

The RHD Endgame Strategy: Evidence Brief #1

Increasing access to swimming pools and water parks in remote communities

'Washing People' is one of nine Healthy Living Practices (HLP) developed by Nganampa Health Council to describe, define and focus on what people need to live healthy lives.¹ As well as being sources of physical activity and recreation, swimming pools and water parks could provide a mechanism for washing skin which appears to be acceptable and accessible in Aboriginal and Torres Strait Islander communities. Through showering prior to pool entry, exposure to chlorinated water or other mechanisms, it is plausible that swimming pool use may be associated with reductions in skin sores by removing potential pathogens from the skin.

Ten studies have been conducted in remote Australian communities exploring the impact of community swimming pools on skin health outcomes for Aboriginal and Torres Strait Islander people. When measured, all described a drop in skin sore prevalence and severity.¹ One study indicated a 51% decrease in skin disease, a 44% decrease in the incidence of ear infections, a 41% reduction in antibiotic prescriptions, and a 63% decrease in respiratory diseases in the years following the opening of the swimming pool in a remote community.²

Although the lack of control groups makes it difficult to be sure that swimming pools caused these changes, the consistent findings across studies provides some indication that the relationship may be causal.¹ The mechanism of any skin sore effect from swimming pools also remains uncertain given many pools also require showering before pool use.³ Further, the magnitude of effect is likely to depend on swimming pool exposure.

Several studies also suggest broad benefits including for social and emotional wellbeing, improved school attendance, and water safety skills.¹ Qualitative research undertaken in three communities with a pool indicates the intervention is effective at enhancing social cohesion and providing a mutual and safe meeting place.³ The pools were more popular among younger children (a group more susceptible to skin sores and associated infections) than teenagers and adults,³ and local schools were able to use access to the pool as a reward for school attendance.³

Where community desire and commitment to the facility exists, building and managing a swimming pool may be feasible. However, this intervention is expensive with recent costings indicating in excess of \$7 million per pool development (excluding annual maintenance and running costs).⁴ Furthermore, the timeframe to design, build and open a pool in a rural or remote region is several years.⁵ With drowning being the third leading cause of death among children aged 1-14 years in Australia between 2010-2012,⁶ supervision of children whilst using a swimming pool is essential and dependent upon qualified observers.

Pools provide communities with an environment for recreation and physical activity, boosting community capital. Other benefits to the community include physical activity, heat relief and increased school attendance.¹ Providing easier access to recreational infrastructure, which is readily available to Australians in most parts of the nation, would enhance equity for those living in under-serviced regions.

Recommendations

- Swimming pools and water parks are likely to reduce skin sores in remote communities and have other benefits but require costs, governance and sustainability to be addressed in order to achieve these benefits.
- The decision to build and run a swimming pool or water park requires significant community consultation and oversight.

About the END RHD CRE

In 2014, The End Rheumatic Heart Disease Centre of Research Excellence (END RHD CRE) was established to address the urgent need for a comprehensive, evidence-based plan to eliminate rheumatic heart disease across Australia.

Bringing together leading experts from 16 institutions across Australia and backed by a grant from the National Health and Medical Research Council (NHMRC), the CRE has synthesised the collective experience of communities, clinicians, Aboriginal Community Controlled Health Organisations, and government and non-government organisations – as well as more than 25 years of research – to tackle this need head on.

The result is *The RHD Endgame Strategy: The blueprint to eliminate rheumatic heart disease in Australia by 2031*. Outlining the best existing evidence-based strategies to prevent new cases of RHD in Australia and improve the lives of those already living with the disease, The RHD Endgame Strategy was launched in October 2020 and can be viewed at telethonkids.org.au/rhd-endgame.

Acknowledgements

The RHD Endgame Strategy is a product of collaboration between researchers, Aboriginal and Torres Strait Islander leaders, communities and people with lived experience.

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References

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