between environmental conditions and health**. The Sub-Committee recognises 'environmental health' as a specific field of expert knowledge including the environmental determinants of health, the link with specific human diseases (including disease transmission) and strategies to address these determinants. This SubCommittee has membership drawn from the KAPHF members, including WACHS, KPHU, KAMS, Nindilingarri and Nirrumbuk.

One of the projects the Sub-Committee had been working on in 2015 and 2016 is establishing a standard EH Referral that is easily accessible to health service providers across the Kimberley. This form is now a standard form available to all AMS MMEx users. Two versions of the form are available on Communicare for WACHS Kimberley sites: one, for referral to Nindilingarri CHS and the other, the standard form for outside the Fitzroy Valley.

In 2016, the KAHPF Environmental Health SubCommittee agreed to obtain a better understanding of the baseline use of Environmental Health referrals across the Kimberley. Knowing the extent to which any referral was underway between PHC and EH services would enable an assessment over time of the trends in uptake. One way to do this would be to interview people working in EHSs in the Kimberley for their perceptions and insights of what is currently happening.

WHAT DID WE DO?

Dr Jeanette Ward was asked to interview a senior EH manager or co-ordinator from each of the five EHS providers in the Kimberley (see Appendix 1 for questions):

- ☐ Nirrumbuk
- ☐ NCHS
- ☐ Shire of Halls Creek
- ☐ Shire of Derby/West Kimberley
- ☐ WACHS KPHU EHS

To support the uptake of EH referrals and encourage further partnership between public/primary health services and environmental health, the Sub-Committee also wanted to learn how to best support the relationship needs. Each was asked to provide their perspective on how primary health care clinic staff perceives Environmental Health Services. These interviews were undertaken to help establish a 'baseline' for the SubCommittee's work**.**

WHAT HAPPENED?

As shown below, all five people invited to participate did so (100%). The first interview was conducted in April 2016 and the last in October 2016.

- ✓ Nirrumbuk
- ✓ NCHS
- ✓ Halls Creek
- ✓ Derby/West Kimberley
- ✓ WACHS KPHU EHS

WHAT DID WE FIND OUT?

The state-of-play of EH referrals in 2016 represents a baseline. Input from interviewees is presented below as noted by the interviewer as dots points without audio-taping or transcription. All comments have been de-identified. Each of the five has been depicted with a specific font and colour.

Views and perceptions of local primary health care staff about environmental determinants of health and their workload in clinic

- Awareness is limited. In all fairness, PHC staff come and go. They change all the time.
- It depends on the messages PHC staff get from their own organisation. Sometimes clinic staff are all over it. They get us involved, love referring to EH but others can be told not to refer to EH. Once the form is on the electronic medical record, please use it!
- How we sell this message is the question. People need to be reassured that EHS are not here to judge you but walking alongside you towards better health.
- WAPHA has been asking about EH referrals.
- I think people are connecting the dots more. There is information and staff in KPHU are changing what people understand the role of EH is. EH is now capacity building.
- PHC staff do recognise the relationship between standards of living and health. They recognise this in Aboriginal populations.
- In general, the extent of knowledge of environmental health is I think predominantly that it's personal hygiene and personal behaviour. Not the context of the home.

Understanding of PHC

- New staff are not always made aware of the EH services and how to connect including our role in linking to Department of Housing.
- They should get orientation when they enter the Kimberley and a package of information. This should also happen for visiting specialists too not only the clinic staff.
- New people have zero understanding
- How clinic staff are varies. Sometimes people learn from social connections. Try to drop in and say hello to PHC.
- They do understand that it's more than what's on paper. That we are about no shame, not patronising people. That EH has developed these skills.
- There can be a different understanding of health that means 'medical services'. PHC is providing 'medical services'. People don't look at PHC and think public health, environmental health, health promotion. Everybody should have skills in disease prevention and health promotion in all of their practices eg dentists

- PHC thinks EH Services play a very minimal role. They don't really understand what AEHWs do. They may understand what local government does such as food inspections but they don't necessarily know everything that makes a community environment.

Examples of the partnership between clinic(s) and EHS working well

- EVERY time we work together, it works well. We just need the referral.
- Success is when say the CH nurse doing a clinic notices APSGN or scabies and lets us know. There hasn't been an official form before.
- KPHU / OVAHS kicked off the EH referral form. KPHU EH staff were stable in KNX but OVAHS had huge turnover so now we should resurrect this. It would be good to have a pigeon hole in the PHC office for EH referrals if we can't rely on MMEx. We need to move with the times to develop our systems.
- Forums about health at the local level can come and go. There needs to be a commitment from organisations to these forums otherwise no continuity.
- Public health is well-positioned to come up with a system once or twice a year we sit around the table and get to know each other, get to learn each others' work, look at ourselves as a team sharing the same objective. But we are not yet functioning as a team at the local level or at the regional level.
- We need to emphasise work at the local level. There can be inspections from Broome or visits but the work is in the community. Health promotion happens in the community. Maybe we could have a "public health worker" or have public health in everybody's job description. We should look at the silos that mean people say "I've got nothing to do with anyone else".
- There should also be some local protocol. If ten people from the same area have diarrhoea, this should be ringing alarm bells. What is the cause? Who pulls together all the local services to tackle this?
- One example is when the EHO was living in the community. This meant more local discussion and interaction but partnership can sometimes be inhibited by sense of 'ownership' say of 'health' by primary health care rather than by the community. Health promotion may not be able to go as far as it could.

Estimates of the current rate of referral to environmental health services from PHC

- Over ten months, no referrals.
- No formal use of the form.
- Once a month but this was linked to a specific community and an APSGN program. There were 44 referrals to EH.
- Referrals currently depend on the individual and their interests. There needs to be more. No use of the EH referral form at all.
- Yes. The EH referral form needs to be given a good go. We need to develop information for PHC about when to consider a referral eg clinical triggers.

- Five over the past 12 months. My sense is that these were people that the clinic referred because they didn't have anything else to offer. They didn't know what to do. We will need to address this in engagement and orientation because this habit can be self-defeating. We need this to be all about early intervention not the referral of last resort.

Awareness of environmental health referral form developed through the KAHPF Environmental Health SubC

- Stable staff in PHC who acknowledge that we have expertise and we know this community and this work are aware.
- There is some challenge with 'preferred services' providers in some communities.
- Yes I am aware of the EH referral form developed by the SubCommittee.
- Right now, a couple of families with scabies and the hospital called but didn't use the form. Medical officers and EH workers got together. There does need to be more communication.
- At this baseline, maybe 40% of PHC staff are aware of the form. They may be aware but it's not at the forefront of their minds. They also may not know enough about what EH Service does. They need complementary knowledge as well as knowing how to find the form.

Ideas to boost the local partnership between clinic(s) and EH Services

- One gap for SubCommittee is facilitating stakeholders to work together
- It needs a 'regional round table' with all the players respecting services autonomy and expertise.
- Can we (EH) get more in front by having weekly meetings with PHC on site with scenarios, examples, eg a scabies case referred to EH and what happened.
- Might need greater clarity about who does what. Sometimes nurses think they have to do the assessment but actually EH does the assessment. They need to remember that we are here.
- When it works well (1) referrals are prioritised – we jump onto it as quick as possible (2) 'in tune' clinicians who know what conditions mean EH should get involved. EH has huge buy-in in the community – more than 20 years! The thing is to be non-judgemental.
- Publicise the roll-out of the form. Get us involved. Have face-to-face staff in-service on clinic sites with everyone – FIFO doctors, DMOs, nurses on rotation, everyone needs to be orientated.
- Increase the number of EHWs in community. Increase a lot.
- There might be something with the new EH contracts as well.
- We need to follow-through all the way now and just do it. Blow-out in costs and Aboriginal people admitted to hospitals is an angle to take. Most people don't know about this. We need to look at local induction processes. Information needs to be in

an orientation manual with the EH referral form and how to find it in the electronic record system. We need to get it onto websites and the intranets. Perhaps road shows to explain EH role? Induct people into the form. Not Just filling in the form though but partnering with the EH service locally. We are going to reduce clinic presentations through working with households. EH can explain what is needed for the whole family but without creating expectations. More whitegoods for families will come from families being aware of the health impact. People need to be aware.

- Think about the Pilbara / Kimberley AEHW forum as well as professional meetings to get the messages out region-wide.

- As a EH practitioner, I think there needs to be awareness raising with PHC staff on the ground PLUS a communicated expectation from management perspectives of partnership processes and expectations of collaboration.

WHAT DID WE LEARN?

We learned that **senior management** in all health services in the Kimberley have a key role to play. Their support and reinforcement of the importance of environmental determinants and monitoring of key initiatives in raising awareness and prompting action on the ground is vital. EH referral 'needs to be pushed from the top". During 2017, the KAHPF EH SubCommittee will support any manager who needs advice about the specific technical content of any communication to their staff about environmental determinants of health and the strategies that should be used in response.

We also learned that the **local relationship** between an EHS and the PHC clinic can be strengthened. Suggestions were made to improve this ranging from better orientation through to local communications, meetings and introductions. The KAHPF EH SubCommittee will support EHS in their efforts to lead this relationship and build an extremely strong partnership on the ground for the benefit of Aboriginal patients. During 2017, ways to further strengthen these relationships will be developed. One way might be to commit to explore the partnership in one or two locations first to see how the dynamic works and how to build it up and what support is needed. Another suggestion is that the senior PHC clinic manager could automatically notify their local EHS of any new PHC staff member so the introductions can be made as soon as possible and referral can be two-way. Better familiarisation of PHC staff about the role of AEHWs and the EHS in which they work is needed.

Roll-out of the EH referral forms must be a top priority in 2017. Other partners can assist. For example, how can KAHPF Health Promotion SubCommittee contribute to the roll-out and build strong local relationships for effective health promotion and referral that bring benefit to the patient and their family? In 2017, KAHPF EH SubCommittee will also progress the development of clinical resources to help clinicians identify when to consider EH referral. There is as yet no consensus on clinical indications **('clinical triggers')** for EH referral: for example, should a child returning to community after a diagnosis of initial ARF be routinely offered EH referral? Should a child with three consecutive presentations for impetigo in the previous six months? Should a household with more than one member with scabies? How to make a referral? What to expect once you do? Over time, a target should be set and reached: for example, by 2018 is it possible to commit to 80% of PHC staff knowing the EH referral form exists, know where to find it and use it whenever required?

Orientation of all clinicians – whether experienced senior doctors moving to the region, locums providing short cover, junior doctors, registrars, remote area nurses, community health generalist nurses, child health nurses, school health nurses, Aboriginal Health Workers, Aboriginal Health Practitioners, Nurse Practitioners etc - is also going to be very important.

EH referral should not rely on the individual interest of the attending clinician: it should be offered to every person who will benefit from it if they consent. Resources were made available to the RHD Register to produce a 10-minute video for orientation. Should a similar approach be taken by the KAHPF EH SubCommittee to develop a video? There is strong support for an orientation 'round table' during 2017 in which all organisations share how they currently deliver orientation, identify best practice and collaborate in co-development of resources everyone can use. Strengthening a common 'curriculum' for public health orientation in the Kimberley including the micro-skills needed for a culturally respectful EH referral could be beneficial for all services.

These interviews also highlight the **context** for PHC staff in the Kimberley. They are busy, juggling demands from acute care and emergencies to pre-programmed health surveillance and vaccination programs. Roll-out of the EH referral form needs to acknowledge case load in PHC especially when communities expand around sports competitions, cultural events and extra visitors to communities with limited housing for sorry business.

ACKNOWLEDGEMENTS

The KAHPF Environmental Health SubCommittee sincerely thanks the five senior leaders who participated in these interviews. Their thoughtful comments have provided the SubCommittee with a very good picture of how to support mutual outcomes. Appendix 2 highlights other opportunities and projects relevant to this work.

APPENDIX 1

Questions distributed to each interviewee before the interview

- What do you believe are the views and perceptions of local primary health care staff about environmental determinants of health and their workload in clinic?
- What do you consider they currently understand of the role your service can play?
- When has the partnership between clinic(s) and your service worked well? Can you think about the reasons why?
- Over the last year, what would you estimate is the rate of referral to environmental health services from clinic(s)? Think of numbers or a rate (say one a month, none etc)
- Are you aware of the environmental health referral form developed through the KAHPF Environmental Health SubC?
- How aware are clinic staff?
- What would really boost the local partnership between clinic(s) and your service? How might the SubCommittee assist?

APPENDIX 2

WHAT ELSE IS GOING ON?

1. Kimberley clinician survey

In 2017, the KAHPF EH SubCommittee is completing a baseline survey of clinicians across all services in the Kimberley. Results in a separate report will be available by contacting the Chair, Martin Cutter.

2. KPHU quality improvement project: Public Health Orientation for clinicians

Findings from Dr Batterby's evaluation of DMO and Nurse public health orientation in WACHS (November 2016) showed:

Primordial prevention – Environmental Health referrals.

While all nursing staff reported being aware of, and having made, Environmental Health referrals, only 17% of medical respondents (n=4) were aware of Environmental health, and only 1 of those doctors had ever made a referral to the service.

	Medical		Nursing	
	Heard of Environmental Health referrals	Made Environmental Health referral	Heard of Environmental Health referrals	Made Environmental Health referral
Yes	4	1	3 (100%)	3 (100%)
No	11 (73%)	3 (75%)	0	0
Skipped question	1		0	
Total eligible responses	15	4	3	3

Table 10: Environmental Health referrals – awareness and use, according to discipline

3. WA Trachoma Reference Group (TRG) Squeaky Clean Kids Project

Note the Steering Group includes WACHS Kimberley Regional Lead and the **Aboriginal Health Council of WA (ACHWA)** Lead. This project utilises the distribution of free recycled soap to consenting communities and individuals to bring focus to skin health and environmental health issues with targeted education and resources. An Aboriginal Health Promotion Officer will be appointed to oversee the project. Contact Ashley Eastwood (CNM Disease Control) or Sarah Macnee (A/g Public Health Manager).

4. WA Children's Environmental Health Policy Framework

Matt Lester, Rob Mullane and Peter Franklin will provide further information about a contract awarded to TKI to develop the WA Children's Environmental Health Policy Framework.

5. TKI Systematic review of the evidence for clinical and public health action in impetigo, scabies and fungal infections

The KAHPF EH SubCommittee had input into the scope of this systematic review. The protocol for the review has been published with an original completion date. Findings from the systematic review will inform future work.

6. TKI service mapping

On 9 February 2016, the Minister of Health originally announced that more than $1 million in State Government funding will help research ways to treat skin conditions and improve the

health of children in Western Australia's Kimberley region. Health Minister Kim Hames said this partnership between the Kimberley Aboriginal Health Planning Forum and researchers from the Telethon Kids Institute was funded for three years with $1.05 million provided through the FutureHealth WA program. *"This project will combine the research expertise of the Telethon Kids Institute with on-the-ground know-how of local Aboriginal services to reduce skin infections in this region,"* Dr Hames said. This study will look into the effective treatment and prevention of the spread of these infections, including:

- mapping of available resources, strengths and gaps in the delivery of skin disease control
- comprehensive training for health workers to better recognise and treat skin infections
- investigation into oral treatments versus topical medication used to treat scabies.

In December 2016, Dr Asha advised that WACHS and WAAHEC approval for a Situational Analysis (Mapping) of skin practices in the Kimberley had been received. The desktop review of public information is underway and Dr Asha anticipates the project questionnaires/interviews will commence early 2017 once all ethics and governance approvals received. The situational analysis report should be complete by May-June 2017.

7. TKI NHMRC project grant

In December 2016, Dr Asha Bowen & Professor Jonathan Carapetis announced they had received a grant commencing 2017 from NHMRC for "Skin Disease Control in remote Aboriginal children: translating evidence into practice with a cluster randomised, stepped wedge trial". NHMRC announcements include $1,818,581 Project grant 2017-2021 to Dr Bowen and her team. The project team says: *At any one time, almost one in two children living in remote Indigenous Australian communities have skin sores and one in three have scabies. Despite this high burden, skin infections are under-recognised. Increasing community and health care provider knowledge and access to the best available treatments will be evaluated with the goal of halving the burden of skin infection over five years and implementing the strategies, resources and knowledge to sustain this.*

On 14 December 2016, Dr Asha advised the first SToP Trial CI meeting late Feb/early March 2017, then 4 monthly throughout 2017. The Partnership Steering Group had its first meeting in November and will continue to meet quarterly to oversight this and other skin projects in the Kimberley. Timelines are:

- **Feb-May 2017:** Community consultation for SToP trial.
- **May 2017:** Submit SToP Trial ethics.
- **November 2017:** Start SToP Trial (baseline data collection).

Dr Bowen presented to KAHPF on 9 February 2017.

8. Hot North research network

TKI's Professor Jonathan Carapetis is Chief Investigator B on a grant from the NHMRC - Northern Australia Tropical Disease Collaborative Research Programme: Improving Health Outcomes in the Tropical North: A Multidisciplinary Collaboration (HOT NORTH) (Lead Investigator, Professor Bart Currie, Menzies School of Health Research) over 2016-2019 for a total of $5,997,916. Plain summary published by NHMRC states: *Improving Health Outcomes in the Tropical North will strengthen partnerships with research institutions in the NT, Qld, WA, NSW, Vic and SA, by undertaking a research agenda that will help close the gap in Indigenous health disadvantage, protect the north from emerging infectious threats*

and engage regional neighbours. We will establish a northern Australian network that incorporates Indigenous engagement, mentoring and knowledge translation, and facilitates collaboration with southern partners.

Prof Jeanette Ward is a member of the Research Translation, Policy and Practice Advisory Board for this Hot North research network.

9. Next EHNS survey

In *Campfire* magazine (Winter 2016 page 3), Robert Mullane wrote:

The last "Environmental Health Needs of Aboriginal Communities in Western Australia" survey was conducted in 2008. Copies of "The 2008 Survey and its Findings" document were posted recently to all contracted organisations for them to use and keep as a record to compare results with a new survey which will be commenced later this year or early in 2017.

The new survey will be a little different from the last one. We will be using a slightly different version of the Healthy Community Assessment Tool (HCAT) developed by the Menzies School of Health Research which is based in Darwin in the NT (we are still making some final edits). You may be familiar with this tool as I have been talking about if for well over a year now. It and its use are also referred to in the recently finalised Service Agreements. Other Australian States and Territories are, at some stage, also intending to use the same survey document. There is a high degree of interest in this project from other Government Departments and research organisations such as the Telethon Kids Institute. It is expected that the results of the survey will help not only with analyzing the different needs, and progress over time of each surveyed community, but also with comparing communities and regions within WA and between each State and Territory.

As in previous surveys, the Environmental Health Directorate will be asking Environmental Health Practitioners to assist them with conducting the new survey and training in how to use it will be made available for those involved. We are looking forward to working with everyone on this project and to the challenge of us also travelling to communities to conduct the survey. There will be more about this project in coming weeks and will be a point for discussion at the regional Aboriginal Environmental Health forums.

http://www.public.health.wa.gov.au/cproot/6335/2/Campfire%20Winter%20addition%202016%20version%204.pdf

10. ABC invitation re Kimberley Environmental Attributable Fractions (KEAFs)

In 2015, the ABC Health Report expressed interest in a broadcast about KEAFs.

11. Roll-out of WA Public Health Act

Stage 4 is expected to occur 6 months following 24 January 2017 in approximately July 2017. This may be subject to change. Further communications will be provided in the lead up to stage 4 and 5 regarding the key changes and the role of enforcement agencies. The Environmental Health Directorate will also be rolling out the Environmental Health Regulation Review Program over the coming months to prepare for stage 5.

12. Kalumburu Environmental Health Community event

Participation by EH staff from KPHU, Shire of Derby/West Kimberley, Shire of Halls Creek and Nirrumbuk in a short Environmental Health Promotion course facilitated by PHAIWA in 2016 has resulted in a week-long community event to be held in June 2017. Key themes will include skin health, environmental health, sexual heath, well-being and resilience. Numerous

stakeholders will join Kalumburu community members and organisations to facilitate the week's activities. Activities will include art, interactive education sessions with young people and in school, skin health checks and treatments, community activities and a whole of community celebration dinner at the end of the week. Contact Pippa Broughton (Co-ordinator HO, KPHU) and Sarah Macnee (A/g Public Health Manager).