KIMBERLEY SKIN HEALTH REGIONAL PARTNERSHIP

Kimberley Aboriginal Health Planning Forum

7 SEPTEMBER 2015

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PURPOSE OF THIS DOCUMENT

This concept paper presents the philosophy of a regional partnership to improve the overall health of Aboriginal people in the Kimberley by a concerted focus to promote the health of their skin, particularly to remedy the poor skin of Aboriginal children.

The origins of this skin health regional partnership began in 2014 when member organisations of the Kimberley Aboriginal Health Planning Forum (KAHPF) grappled with an unprecedented rate of Acute Post Streptococcal Glomerulonephritis (APSGN) across the Kimberley which affected many children aged 2 to 14 years. On 2 December 2014, KAHPF agreed to establish its Environmental Health (EH) SubCommittee. As stated in its Terms of Reference, the overarching goal of this EH SubCommittee is to deepen understanding across the Kimberley of the link between environmental conditions and health. Creation of the SubCommittee recognises 'environmental health services' as a specific field with expert knowledge of environmental determinants of health, disease transmission routes and risk reduction, and the link with specific human diseases and strategies to address these determinants. Through collaboration and networks, the EH SubCommittee will develop capacity and embed action on environmental health across services. As described in detail in this concept paper, the KAPHF EH subcommittee provides governance and direction to a Kimberley skin health regional partnership.

An earlier version of a concept paper describing the benefits of collaborative action on skin health was initially circulated to members of the EH subcommittee in April 2015 as a proposed tripartite partnership. A subsequent meeting held at Kimberley Aboriginal Medical Services (KAMS) on 7 May 2015 affirmed the importance of an effective and inclusive regional partnership available to all and accountable to KAHPF through its EH SubCommittee. A revised concept paper was prepared and submitted to the 6 June 2015 meeting of KAHPF and endorsed in principle with signatories to be obtained from member services out-of-session. Minor revisions were agreed at KAHPF on 20 August 2015.

This document explains the endorsed governance, goals and processes of this regional partnership. KAHPF members who sign up to this regional partnership will be known as 'signatories'. By signing up to the regional partnership for skin health, signatories will be able to work even more effectively together and with other Kimberley-based organisations as well as organisations located outside the Kimberley to achieve greater synergy and better co-ordination in health promotion programs embedded in primary health care which have strong local links with environmental health services. Where local skills are lacking, this regional partnership provides a way for organisations within or external to the Kimberley to contribute and develop local capacity. This requirement to build local capacity in the Kimberley is paramount.

As a result, efforts in skin health will become better resourced and more effective. This regional partnership anticipates this will mean a significant program of work to which everyone can contribute. This concept paper encourages signatories to work with each other and, with the support of the EH SubCommittee, to prepare applications for funding together and explore effective ways to work with external organisations including philanthropic or research groups that have additional complementary skills, expertise and resources to offer the Kimberley. By working together, each contributing organization will bring their strengths and connections to achieve better skin health for the Aboriginal children of the Kimberley.

BACKGROUND TO THIS REGIONAL PARTNERSHIP

This concept paper acknowledges that environmental determinants are a major contributor to the high rates of skin disease experienced by Aboriginal communities in the Kimberley. Making a difference is beyond the individual action of any single member of the KAHPF alone. Instead, a coherent and organized regional partnership will make a positive difference that will be evidenced by a decrease in skin infections among Aboriginal children and an improvement in environmental conditions for all.

Key events

In 2014, Aboriginal children in the Kimberley region experienced an unprecedented outbreak of Acute Post-Streptococcal Glomerulo Nephritis (APSGN). Children in the Kimberley are likely to have environmental exposures that predispose to high rates of skin sores. While the peak of the APSGN outbreak is finished, cases continue to be reported to KPHU. Skin sores and other predisposing factors are endemic. This leads to a plethora of chronic ill health throughout the life course.

An APSGN Task Force was created by Kimberley Population Health Unit (KPHU) in conjunction with KAMS and WACHS-K Paediatric Services to co-ordinate immediate effort in disease control focused on reducing transmission. To inform future public health action, the APSGN Task Force commissioned a 'look back' to explain the full suite of contributing causes to the 2014 outbreak so that a long-term plan for prevention could be produced.

This 'look back' included a systematic compilation of the *'causes of the causes'* using the Commission on Social Determinants of Health (CSDH) framework (WHO 2008) as well as a detailed clinical record audit and review of contact tracing and community screening undertaken in 2014.

Preliminary findings of this 'look-back' were presented to the Kimberley Aboriginal Health Planning Forum (KAHPF) on 2 December 2014 and to the ASPGN Task Force and APSGN Round Table on 9 December 2014. This 'look back' ascertained that contributing *'causes of the causes'* included (1) poor environment and (2) social and educational factors suggesting low rates of community awareness of the links between environment, personal behavior, acute disease and permanent organ damage leading to chronic renal disease, heart disease and diabetes. This 'look back' has also assessed capacity of primary health care in communities affected by APSGN using the criteria set by KAHPF in 2012.

An effective, coordinated and community-based approach through primary healthcare services on the ground and their local networks is required to change factors contributing to poor skin health permanently and affordably. This regional partnership advocates an approach that will develop resilient communities that know the *'cause-and-effect'* links between environment and health – especially children's health - to break this cycle of preventable diseases.

This proposed regional partnership should be outcomes-oriented and focused on working with communities. Good governance is essential. Evaluation will provide the evidence that collaboration has been effective and sustained.

KEY AGREEMENTS

By signing up to this regional partnership, each organization is agreeing to support the following elements:

Guiding principles

Six guiding principles are proposed for this regional partnership:

1. Social, educational and economic conditions matter in Aboriginal health
2. Evidence-based approach is crucial
3. Effective governance will be delivered
4. Unique strengths and histories of communities will be respected
5. Outcomes and benefits for communities will drive the direction of activities
6. Sustainable community empowerment matters

Based on work by Osborne *et al* (2013), these are explained in greater detail in Appendix 1.

Governance arrangements

Development of this regional partnership has occurred with the input and support of the KAHPF EH SubCommittee. This SubCommittee will continue to guide the direction of the regional partnership to ensure strong local collaboration and co-ordination of resources. This regional partnership and any major initiatives in future will be a standing item for reporting to and review by the EH subcommittee. In turn, the EH SubCommittee will report to KAHPF.

The KAHPF EH SubCommittee will consider the most appropriate method of operational governance for activities of this regional partnership encouraging openness, trust and collaboration with a constructive approach to implementation and problem-solving which respect the organizational priorities of signatories. One option is to create a tasked working group reporting to the EH SubCommittee for major initiatives.

Signatories to this regional partnership will contribute resources as best they can within available capacity. Signatories are eager to support further funding applications that honour the guiding principles and agreed governance of this regional partnership.

Aims of the regional partnership

1. to achieve skin integrity for every Aboriginal person in the Kimberley by working in partnership and building local capacity, and

2. to reduce skin infections especially among Aboriginal children and eliminate preventable communicable diseases caused by the environment

Overall strategic direction

- Lasting elimination of environmental contributions to poor skin, subsequent infections and their complications for Aboriginal people of the Kimberley, particularly children

- Observable differences in community capacity and observable increases in fulfilling Aboriginal employment in promoting health in communities

- Denormalisation among health and education staff and community members of children with skin sores and scabies

- Meaningful partnership between communities, KPHU and other government and non-government agencies in achieving goals

Objectives

- To reduce the rate of skin sores and scabies to less than 5% of children (1-17 years) in the Kimberley
- To maintain the rate of skin sores and scabies to less than 5% of children (1-17 years) in the Kimberley
- To raise the proportion of households with sustained access to functioning health hardware
- To minimize environmental contributions to skin sores and scabies, relating in particular to the impact of overcrowding, homemaking and hygiene practices
- To support community-owned evidence-based approaches to skin sore and scabies control through primary health care on broader health and wellbeing of communities.
- To support initiatives aimed at reducing the potential environmental contributors to high rates of skin disease (e.g. household overcrowding).

INITIAL STEPS (2015)

Evidence review for the regional partnership

On 1 December 2014, Telethon Kids Institute (TKI) agreed to undertake a systematic review (SR) to list the objective findings of research and known health service initiatives to enable a shared knowledge of the evidence for strategies to achieve skin integrity of Aboriginal peoples in the Kimberley.

The EH SubCommittee will organize feedback to TKI in developing the protocol for this SR with sufficient time for Kimberley-based services to participate. Sources of evidence need to be wide (see Appendix 2 for examples). Because of the usefulness of a well-designed SR as an input for local program decisions, the EH SubCommittee will be asked to 'sign off' the protocol for the SR before it is commenced to ensure that the findings are relevant and useful.

Once completed, this SR should be a key scientific input for decision-making.

Strengthening referral between primary health care and environmental health services

In 2015, the EH SubCommittee will work with services to strengthen referral pathways between primary health care and environmental health services. This will be a collaborative activity inviting a sharing of approaches from all services in the Kimberley and assessing the need to develop tools and referral forms.

Community engagement

Future activities will be undertaken where possible in communities through links with primary health care and environmental health services. Further ideas are listed in Appendix 3. A local evidence base should develop over time through this regional partnership.

Engagement with organisations external to the Kimberley

This regional partnership provides a clear governance process for organisations who are not signatories to offer to contribute to improved skin health in the Kimberley.

External organisations are invited to submit their potential contributions in writing to the EH SubCommittee who is entrusted by KAHPF to ensure that local capacity building is achieved; local service provision remains the role of KAHPF member services and net value is added through new skills and expertise coming to the Kimberley in a co-ordinated, respectful way.

For example, TKI has proposed a forum in Broome that could bring together signatories to this regional partnership, other major stakeholders and experts in skin disease control in Aboriginal communities to further develop activities under the auspices of this regional partnership. The invitation list for this forum should ensure a balanced mix of service managers, front-line clinicians, community leaders and champions, senior executive of services contributing to this regional partnership and external academics. Sufficient lead-time will be provided to maximize participation.

Evaluation plan

On 7 May 2015, KPHU agreed to convene an evaluation working group to develop an evaluation framework for this collaborative effort through this regional partnership to improve skin health in the Kimberley. This evaluation working group will report to the KAHPF EH SubCommittee. This regional partnership encourages evaluation that is integrated with service delivery. Any additional evaluation burden imposed by funding bodies will be carefully considered by the evaluation working group.

This evaluation working group will develop a draft evaluation framework and detailed plan for the consideration of the KAHPF EH SubCommittee. Data will be used to improve program delivery and evidence of success will be monitored in a number of ways including the periodic application of the Kimberley Environmental Attributable Fraction (KEAF) tool (McMullen *et al* 2014). This evaluation working group will also provide quantitative advice to the EH subcommittee about potential 'triggers' at community level which could initiate enhanced environmental action. This might for example be a specific number of cases of children with skin infections seen during a one-week period during operational clinic times. Appendix 4 lists possible KPIs for consideration.

Particular focus will be directed to building and measuring community capacity. Chaskin (1999) suggests the term 'capacity' conveys the ideas both of 'containing' and 'ability'. Credible ways of corroborating this anticipated increase in community capacity will be drafted by this evaluation working group.

To evaluate the overall impact of this regional partnership in galvanizing focus on environmental determinants of children's skin health, KAHPF will receive reports and advice from its EH SubCommittee.

Anecdotal feedback strongly suggests that, key to overall acceptability, will be employment of local residents in remote communities across the Kimberley to grow permanent local capacity for health promotion, community engagement and the delivery of tangible outcomes. As part of the overall approach to evaluation, this regional partnership acknowledges the recommendations issued by the Closing the Gap Clearinghouse, namely that there should be an increase in quantitative research training for Aboriginal data collectors, data managers and analysts (Biddle 2014).

Process for preparing reports, abstracts, manuscripts and presentations

KAHPF EH SubCommittee will review any reports, manuscripts or conference abstract submissions and presentations arising from work completed through this regional partnership and then make recommendations to KAHPF which will approve public reports, abstracts manuscripts and presentations before public release. Research and evaluation projects must be submitted to the KAHPF Research subcommittee. Ethics applications must also be reviewed by the EH SubCommittee. These requirements ensure that the scope of collaboration and contribution of all parties are represented fairly and respectfully. Failure to consult with the EH SubCommittee will be deemed in breach of the principles of this regional partnership.

Acknowledging the regional partnership

All public references must acknowledge the existence of this regional partnership.

A draft form of wording for acknowledging the partners will be developed through the KAHPF EH SubCommittee.

A process will be developed to ensure that joint activities are planned in advance through the KAHPF EH SubCommittee. Dissatisfaction with any process will be referred to KAHPF for resolution.

Resource commitments

This document has been written to support signatories to contribute as best they can with existing resources.

This document also provides the basis through consultation with the EH SubCommittee for any funding submissions and requests for additional resources.

Efforts already have been initiated to secure additional resources. This regional partnership encourages funding applications consistent with the guiding principles and agreements expressed in this document. For example, Appendix 5 summarises a short-term Kalumburu-based project to enhance existing services in 14/15FY funded through WACHS-K.

SIGNATORIES (ALPHABETICAL ORDER)

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APPENDIX 1 – FURTHER INFORMATION ABOUT GUIDING PRINCIPLES

Guiding principle 1
Social, educational and economic conditions matter in Aboriginal health

The burden of illness from communicable diseases in remote Aboriginal communities is the end result of an entwined mix of factors including poverty, poor built environment and community disengagement. An initiative to promote healthy skin in remote WA will be most effective when implemented in the context of simultaneous strategies to promote better social, educational and economic outcomes for Aboriginal communities. This requires the leadership of structures such as the Aboriginal Affairs Cabinet Sub-Committee (AACSC).

Guiding principle 2
Evidence-based approach is crucial

This regional partnership will foster an evidence-based approach to local programs. Decisions about program design, delivery and improvement will refer to the best available evidence including that from evaluation embedded in program delivery and findings from relevant research conducted outside WA with disempowered indigenous communities. If there is genuine equipoise in the state of knowledge or its applicability to the Kimberley, this regional partnership provides a mechanism for conceptualization and co-ordination of research.

Guiding principle 3
Effective governance will be delivered

Clear, expert and supportive governance will enhance regional efforts to improve Aboriginal health. Governance structures at community level ensure bicultural oversight with majority members from communities and their representatives. At service level, the EH SubCommittee established by KAHPF provides a clear mechanism for consultation, collaboration and sharing of expertise. External partners are encouraged to contact the EH SubCommittee to initiate consultations in the Kimberley.

Guiding principle 4
Unique strengths and histories of communities will be respected

Every place where the health of Aboriginal people is compromised by skin infections is unique in its history, geography, epidemiology and communicable disease capacity. Accordingly, local partnerships and local awareness of issues are to be incorporated in planning, implementation and improvement.

Guiding principle 5
Outcomes and benefits for communities will drive the direction of activities

This regional partnership should be directed towards and judged by outcomes achieved with communities. The primary motivation for measurement and evaluation through this regional partnership will be to refine and improve program implementation, adopting local quality improvement and audit approaches for community benefit.

Guiding principle 6
Sustainable community empowerment matters

This work will be designed with long-term sustainability in mind. This includes increasing the objective capacity within communities, existing primary health care services and environmental health services located in the Kimberley to promote skin health in their routine work, improving efficiency and minimizing duplication, and minimizing the need for external support and resources in the future especially through the creation of resilient community empowerment and local capacity.

Appendix 2 – POTENTIAL SCOPE OF SYSTEMATIC REVIEW

The SR will assist decisions about program design by providing a 'one stop' summary of all that is already known about skin health initiatives in remote disadvantaged Aboriginal communities in monsoonal climes.

Programs for inclusion in this systematic review could include:

- *"East Arnhem Scabies Control Program"* (EASCP)
- *"East Arnhem Regional Healthy Skin Program"* (EARHSP)
- NT's guidelines (March 2010) *Healthy Skin Program: Guidelines for Community Control of Scabies, Skin Sores and Crusted Scabies in the Northern Territory*
- One Disease At A Time *"Healthy Skin Program"*
- *"East Arnhem Scabies Program"* described on Every Voice Counts website as *"the world's best remote indigenous crusted scabies management program .. ever."*
- Community engagement process and resources from the Pilbara initiative underway through TKI and Puntukurnu Aboriginal Medical Service with the support of the WACHS Pilbara Population Health Unit Director, Margaret Abernathy.
- Initiatives in Queensland and other locations and populations with clear relevance to the Kimberley

Appendix 3 – COMMUNITY-BASED ACTIVITIES FOR FURTHER CONSIDERATION

Community engagement and processes 'outside the clinic'

- Engagement with Kimberley community elders through relevant organisations and existing links through primary health care service providers
- Respectful negotiations with communities to agree on the right mix of strategies for each community informed by the SR and subsequent evidence based guideline to be produced during 2015.
- Some potential elements might include:
    - Use of all community settings including school, radio, store, community council administration and clinic to promote healthy skin and raise awareness of recommended action for children with skin sores and scabies
    - Qualitative research to understand the communities perspective on skin health and bring to life their story on skin health and disease which will inform appropriate community involvement and services to improve skin health
    - Individual and family-based health promotion to impart skills in scabies treatment, lice treatment and wound care and to increase knowledge of parents and carers of the relationship between environment, personal behavior, acute disease and permanent organ damage leading to chronic renal disease, heart disease and diabetes.
    - Use and understanding of environmental health referrals
    - Design and implementation of 'home maker' opportunities with environmental health. A previous 'home maker program' was funded by DCP. A homemaker worker was located in each Kimberley town and the program overseen by a Project Officer. Workers provided support and education to individual homes: they assessed home health hardware and referred wear-and-tear issues to relevant departments; provided education to families re housekeeping, home care and maintenance, personal hygiene and linked parents with child care and provided financial mentorship ie organised lay-buys for prams etc. They also acted as guides so families could navigate through bureaucracies eg welfare, housing. They developed trust and relationships. There were also monthly community awareness sessions. This program was very different to 'tenancy support'.
    - Enhancement of community help-seeking behaviours including prompt attendance at clinic for abnormal skin signs and symptoms
    - Inter-agency co-ordination to ensure observable improvement in promptness of household repairs, maintenance and upgrades where required
    - Consideration of industrial-strength coin-operated washing machines and investment in community capacity for laundry
    - Assessment of benefits and potential harms from and acceptability of community swimming pools
    - Meaningful employment in health knowledge transfer, cultural brokerage and community development for local Aboriginal people who acquire knowledge, skills and competencies which outlast project funding
    - Potential opportunities for 'local champions' to self-identify and undertake appropriate Certificate II level training and obtain a formal

qualification that articulates with future certificates and career progression
- Enhanced and effective liaison between community concerns and governmental agencies accountable for their resolution eg Housing for repairs, local primary health care services for medicines, treatments and dressings, Environmental Health services for action on community-level environmental determinants

Processes 'within the clinic'

- Enhanced community access to and use of bush medicine if appropriate
- Enhanced orientation for clinical staff (General Practitioners, doctors-in-training (registrars), Remote Area Nurses (RANS), Community Health nurses etc) to communicable diseases in the Kimberley, management and treatment, referral processes from the clinic to local environmental health services and the over-arching model of enhanced primary health care in remote Australia
- Refinement of existing clinical record systems including templates for child health checks, standing orders and continuing dissemination of the *KAMS/WACHS-K Skin Infection Protocol.*
- Promotion to all clinicians of the local process for and feedback from environmental health referrals
- Inclusion of EH referral forms as electronic templates in the local clinical record system
- Analysis of pre-intervention data to establish baselines for evaluation indicators
- Dissemination of recommendations, experiences and insights obtained through the Kalumburu 'proof of concept' project reviewed through KAHPF EH SubCommittee.

APPENDIX 4 – SUGGESTIONS FOR THE EVALUATION WORKING GROUP

Ideas for evaluation working group

- Decrease in PHC clinic attendances for skin lesions and infections
- Decrease in percentage of children in the community with scabies
- Decrease in referral to EH for household audit and repairs in response to family scabies diagnosed in clinic
- Increase in proportion of community houses meeting standard criteria for health hardware using Environmental Health Needs Survey (EHNS) as a potential baseline
- Decrease in primary health care attendances due to a wider range of preventable environmental causes (not only skin infections)
- Decrease in hospitalizations due to preventable environmental causes
- Increases in employment and vocational opportunities in local health promotion for Aboriginal people
- Measurement of impact of program on childhood growth indicators, anaemia, prevalence of antibiotic resistant Streptococci and Staphylococci, overall antibiotic use, and school attendance.
- Acceptability of the proposed interventions to the community

This evaluation group will consider possible 'exit criteria' by which communities themselves can decide whether and when services can wind down their activities because community empowerment can be sustained locally. Ideas for this concept have been proposed elsewhere by Nyqvist *et al* (2014).

APPENDIX 5 - OVERVIEW OF 'KALUMBURU REMOTE COMMUNITY SCHOOL HEALTHY SKIN INITIATIVE

Kalumburu Remote Community Healthy Skin Initiative April-June 2015

Background

In April 2015, KPHU received funds for the remaining three months of the 14/15FY to implement a "Kalumburu Remote Community Healthy Skin Initiative April-June 2015". Following two community screenings undertaken in 2014 in Kalumburu as part of the regional disease control outbreak response triggered by an unprecedented number of cases of Acute PostStrepotococcal Glomerulonephritis (APSGN) in Aboriginal children, the KPHU Public Health team extracted data from H-Care to assess the health profile of children aged 0-17 years in that community using reason for presentation (recorded as Occasions Of Service (OCS) in H-Care). Data on the Occasions of Service for the 2-year period of 01/01/2012 to 31/12/2014 for children age 0-17 years were extracted. The top 5 reasons for clinical presentations were:

- Skin infections (n=2668)
- Upper Respiratory tract infection (URTI) (n=513)
- Other skin (n=367)
- Middle ear Disease (n=247)
- Renal conditions (n=193)

Common determinants of these conditions are environmental and behavioural. Addressing these determinants of poor health in children requires comprehensive primary health care with site-specific health promotion which is culturally legitimate and focused on building sustained capacity in Kalumburu itself for community-based solutions to change environment and behavior. One setting to which this effort can be effectively and acceptably anchored is the community school, a hub of activity and a centre of learning for the community as a whole not only school-age children.

In February 2015, KPHU was invited to submit a proposal to WACHS for this proposal to provide a basis for a broader "Kimberley Healthy Skin Initiative" to focus on an inter-sectoral approach to building community capacity and sustained effort across the Kimberley. Funding was obtained for this proposal for the 14/15FY.

Aims

- To work in partnership with the Kalumburu community members to ensure a respectful bi-culturally informed project, based on public health principles.
- To work with the Community Council and other local agencies and service providers.
- To work in conjunction with the Kalumburu Remote Area Nurses in the delivery of community child and school health services.
- To partner with the Primary Health Care staff and Kalumburu Remote Community School to deliver on the jointly identified 4 priority health areas as defined in the School Level School Entry Health Assessment
- To improve screening and health promotion in children aged 0 to school entry through family networks of school children.

- To enhance community health seeking behaviours including prompt attendance by parents and carers with their children at the clinic for abnormal skin signs and symptoms.

Consultation and Communication

- Respectful engagement with community leaders through relevant organisations and existing links through primary health care providers will occur to ensure community control of the program.
- The initiative will commence following endorsement of the goals, objectives and deliverables by community leaders, Kalumburu School and Kalumburu Clinic.
- Ultimately, the community will decide whether and when project goals and objectives have been met. KPHU will encourage the development of 'exit criteria' at community level (and asserted by communities) to further reinforce community control of service quality and responsiveness
- Guidance on culturally competent communication strategies will be sought from community leaders.
- Feedback on progress to partners will be via a variety of communication techniques, as endorsed by the community leaders.
- Consultation and communication will be a balance between reporting timelines and building local capacity and trust.
- Engagement with individuals and families will occur through the KRCS and health clinic.
- Existing forums will be accessed to prevent duplication.
- In utilizing the RE-AIM framework, all aspects of the project will be transparent. Particular focus will be directed to building and measuring community capacity.

Outcomes

- Meaningful partnership between Kalumburu community, KPHU and Kalumburu Remote Community School for ongoing health promotion, community development and environmental health
- A strong, practical and tested foundation through this project for future initiatives overseen by the KAHPF Environmental Health SubCommittee
- Proposed deliverables
    - Achievement of state-wide child health service key performance indicator targets (Universal child health checks, Enhanced Aboriginal Child Health Schedule and Immunisation).
    - Reduce the rate of presentations for skin infections by 5% each quarter
    - Reduce the point prevalence of skin sores and scabies to less than 10% of children by June 2016.
    - Reduce the point prevalence of skin sores and scabies to less than 5% of children (0-17 years) by June 2017.
    - Decrease in primary health care attendances due to a range of preventable environmentally mediated conditions, not only skin infections (for example, anaemia, intestinal parasites).
    - Decrease in aeromedical evacuations due to diseases and associated conditions attributable to the environment.
    - Decrease in hospitalisations due to diseases and associated conditions attributable to the environment.
    - Improve response time to environmental referrals from clinic and school skin health screening.
    - Increase in proportion of community houses meeting standard criteria for health hardware as assessed by community lead environmental health

audits (using Environmental Health National Survey instrument or similar, community environmental health action plans).

WACHS reporting

- Development of a baseline report and then:
    - Quarterly child health indicator reports, performance against targets.
    - Quarterly reports using data extractions from H-Care on Kalumburu Health Clinics OCS for the age group of 0-17 years focusing on skin infections
    - Quarterly reports on ages 0-17 years aeromedical evacuations with diseases and associated conditions attributable to the environment.
    - Quarterly reports on ages 0-17 year's hospitalisation due to diseases and associated conditions attributable to the environment.
    - 6 monthly reports on the responsiveness of the community led environmental health audits, subject to community support.

Further details available from Mel James, KPHU's Manager, Public Health.

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