



# How Can Community Housing Programs Contribute to Improving Child health?

Project no. 162: Housing Improvement and Child Health (HICH) study

## What's the project about?

Many remote Aboriginal communities lack adequate housing and household infrastructure, which has adverse effects on health. The Housing Improvement and Child Health study is the largest and most comprehensive study to date on the impact of improvements in household infrastructure on the health of young children and their carers. The HICH study includes 10 remote Aboriginal communities in the NT which had the most substantial building programs between 2003-2005. The study is contributing to a greater understanding of the relationship between the household environment (infrastructure and functioning) and health status, and improvements in health through improved household infrastructure.

Child health outcomes measured include diarrhoeal disease, ear disease, respiratory and skin infections, and nutritional status. Carer health outcomes include general mental wellbeing, depression and self-rated health. Child health was assessed through an audit of children's medical records and interviews with their carers, and carers' health was assessed through face-to-face interviews. Housing surveys and interviews were conducted before and after the housing programs in each community.

## Who's involved?

- 10 Northern Territory Aboriginal communities
- CRC for Aboriginal Health
- National Health and Medical Research Council
- Northern Territory Department of Health and Community Services
- NT Department of Community Development, Sport and Cultural Affairs
- NT Department of Housing and Local Government
- Menzies School of Health Research
- Charles Darwin University



## Outcomes

Feedback to communities has been an important part of this study, and has included providing information to local housing offices on urgent repairs required, and to the local council and health clinics on changes in household infrastructure and key environmental threats to children's health.

Project findings have been reported in the following publications:

- Project cited in chapter 'Housing and Health Hardware in Houses', in A. Black 2007, *Evidence of Effective Interventions to Improve the Social and Environmental Factors Impacting on Health: Informing the Development of Indigenous Community Agreements*, Australian Government Department of Health and Ageing. Available at: [www.healthconnect.gov.au](http://www.healthconnect.gov.au)
- Bailie, Ross S. & Wayte, Kayli J. 2008, 'Housing and Health in Indigenous Communities: Key issues for housing and health improvement in remote Aboriginal and Torres Strait Islander communities', *Australian Journal of Rural Health*, 16 (v1):178-83.
- Bailie, R. S., Stevens, M. R., McDonald, E., Halpin, S., Brewster, D., Robinson, G. *et al.* 2005, Skin Infection, Housing and Social Circumstances in Children Living in Remote Indigenous Communities: Testing conceptual and methodological approaches', *BMC Public Health*, 5:128.

## Implications of findings for policy and practice

The findings have important implications for community housing programs. Major points emerging from the current analysis include:

- Confirmation of the already well-known association between crowding and poor functional state of house infrastructure.
- Improvements to house function alone are unlikely to bring about better child health. There must also be attention to the broader physical and social environment of the community, and to improving hygiene through strategies at the household, community and policy levels.

The study also provides new evidence on:

- The poor state of hygiene of many houses and the nature of the association between hygienic condition, crowding and functional state of infrastructure.
- The extent of impact of building programs on the functional state of houses.

- The limited impact on crowding of current building programs.
- The lack of impact on hygienic conditions of current building programs.
- The relative importance of the general housing and social environment to the mental health of carers, in comparison to the functional state of house infrastructure.
- The project began in 2003 and was due for completion in 2006. However, it was extended due to delays in the building programs, with data collection, analysis and feedback to communities finalised in 2007. Data analysis for the overall project is currently being completed and reports are being prepared for wider dissemination.



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