

HOUSING FOR HEALTH

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What do you get when you cross an anthropologist with a thoracic surgeon, an architect and a committed Indigenous workforce? Housing that reduces severe infectious diseases by 40 per cent.

Paul Torzillo, Stephan Rainow and Paul Pholeros first combined medical, environmental health and architectural skills in 1985 to improve the health of Indigenous Australians. This not-for-profit group was 'thrown together' by a central Australian Indigenous health service initiative to improve the health of children aged five years and under. The bond established then in the remote Anangu Pitjantjatjara Yankunytjatjara Lands, in north-western South Australia, created Healthabitat in the early 1990s. The work has expanded to improve Indigenous housing and health projects nationally and to places as far-flung as Nepal, Thailand, India, New York and Alaska.

Since 1999 Healthabitat has delivered 188 projects across Australia and improvements to more than 7,400 houses. In the process, an independent health review of the work showed that the improved living environments reduced infectious diseases by 40 per cent. It's an incredible achievement by Healthabitat with their largely Indigenous workforce who credit their success to a simple but profound brief to 'stop people getting sick'. Being chosen to represent Australia at the 2012 Venice Biennale for Architecture is the latest in a string of accolades for this not-for-profit organisation. Last year they won the coveted World Habitat Award from a field of 250 finalists, and in 2008 Healthabitat was awarded the International Union of Architects Vasillis Sgoutas award for the alleviation of poverty.

Improving lives

An independent study, commissioned by the New South Wales Government, evaluated 10 years of Housing for Health projects completed around the state: the results were striking. Severe infectious illnesses had been reduced by 40 per cent among Indigenous people living in the houses improved by Healthabitat.

The Housing for Health program was developed specifically to improve the health of people, particularly young children, by ensuring they had access to safe and well-functioning housing, and an improved living environment. It was based on safety and nine 'healthy living practices' – all revolving around functioning 'health hardware' needed in a house to allow healthy living.

Torzillo describes health hardware as the obvious physical equipment needed to give people access to the 'health giving' services of housing. "To wash a

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Comment [1]: Paul Torzillo is a thoracic physician

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Comment [2]: typo

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Comment [3]: typo

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Comment [4]: HH has been asked to present work and principles but projects have not been completed in Thailand, India or Alaska

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Comment [5]: This was a specific award

young child the health hardware needed may include a water supply, pumps, tanks, pipes, valves, taps, a hot water system, a tub and drainage pipes.”

Not surprisingly, he says the organisation doesn’t employ “an approach to architecture”, rather using the skills and methods of architecture to improve the health and wellbeing of people by improving their living environment.

When reviewing what materials to use for a project, they consider improved function, the reduced need for maintenance and the local environmental conditions – factors such as the mineral salts present in bore water across non-coastal Australia, which has a major impact on all plumbing fittings and fixtures. When considering design, they start with the health issue that needs to be improved, and then assemble a range of design skills and people to solve those particular problems from many directions – often simultaneously.

“For example, as washing children has the greatest impact on a number of infectious diseases, we train local Indigenous teams to test all the washing facilities in existing houses, learn how to fix some parts of the systems and how to report more complex faults. Licensed tradesmen then complete more major repair work.

“What is learned during the fixing will then become the design briefing material for: industrial designers to improve taps and shower roses; a physicist to improve the performance of hot water systems; architects to design a better show area that requires less maintenance and can be produced more cheaply; and, a builder to prefabricate a shower, laundry and toilet units to improve quality and reduce the cost of construction in remote areas.”

What does the future hold? Torzillo says Healthabitat will continue working in Australia for any group of people who need a better living environment, and are expanding the same work overseas.

“After completing 188 projects around urban, rural and remote Australia and having also worked on sanitation projects in three Nepal villages and in urban public housing in Brooklyn in New York City, we now believe the principles and methods developed through the Housing for Health program are easily translated into vastly different contexts,” he says. “The similarities are the illnesses causing damage to people and poverty. Skin colour, culture, environment and national wealth all vary but the core issue, the wellbeing of people, remains constant.

“The response internationally to the work after winning the World Habitat Award in 2011 confirms our view that the methods and principles developed in the work are internationally applicable. It will be the solutions that will change to suit each specific place and local community.”

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Comment [6]: Interesting where this quote and all the other quotes used in the article came from as Paul Torzillo remembers no interview with Australia Unlimited.