Improving the Feedback of Housing Information to Indigenous Communities

K.J. Wayte1,2, R.S. Bailie1,2, and P. Stephenson3

1Menzies School of Health Research, 2Institute of Advanced Studies, Charles Darwin University & 3Batchelor Institute of Indigenous Tertiary Education

The standard and functionality of housing are key determinants of health in Indigenous community settings. This paper reports on a study of the perceptions of Indigenous Community Housing Organisation (ICHO) staff on feedback they received from the Northern Territory Indigenous Community Housing Survey (ICHS). Data from this study were generated through telephone interviews with 22 staff working within ICHOs in the Northern Territory (NT) in December 2004. A semi-structured, open-ended questionnaire was used to elicit perceptions of the process, content, and format of the feedback report and subsequent actions taken. The results showed that multiple approaches to report dissemination are necessary in order to respond to the varied capacity of ICHOs. There may be particular benefits from face-to-face communication on key findings with housing managers. The study identified potential improvements to the format of the report and a range of items that participants thought should be removed or included in future housing survey instruments and reports. Feedback from the housing survey enabled staff within ICHOs to organise and carry out urgent repairs and provided an evidence base when applying for funding. The paper concludes with the proposition that feedback could be improved by using a continuous quality improvement process as a basis for planning and capacity building within ICHOs.

Key words: Indigenous Housing Organisation; Housing Survey; Feedback; Information; Continuous Quality Improvement

Housing condition is an important determinant of health. This was recognised by public health practitioners in the United States and Europe in the early 1800s, and since then interest in housing as a determinant of health has fluctuated in response to housing related infectious disease outbreaks (Krieger & Higgins 2002). Poor housing conditions are particularly associated with enteric diseases such as infantile diarrhoea and parasitic infections, respiratory diseases such as tuberculosis, pneumonia and other chest infections, and above-average numbers of home accidents (Ranson 1991).

The issue of poor housing and environmental conditions in Indigenous communities was brought to prominence by the Uwankara Palyanyku Kanyintjaku (UPK) report in 1987 (Nganampa Health Council 1987). In 2003 the Australian Bureau of Statistics reported that of the permanent dwellings managed by Indigenous housing organisations in remote or very remote areas, 19% required major repair and 10% required replacement (Australian Bureau of Statistics 2003). This means that nearly one third of Indigenous houses in remote or very remote areas are in an unreasonable state for habitation. Not surprisingly, Indigenous rates of hospital separations for respiratory disease were about three times the non-Indigenous rates for 2000-1 and the rate of hospital admissions for intestinal infections was 2.3 times higher for Indigenous people than it
Improving the Feedback of Housing Information to Indigenous Communities

was for non-Indigenous people (Australian Bureau of Statistics 2003). Improved housing and infrastructure is widely regarded as one of the critical requirements for improving health outcomes for Indigenous people, particularly in remote areas.

In 1995, under an Agreement between three government sectors, the Indigenous Housing Authority of the Northern Territory (IHANT) was established. IHANT allocates maintenance grants of $1700 per house per year to eligible housing organisations to help meet the costs of specific repairs and maintenance that are necessary to make houses safe to live in. In 1998, IHANT introduced annual Environmental Health Surveys (EHS) for all community managed houses. After three consecutive surveys an internal review showed that the EHS was not meeting its primary objectives (Slavin 2003). Evaluation reports over the three years recommended that measures should be taken to improve standardisation in data collection, timeliness and appropriateness of feedback to Indigenous communities on the survey findings, and ongoing quality control both in relation to data collection and data entry (Bailie & Main 2002; Runcie & Bailie 2000; Stevens et al. 2002; Stevens & Bailie 2002). In 2004, the EHS was redeveloped and was subsequently renamed the Indigenous Community Housing Survey (ICHS) better to reflect its purpose. The 2004 ICHS was undertaken by Environmental Health Officers (EHOs) with assistance from Community Development Officers and community members. At the completion of each survey, the survey data was transported onto an Access database and Community Reports were generated and sent to the IHANT Program Manager and the relevant Indigenous Community Housing Organisation (ICHO).

Prior to 2004, there had been no systematic feedback of EHS results to communities. Communicating public health information is important because it has the capacity to illicit change among individuals and populations by raising awareness, increasing knowledge, shaping attitudes, and changing behaviours (Bernhardt 2004). Public health communication is defined as the scientific development, strategic dissemination, and critical evaluation of relevant, accurate, accessible, and understandable health information communicated to and from intended audiences to advance the health of the public (Bernhardt 2004). The feedback of information from the ICHS to ICHOs following the surveys is not only an ethical requirement (National Health and Medical Research Council 2003) but is important in stimulating discussion around health and housing issues, guiding the delivery of services, spurring wider community action and supporting written submissions for funding (Allen 2002; Weeramanthri & Plummer 1994). It can also demystify an issue, process or structure by breaking down complex issues into simple components (Weeramanthri 1996).

As part of the feedback mechanism for the ICHS a Community Report was developed in consultation with ICHOs, the Department of Health and Community Services, EHOs and the Department of Community Development, Sport and Cultural Affairs in order to routinely and systematically provide housing and maintenance information to ICHOs. The Community Report has two main features: a summary of community statistics and maintenance information for houses (Table 1).

This paper outlines and presents the findings of a study into:

- how the process, content and format of the Community Report was perceived by staff working within ICHOs in the Northern Territory (NT),
- the actions that resulted from this feedback, and
- how the Community Report and feedback process could be improved upon for subsequent surveys.
Method

Ethics approval for this research was obtained from the Human Research Ethics Committee of the NT Department of Health and Community Services and Menzies School of Health Research.

Study setting and sample size

ICHOs are Indigenous organisations that own, manage or provide support services for Indigenous community housing (Spiller & Gibbins Swan Pty Ltd 1998). ICHOs often have several roles, their principal function being asset and tenancy management including the maintenance of housing stock. These organisations are in direct receipt of IHANT funding and are responsible for carrying out maintenance work detailed in the Community Report. ICHOs are usually situated within the local community government council structure and report to the community council. ICHOs are headed by a housing manager, and depending on their funding, might employ a number of staff such as housing officers, environmental health workers and tradesmen.

Forty-four ICHOs had received the Community Report when this research commenced and attempts were made to contact all 44 organisations by telephone over a three week period in December 2004 (Table 2). Twenty-two ICHOs took part in the study, 11 declined (often because they were too busy or simply because the organisation was not staffed) and 11 could not be contacted during the three weeks in which the interviews took place.

Table 2: Regional distribution of ICHOs in the study sample

<table>
<thead>
<tr>
<th>Regional Council</th>
<th>Number of ICHOs in the Region*</th>
<th>Number of ICHOs Received Report*</th>
<th>Number of ICHOs Surveyed</th>
<th>% of Possible Sample Surveyed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gurrak-Jaru</td>
<td>22</td>
<td>4</td>
<td>1</td>
<td>25%</td>
</tr>
<tr>
<td>Jabiru</td>
<td>15</td>
<td>7</td>
<td>6</td>
<td>80%</td>
</tr>
<tr>
<td>Mawatju</td>
<td>17</td>
<td>10</td>
<td>3</td>
<td>30%</td>
</tr>
<tr>
<td>Papunya</td>
<td>24</td>
<td>13</td>
<td>7</td>
<td>54%</td>
</tr>
<tr>
<td>Nice Springs</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Yapakurlangu</td>
<td>7</td>
<td>5</td>
<td>2</td>
<td>40%</td>
</tr>
<tr>
<td>Yilli-Reung</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>60%</td>
</tr>
<tr>
<td>Total</td>
<td>94</td>
<td>44</td>
<td>22</td>
<td>50%</td>
</tr>
</tbody>
</table>

* Source: Department of Community Development, Sport and Cultural Affairs

# Source: Department of Health and Community Services, Environmental Health

Questionnaire

A qualitative survey instrument was developed to elicit information from staff responsible for housing maintenance. The questionnaire consisted of 29 open-ended questions (appendix A) and was pilot tested and refined with three staff working in three different ICHOs in the NT. There were five categories of inquiry:
1. The individual - their position, education, language and indigenous status.
2. The process - useful ways of receiving the report and how the process could be improved.
3. The content - what sections were most useful, and what should be omitted or included in the future.
4. The format - whether the text, graphs and tables were understood, and what improvement should be made.
5. Action - whether the report was used to carry out maintenance, the barriers to using the report and the provision of this information to others.

Data analysis
Notes were taken during the interviews and interviews were not tape-recorded. More elaborate and detailed notes were entered on to a computer directly after each interview. Salient quotes were taken from these notes. For each category of inquiry a thematic analysis of the data was done using NVivo, version 1.3 (QSR International Pty Ltd). In each category different responses were coded. Responses were tallied to provide an indication of whether they were strong themes or isolated views.

Results
Characteristics of participants
In most cases the CEO of the council was identified as the spokesperson for interviews because they coordinated and oversaw housing and maintenance. Almost all participants (82%) had been in the position for less than 5 years, and 18% had been there for six months or less (Table 3). One third of participants were of Aboriginal origin (36%), and one third of participants had a tertiary education (32%).

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CEO of Community Council</td>
<td>12</td>
<td>55</td>
</tr>
<tr>
<td>Housing Manager</td>
<td>6</td>
<td>27</td>
</tr>
<tr>
<td>Housing Officer</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>Environmental Health Worker</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Duration of Employment 3 weeks - 6 months</td>
<td>4</td>
<td>18</td>
</tr>
<tr>
<td>1 year - 5 years</td>
<td>14</td>
<td>64</td>
</tr>
<tr>
<td>10 years - 30 years</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Information not provided</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Number of Houses Managed 1 - 50</td>
<td>10</td>
<td>45</td>
</tr>
<tr>
<td>51 - 100</td>
<td>7</td>
<td>32</td>
</tr>
<tr>
<td>101 - 150</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>151 - 200</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Information not provided</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Education Level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>Secondary</td>
<td>9</td>
<td>41</td>
</tr>
<tr>
<td>Tertiary</td>
<td>7</td>
<td>32</td>
</tr>
<tr>
<td>Information not provided</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>Indigenous Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aboriginal</td>
<td>8</td>
<td>36</td>
</tr>
<tr>
<td>Non-Aboriginal</td>
<td>12</td>
<td>55</td>
</tr>
<tr>
<td>Information not provided</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>English 1st Language</td>
<td>17</td>
<td>77</td>
</tr>
<tr>
<td>2nd Language</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>Information not provided</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>

Process
Mail versus electronic copies
All communities received a hard copy of the report, usually by mail. The report was also hand delivered by the local Environmental Health Officer to two communities. Mailed reports were favoured because of convenience and cost.

Nine participants (41%) said that email would be a helpful way of receiving the report because it was fast, easy to handle, it could be stored on computer and multiple copies could be printed off. However, four participants (18%) said email would not be helpful because of the large size of the document, the unreliable nature of email and lack of access to and confidence using computers. Six participants (27%) said that having the report on CD Rom would be the most beneficial. Seven participants (32%) expressed interest in having a database for
organising the maintenance requirements for community houses.

**Communicating information**

Only one participant had the report presented in person. As this was the first time this reporting process was used it was suggested that face-to-face explanation of the findings should have occurred, as well as increased dialogue on how the report could be used. It was noted that communities, who have less capacity, in terms of resources and experienced staff, would benefit more from having the report presented to them. “Having it presented was more useful than getting it by mail. He [the Environmental Health Officer] explained the statistics at the front of the report, he told me which houses have the same problems, he explained how to use the maintenance reports and how to prioritise by health”.

In most cases, after finishing the survey the surveyor discussed major health and safety issues and left a list of urgent maintenance requirements. This was considered useful because participants were able to get a more complete understanding of what was regarded as urgent. Presenting this information immediately after the survey was appreciated, and provided an opportunity for staff to ask questions. It opened up lines of communication between EHOs and ICHOs, which continued subsequent to the report being received.

**Content**

**Community summary**

Seventy percent of participants said the community summary was helpful for providing specific information on housing stock, even if they could not directly use the information (i.e. because it was out of date, they had limited funding, or were using their own maintenance system). Those who had good information systems on the community said it backed up their data.

Emphasis was placed on the importance of having qualified, independent surveyors documenting the housing situation and the summary statistics were said to be “good ammunition” to back their case when applying for funding. “The stats and the graphs, the government departments love that. We will refer to the Community Report, otherwise they think we are making it up”.

The data on functionality of health hardware were said to be useful for providing an overview of the housing situation and for indicating priority areas that needed attention, such as hot water systems and toilet facilities. Participants said they would like these statistics in comparison with other communities.

The population figures generated a large amount of concern. Most participants indicated that population figures were inaccurate, usually a gross underestimation. One participant highlighted that “we have 1200 people in the community, and the report says 483”. It was pointed out that population fluctuates immensely throughout the year and a rudimentary count during the survey was probably incorrect. Other participants said that as long as the figures counted in the survey were not going to “become gospel” then they could be used as a comparison with population figures from other sources.

Four participants (18%) said that the crowding information was useful, particularly having the number of people per bedroom. “It showed that there were two houses with 10 people per bedroom. It gives you an idea of the pressure for housing”.

**Maintenance reports**

There were some strong reactions to the maintenance reports. Some participants thought these reports were the best thing that has happened in Indigenous housing, while others vehemently protested against them. Seventy-three percent of participants responded positively to the maintenance reports, 18% responded negatively and 9% were neutral.
On one hand, of those in favour of the maintenance report, 32% said they found the summary of maintenance items by trade the most useful because it was easy to work with, could be given directly to tradesmen, and provided the option to prioritise trades, as well as maintenance items. On the other hand, 27% of participants said they thought the full list of maintenance requirements had more value because it provided a snapshot of each house to inform new housing staff, and could be used as a reference document to compare with local data.

Those who did not support the maintenance report felt that there was too much detail in the maintenance reports, and that it could never be completed. Thirty-two percent of participants said that at least some items should be removed from the survey instrument, particularly commonly reported items such as whitegoods, scale on the toilets and missing doorstops (Table 4). However, there were four participants (18%) who said that nothing should be taken out. “The simple things that people think are ridiculous should stay in there because they are important for health.”

If photos were to be included in the report, participants suggested that there should be photos of urgent items or situations that create health and safety hazards, such as exposed electrical wiring. Participants said that this could be useful when talking to the community about these issues, particularly in remote areas and for “showing people how bad the housing situation is on communities.”

### Format

All participants were satisfied with the format of the report. They said it was clear, simple, easy to read and well set out in plain English. They pointed out that this was a pleasant change from the complex documents they often receive from government departments. Participants also responded well to the written text, the graphs and the maintenance tables, however, there were some suggestions for improvement (Table 5).

### Table 5: Participants’ views on the format of the community report

<table>
<thead>
<tr>
<th>Format</th>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written Text</td>
<td>• Easy to understand</td>
<td>• Term ‘method’ too academic</td>
</tr>
<tr>
<td></td>
<td>• Terms clearly defined</td>
<td>• Community may not understand some terms such as ‘crowding’</td>
</tr>
<tr>
<td>Graphs</td>
<td>• Easy to understand</td>
<td>• May not be accurate (using population figures)</td>
</tr>
<tr>
<td></td>
<td>• Will show trends over time</td>
<td>• Provides a good overview</td>
</tr>
<tr>
<td></td>
<td>• Can be used in funding applications</td>
<td>• Good to show to council</td>
</tr>
<tr>
<td>Maintenance Tables</td>
<td>• Easy to understand</td>
<td>• Font size too small</td>
</tr>
<tr>
<td></td>
<td>• Includes surveyors’ comments</td>
<td>• Space for work comments</td>
</tr>
</tbody>
</table>

If photos were to be included in the report, participants suggested that there should be photos of urgent items or situations that create health and safety hazards, such as exposed electrical wiring. Participants said that this could be useful when talking to the community about these issues, particularly in remote areas and for “showing people how bad the housing situation is on communities.”

### Action

Of the 16 participants who responded positively to the report, all used the information in some capacity. Of the four
who responded negatively, two used the report and two did not. The report was used most often to carry out maintenance, to compare with existing maintenance information, and to support funding applications (Table 6).

Thirteen participants (59%) said they had either presented the information to council or were planning to present it at the next council meeting (Table 6). When presenting to council, most participants said they went through the whole report, focusing on the full maintenance lists, highlighting recurring issues and what this costs the community. When prompted about disseminating the information more widely throughout the community, participants were hesitant. They said that this could cause problems for the council because of the large responsibility and the limited resources available to carry out repairs. “We don’t have an adequate management structure to put the time into talking about it more.”

Participants said it would be helpful to have a separate report oriented toward tenants, because “it is hard to explain what makes a healthy house”. This is where photographs, pictures and dot points would be useful. There was also a call for specific information relating to behavioural aspects that affect the viability of the home, such as broken locks because people lose their keys, people using rags in the toilet, teabags blocking the sink, kids putting rocks down the inspection openings. There was recognition of the need to develop living skills programs to deal with these specific issues and for the report to support this information.

Discussion

ICHO staff generally found the Community Report to be a useful document that enabled them to organise and carry out urgent repairs, facilitate the work of tradesmen and provide an evidence base when applying for funding.

The response rate was 50%, which means the sample is not necessarily representative and the results may not be generalisable to all ICHOs across the NT. It is probable that people who were available and agreed to an interview were working within ICHOs that had more capacity than those who were not available, or did not agree to an interview. This might have biased the results in that the Community Report would appear to be used by ICHOs more than it actually was. Nevertheless, this research does provide a perspective from those who are using the report and it pinpoints specific areas for improvement relevant to ICHOs that were interviewed.

There is potential for the ICHS and the Community Report to facilitate continuous quality improvement (CQI) strategies for housing in Indigenous communities. CQI is
Improving the Feedback of Housing Information to Indigenous Communities

a systematic approach to management that facilitates ongoing improvement by using objective data to analyse and improve processes (Clark et al. 1999; Graham 1995). The housing surveys and reporting process have the potential to improve outcomes for Indigenous housing by providing an objective assessment of housing conditions and reporting this to communities as part of a planning, developmental and capacity building process. The results indicate that there are a number of improvements that can be made to the process, content and format of the Community Report to facilitate a CQI approach. There is strong evidence to suggest that communicating information in person is a much more effective way of disseminating information than secondary approaches such as mailing the report (Brown, Hunter, & Whiteside 2002; Hunter 1992; Kimberley Aboriginal Health Workers 1992; Weeramanthri 1996). This study has shown that there were noticeable benefits from having the surveyors present preliminary findings directly after the survey. This increased participants’ understanding of urgent maintenance and the community’s housing issues, and related this back to health and safety.

An important function of this preliminary feedback was to open up avenues for further communication between ICHOs and EHOs, not simply on the survey and maintenance, but on broader issues of environmental health. The benefits exhibited from this preliminary feedback can be built upon to include the presentation of the Community Report by EHOs. It might be particularly important to identify those ICHOs with limited capacity, in terms of resources and experience, and explain the report to them in person to ensure they get a thorough understanding of IHANT requirements, health implications, and efficient and cost-effective procedures. An important part of the CQI process is feeding back information, goal setting and strategic planning with ICHOs so that outcomes can be identified in the next survey.

Related to this approach is the requirement for EHOs to take a member of the community with them when conducting housing surveys (Menzies School of Health Research et al. 2004). This study showed that involving the community in the survey process was a positive learning experience for those who accompanied the EHOs. The knowledge transfer that occurred during this process highlights the potential for more extensive participation and on-the-ground training during the survey. Working closely with the community during the survey can also provide an opportunity to identify houses that are not economical to repair, and assist the community to develop a maintenance and management system rather than simply providing long lists of work that cannot reasonably be done. Supporting communities to develop a planning process and management strategy for housing is an important part of the CQI approach, and may be facilitated by a user-friendly, NT-wide database to support local maintenance systems.

The reporting framework that is part of the current ICHS is similar to the reporting for other housing surveys, such as the Housing for Health programs (Pholeros, Rainow & Torzillo 2002) and housing surveys by Katherine West Health Board (Hardy 2002). These models focus on listing maintenance requirements for Indigenous houses and provide information on the functionality of houses to allow comparisons over time. The ICHS differs from the above-mentioned surveys in two main ways. First, it provides information on Indigenous housing in every community in the NT rather than within one region or in a relatively small number of selected communities. Second, it offers a means to assess the relative need of all communities throughout the NT. In all housing survey models, maintenance lists are passed on to tradesmen who then respond to repairs. At best, routine maintenance is completed and communities continue to operate with a ‘report and fix’ system.
The National Indigenous Housing Guide stresses the importance of functioning maintenance systems and good initial design and construction of houses and health hardware (Department of Family and Community Services 2003). In addition to this, long-term strategies need to be developed with communities at the local level. There is much potential for the Community Report to contribute to this. This research shows that the report was often disseminated to the community council, but there was reluctance to share this information with the wider community. Information is powerful, and there is scope to adapt some information from the summary statistics and the maintenance reports to develop a ‘community friendly’ report to disseminate to council, tenants and more widely throughout the community to increase the community’s understanding of the situation, develop long-term strategies and create opportunities for change. The specific recommendations on best practice for feeding back information (Table 7) are based on the findings from this research and a review of the literature on the feedback of housing and health information to Indigenous communities (Wayte 2005).

### Table 7: Best practice for feeding back housing information to Indigenous communities

<table>
<thead>
<tr>
<th>Process</th>
<th>Content</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Present information in person</td>
<td>5. Provide information on maintenance items</td>
<td>8. Use plain English</td>
</tr>
<tr>
<td>2. Ensure information is understandable and relevant to the community</td>
<td>6. Summarize functionality of housing stock</td>
<td>9. Present data in pie charts and graphs</td>
</tr>
<tr>
<td>3. Discuss options and goals</td>
<td>7. Disseminate a community oriented report linking housing to health</td>
<td>10. Illustrate key issues with pictorial displays and photographs</td>
</tr>
<tr>
<td>4. Plan for change and develop strategies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Conclusion**

In order to deal with the true complexity of housing in Indigenous communities, coherent strategies must address the multiple factors that influence housing and health outcomes. The Housing and Health Improvement Framework (Figure 1) has been adapted from the Hygiene Improvement Framework, which was developed by the USAID Environmental Health Project to prevent diarrhoeal disease (EHP et al. 2004). This framework operates on the premise that strategies to improve housing and health must address all three areas:

1. prevention of infectious diseases through access to health hardware;
2. health behaviour of individuals and populations, respecting existing knowledge and beliefs; and
3. the wider environment that enables improved outcomes such as partnerships, sound policy, good information systems and high quality, two-way communication.

This study has highlighted how the reporting framework for the NT Indigenous Community Housing Survey can be enhanced by taking a continuous quality improvement approach. The survey and reporting process has the potential to support ICHOs in the development of comprehensive strategies to improve community housing. It would be valuable to further explore how the survey and report could support the communication of housing and health information to the wider community and how Government departments can work together to assist ICHOs in developing a housing and health improvement strategy at the local level.
Acknowledgments

Thank you to all Indigenous Community Housing Organisation staff who took the time to participate in the study. The research writing group at Menzies School of Health Research and two anonymous reviewers provided valuable feedback on drafts of this paper. This research was facilitated by cooperation from the Northern Territory Department of Health and Community Services, Environmental Health Program and by the Department of Community Development, Sport and Cultural Affairs. RB’s work in this area is funded by a National Health and Medical Research Council Fellowship, grant No. 283303.

A team from the Menzies School of Health Research was involved in the development of the feedback framework for the Indigenous Community Housing Survey. The first author’s involvement in this process provided a base to explore further the feedback of housing information, as a partial fulfilment for a Master of Public Health.

References

Allen, D. 2002, Producing Health Status Reports for Katherine West Communities, Advanced Medical Science Research Report, Melbourne University, Melbourne.


Bailie, R. & Main, N. 2002, Environmental Health Survey Year 2 Evaluation, Menzies School of Health Research, Cooperative Research Centre for Aboriginal and Tropical Health and Indigenous Housing Authority of the Northern Territory, Darwin.


Clark, G., Sarewitz, S., Aizen, K., Castaneda-Mendez, K., Miller, L., Simson, E. & Tholen, D. 1999, Continuous Quality Improvement: Essential Management Approaches; Approved Guidelines, National Committee for Clinical Laboratory Standards, Wayne PA.

Department of Family and Community Services, Canberra.


Kimberley Aboriginal Health Workers 1992, ‘The importance of Aboriginal research feedback: Why and how it should be given back’, Aboriginal and Islander Health Worker Journal, vol. 16, no. 2, pp. 4-6.


Menzies School of Health Research, Department of Health and Community Services, & Department of Community Development, S. a. C. A. 2004, Northern Territory Indigenous Community Housing Survey Training Manual, Indigenous Community Housing Authority of the Northern Territory, Darwin.

National Health and Medical Research Council. 2003, Values and Ethics: Guidelines for the Ethical Conduct in Aboriginal and Torres Strait Islander Health Research, National Health and Medical Research Council, Canberra.


Runcie, M. & Bailie, R. 2000, Evaluation of Environmental Health Survey Data - Indigenous Housing, Cooperative Research Centre for Aboriginal and Tropical Health, Darwin.

Slavin, N. 2003, Review of the IHANT Environmental Health Survey, Department of Health and Community Services, Environmental Health Division, Darwin.


Stevens, M. & Bailie, R. 2002, Environmental Health Survey Year 2 Evaluation: Supplementary Report, Menzies School of Health Research, Cooperative Research Centre for Aboriginal and Tropical Health and Indigenous Housing Authority of the Northern Territory, Darwin.

Stevens, M., Stewart, A., Ulamari, H., & Bailie, R. 2002, Environmental Health Survey Year 3 Evaluation, Menzies School of Health Research, Cooperative Research Centre for Aboriginal and Tropical Health and Indigenous Housing Authority of the Northern Territory, Darwin.


Correspondence to:
Kayli Wayte
Menzies School of Health Research and
Institute of Advanced Studies, Charles Darwin University
PO Box 41096
Casuarina, NT, 0811
AUSTRALIA
Email: kayli.wayte@menzies.edu.au
Appendix A

Improving the Feedback of Housing Information to Indigenous Communities

Interview Schedule

Individual
1. What is your position?
2. How long have you been in this position?
3. What is your role (prompt: do you organise for maintenance to be done)?
4. How many houses/communities are you responsible for?
5. What is the highest level of schooling you completed?
6. Are you of Aboriginal or Torres Strait Islander origin?
7. Is English your first language?

Process
8. How did you obtain a copy of the Community Report?
9. Was the report provided to you in any other form (prompt: email, mail, fax, in person)?
10. If the report was presented in person, explain what they presented and by whom.
11. Which ways of receiving the report were most useful? Why?
12. What suggestions do you have on how to improve this process of obtaining the report (prompt: electronic database)?

Content
13. Looking first at the summary information, what pieces of information do you find useful (prompt: houses surveyed, population data, improvised dwellings, functionality, crowding, dogs and pests, health, safety, maintenance requirements, carrying out maintenance)?
14. What pieces of information did you think were not required?
15. Is there any other information that you think should be in this report?
16. Looking now at the maintenance reports, which reports do you find useful (prompt: summary maintenance reports, full maintenance lists)?
17. Is there any information here that you think was not required?
18. Is there any other maintenance information that you think should be in this report (prompt: summary of maintenance information for establishing workscopes)?

Format
19. What do you think about the format of the report, or how it looks?
20. Were you able to understand and use the written text? Why/why not?
21. Were you able to understand and use the graphs? Why/why not?
22. Were you able to understand and use the tables? Why/why not?
23. Do you have any suggestions on different formats for presenting this information that would make it easier for you to use (prompt: photographs, pictures, pie charts)?

Action
24. Have you used the information provided to carry out maintenance?
25. If yes, can you explain what information you used and how?
26. Have you used any of the other information in the report for any reason? What information and for what purpose?
27. Have you provided any of this information to anyone else? What information, to who and why? (prompt: tradesmen, council, health centre, community groups, other individuals inside or outside the community)?
28. What are the main barriers to using the information in the report?
29. Are there any other reasons for not being able to carry out maintenance?
30. Are there any other issues you would like to discuss?