


The growth of rural and remote Aboriginal and Torres Strait Islander community laundries: an integrative scoping review

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ABSTRACT

Objectives and importance of study. This article documents the establishment of community laundries in rural/remote Aboriginal and Torres Strait Islander communities between 2000–2024, with the aim to support synergistic planning, implementation and evaluation. **Study type.** An integrative scoping review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses: Scoping Reviews (PRISMA-ScR) guidelines. **Methods.** The methodology incorporated semi-structured online searches for publicly available grey literature, as well as scientific database searches to identify supporting peer-reviewed evidence. Extracted data included: laundry locations; details of establishment, operations and infrastructure; and evidence for health and wellbeing impact. **Results.** At least 55 laundry facilities were established in 38 rural/remote Aboriginal or Torres Strait Islander communities between 2000 and 2024. Most were established within the past 10 years ($n = 51, 93\%$) and operated by laundry service providers in partnership with local community organisations ($n = 42, 76\%$). Laundry locations were publicly available, but we identified no substantiating evidence as to specific health and wellbeing impacts. **Conclusion.** There has been a rapid growth in the establishment of rural/remote Aboriginal and Torres Strait Islander community laundries, with plans for future expansion. While equitable access to laundry facilities is tied to human rights, the specific health benefits of community laundries (changes in rates of skin infections, acute rheumatic fever and rheumatic heart disease) remain conjectural. Rigorous evaluations are needed to inform public health policy and community decision-making.

Keywords: environmental health, Healthy Living Practices, healthy skin, human rights, Indigenous health and wellbeing, rheumatic heart disease, washing clothes and bedding.

KEY POINTS

- There has been a rapid growth in the establishment of laundry facilities in rural and remote Aboriginal and Torres Strait Islander communities, with plans for expansion.
- Equitable access to laundry facilities is tied to human rights to water, sanitation and hygiene (WASH), and dignity.
- Reports of the specific health benefits of community laundries, including changes in rates of skin infections, acute rheumatic fever and rheumatic heart disease, are not yet evidence-based.
- Evaluations could inform health promotion, policy, and decision-making.

Introduction

The capacity to wash clothes and bedding is the second of nine Healthy Living Practices (HLPs) collectively recognised as determinants of health and wellbeing (Fig. 1).^{1,2} Codified by the Nganampa Health Council and colleagues in 1987, the HLPs span fundamental human rights, such as those to adequate housing; water, sanitation and hygiene (WASH); and dignity.^{3,4} Among benefits to social and emotional health and wellbeing, improvements

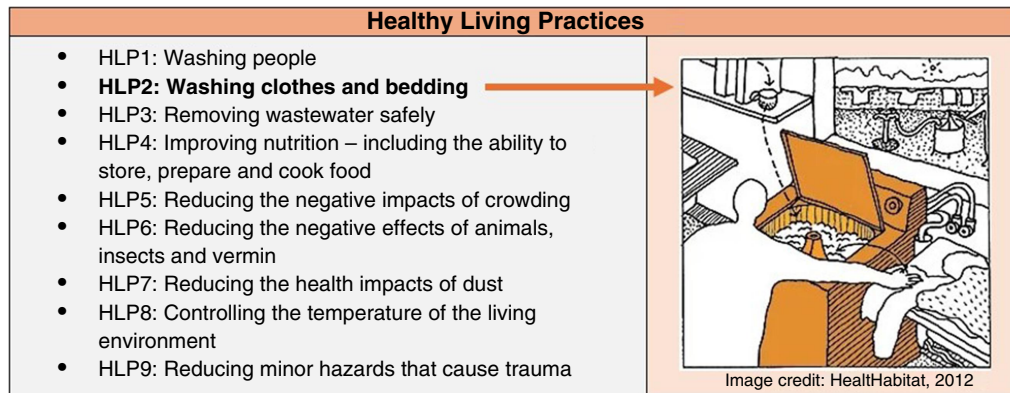


Fig. 1. HLP2: washing clothes and bedding is the second of nine Healthy Living Practices (HLPs), founded on Nganampa Health's 1987 Uwankara Palyanyku Kanyintjaku Report (the UPK Report).¹

in living conditions, including access to laundry facilities (e.g. hot and cold water, detergents, electricity, washing machines, and drying facilities), are linked to the broad prevention of infectious disease. For example, washing clothes and bedding (hereafter referred to as HLP2) is recommended as part of the management of some skin conditions.^{5–8} Controlling skin pathogens and parasites reduces itch and skin trauma, which can otherwise lead to the development of impetigo (skin infection with *Streptococcus pyogenes* [Strep A] and/or *Staphylococcus aureus*) and serious immune-mediated sequelae, including acute rheumatic fever (ARF) and rheumatic heart disease (RHD).⁹ Rural and remote-living Aboriginal and Torres Strait Islander children and young people live with an inequitable burden of impetigo and RHD.^{10,11}

In remote Aboriginal and Torres Strait Islander households, access to functional infrastructure and services underpinning access to HLP2 is variable and generally limited.^{12–14} According to recent data from the 2018 to 2019 National Aboriginal and Torres Strait Islander Health Survey, approximately 80% of Aboriginal and Torres Strait Islander households in remote/very remote areas have access to working laundry facilities.¹⁵ However, these figures may be misleading or overestimated. Based on surveys of thousands of Aboriginal and Torres Strait Islander households reported in the scientific literature between 2001 and 2020, access to functional laundry infrastructure and washing machines may be as low as 30%.^{16–18} Statistical data on HLP2 access vary greatly both spatially and temporally, often reflecting access to functional space to install a washing machine, but not necessarily a washing machine itself.¹⁶

The responsibility and impacts of reduced access to the HLPs are often placed on Aboriginal and Torres Strait Islander people, despite being a consequence of colonisation, geographic and socioeconomic marginalisation, and decades-long policy failure.¹³ Most Aboriginal and Torres Strait Islander families in rural/remote Australia rely on social housing, the standard of which varies greatly between regions.¹⁹ Basic amenities

(a laundry tub and space to install a washing machine) should be provided,²⁰ but washing machines are not.^{21,22} Barriers to accessing HLP2 at a household level can relate to washing machine procurement (suitability, price, availability, transport), heavy machine usage and wear (due to overcrowding, demand sharing, and deterioration of mechanical parts by hard water and dust), cultural factors (avoidance rules), and constrained access to adequate housing, water, electricity, consumables, maintenance, and repairs.^{22–24}

Publicly accessible community laundries with industrial-scale machine washers and dryers have long been identified as a mechanism to improve access to HLP2 for remote-living Aboriginal and Torres Strait Islander people.^{23,25} Two leading organisations, Aboriginal Investment Group (AIG) and Orange Sky, have launched specific remote community laundry programs of work in recent years,^{26,27} and the Heart Foundation 2024/25 Federal Budget Submission called for Commonwealth investment in 70 remote community laundries over the next 5 years.²⁸ Advocates argue for the potential of community laundries to improve a range of health and wellbeing outcomes, with strong emphasis on reducing the burden of skin infections, ARF and RHD.^{28–30}

There has not yet been a structured documentation of community laundries to facilitate a unified approach to planning and evaluation. Nor is there a synthesis of published academic literature or data demonstrating their impact in these settings, although some impact frameworks have been commissioned.^{31–33} These unknowns represent gaps, and possible missed opportunities, to support access to HLP2, and to better understand and promote the specific health benefits³⁴ of community laundry services.

The aim of this work was to document community laundries located in rural and remote Aboriginal and Torres Strait Islander communities in Australia. Characterising the locations and growth of these facilities is an important foundational step for considering synergistic planning and equity of access,

exploring effective models of delivery, and enabling monitoring and evaluation of health and wellbeing impact. This review is timely and important given the recent focus on community laundry facilities and advocacy for further investment and expansion.^{35,36}

Methods

Identification of community laundry facilities

We conducted an integrative, systematic scoping review following the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) guidelines.³⁷ The methodology was chosen to identify community laundry locations documented in grey literature (websites, media releases, community newsletters, technical reports), as well as in peer-reviewed publications (should a community laundry have been documented, studied or evaluated academically). In the absence of any other unified source of information, and in light of urgent policy need, this approach enabled us to understand the locations of community laundry facilities (across all providers and models), estimate rates of growth, and identify any supporting scholarly information as to health and wellbeing impact.

Online databases Scopus, PubMed and Informat were searched using terms relevant to ‘Aboriginal and Torres Strait Islander community’ and ‘community laundry’ in the Australian context for literature published from 2000 to 2024 (as of November 2024). A full description of the search strategy is available in Supplementary Table S1. Criteria for inclusion were broad, including any studies that documented the location or impact of a community laundry in an Aboriginal or Torres Strait Islander community. As relevant peer-reviewed publications were scant, we pragmatically sought publicly available information by conducting structured online searches. Grey literature searches were first conducted within websites of key remote community laundry service providers (Orange Sky and AIG; Fig. 2). This was supplemented by structured searches in Google using terms relevant to ‘Aboriginal and Torres Strait Islander community’ and ‘community laundry’ plus iterative combinations of community names listed on the Australian Government National Indigenous Australians Agency (NIAA) website³⁸ (Fig. 2). This aligned with an academic database search methodology; for example, [‘Aboriginal and Torres Strait Islander’ OR ‘Indigenous’ OR ‘community’ OR ‘< specific NIAA listed community name>’] AND [‘laundry’ OR ‘washing machine’]. Only the first five pages of Google results were considered relevant.

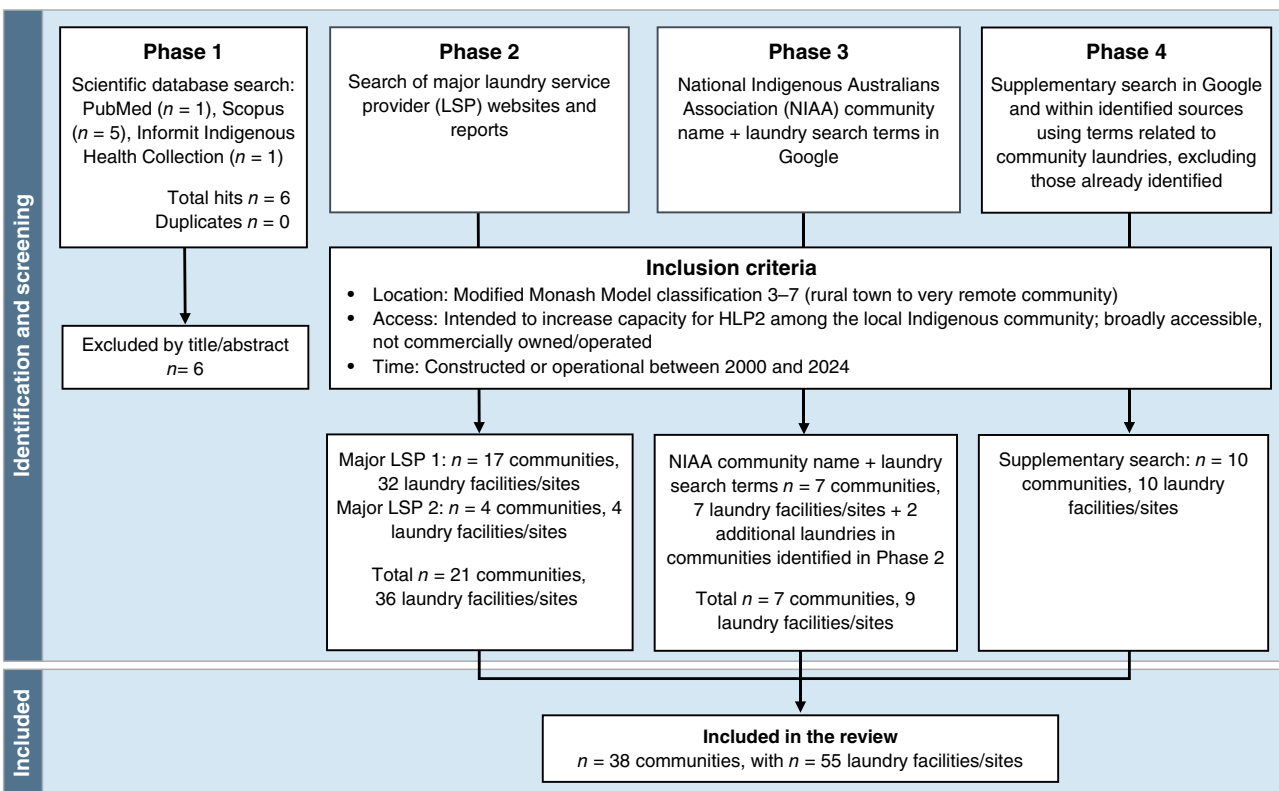


Fig. 2. Flow chart showing the process of identification of Aboriginal and Torres Strait Islander community laundries for inclusion in this review. Note: In Phase 1, there were no studies that met the criteria, hence hits $n = 6$ but relevant studies $n = 0$.

Laundries were considered relevant for inclusion in the review if they were: located in rural or remote areas of Australia according to the Modified Monash Model (MMM; classifications 3–7)³⁹; a public asset (not privately/commercially owned-operated laundromats); intended to increase access to HLP2 among the local Aboriginal and Torres Strait Islander community by way of initiation and/or partnership with a local Aboriginal and Torres Strait Islander community-controlled organisation; and constructed, funded or temporarily operational during or after the year 2000 (Fig. 2). Very transient laundry services (e.g. mobile services present in a community for < 1 month in response to a natural disaster or to support an event) were excluded, as they were considered unique models/circumstances. Only laundries present for *at least* 1 month were considered likely to require significant funding and ongoing support, and impact health and well-being. New laundries earmarked for establishment in specific communities within the next 12 months were noted. Large-scale residential laundry initiatives (i.e. supply of washing machines to individual households) were noted, but not included in the analysis. Washing machines located in community spaces, such as schools, health clinics and arts centres were unable to be reliably identified, but may be widely used. These inclusion criteria were workshoped repeatedly until the appropriate working definition was reached.

Data synthesis and analysis

Data were collated in Excel (Microsoft) using an agreed data extraction template capturing details regarding laundry locations (including jurisdiction/region, classification of remoteness [MMM] and community population size serviced by the laundry), establishment (provider and partnerships, type of service e.g. mobile or fixed structure), operations (e.g. running costs and access to consumables), and health and wellbeing impact or evaluation. All data were independently extracted and checked by two reviewers (KS and DN). Any discrepancies were resolved by RW and RB. Descriptive statistics were calculated in Excel. The total number of rural/remote community laundries in each jurisdiction was overlaid on a map originally sourced from the NIAA website⁴⁰ and adapted using Canva. Although the locations of all included community laundries are publicly available, specific community names are not disclosed in this manuscript. We focused on access to HLP2 by assigning broad categories of establishment and operation, rather than referring to specific laundry service providers.^A

Quality assessment and conduct

Sources of data included in this review were not eligible for screening against a formal quality assessment tool. Grey literature sources were included, but acknowledged as

being of generally low-quality evidence. This review was co-designed and co-authored by First Nations and non-First Nations collaborators in response to research priorities established by the Indigenous Governance Council for a National Health and Medical Research Council-funded program of work. Conduct and reporting were guided and reported against each item in the CONSIDER statement⁴¹ (Supplementary Table S2).

Results

Identification of community laundry facilities

Fig. 2 summarises the search process. Scientific database searches (Phase 1) returned six results, but zero relevant articles. Targeted and snowball searches in Google (Phases 2–4) identified 38 rural or remote communities with 55 public laundry facilities/sites established between 2000 and 2024, intended to increase capacity for HLP2 among local Aboriginal and Torres Strait Islander people (Fig. 2). Expanded data and references are supplied in Supplementary Table S3.

Establishment and operation

The 55 identified community laundries were recently established in 38 communities predominantly located in the Northern Territory ($n = 21$, 55%), Western Australia ($n = 9$, 24%), and northern Queensland ($n = 7$, 18%); there was only one community with a laundry located in South Australia, and none in New South Wales (NSW) or southern Queensland (Table 1, Fig. 3). Most laundries were located in communities classified as either remote (MMM 6) or very remote (MMM 7) (95%, $n = 36$), with the remaining located in rural towns (MMM 5; Table 1, Fig. 3). In some places, mobile services were delivered at several fixed locations (sites) within the same community (Table 1). Additionally, we noted at least 14 additional remote communities earmarked to receive laundries in the near future (Fig. 4).^{26,27,31,36,42}

There was a range of different models by which the 55 identified laundries were established and operated. Eight laundries (15%) were established or initiated by a local Aboriginal and Torres Strait Islander community organisation with support from respective State/Territory governments or an industry partner, usually in the form of a grant (Table 1). Less frequently ($n = 4$ laundries, 7%), the establishment of a community laundry was driven by a State/Territory government department, and subsequently operated by a local Aboriginal or Torres Strait Islander community organisation (Table 1). Only one laundry appeared to have been established and operated by a local land council-

^AThere are a variety of organisational and governance structures among laundry service providers, including non-government organisations, Aboriginal-owned organisations and partnerships with other groups. The specifics of these arrangements are outside the scope of this review.

Table 1. Summary of community laundries established in rural and remote Aboriginal and Torres Strait Islander communities between 2000 and 2024, identified in a scoping review of publicly available information.

Model of laundry service establishment and operation^A	Established/operated by ACCO(s) with support from Gov and/or Industry	Established by Gov, operated in partnership with ACCO(s)	Established by a LSP, operated in partnership with ACCO(s)	Established and operated by ACCO	>1 provider/model	Total	% (n = 38)
Community locations						Total	% (n = 38)
Jurisdiction (region) ^B							
NT (Arnhem Land and Groote Eylandt)			7			7	18
NT (Central Australia)	3	2	3	1	1	10	26
NT (Top End and Tiwi Islands)	1		2		1	4	11
QLD (North QLD)			6		1	7	18
SA (APY lands)		1				1	3
WA (Greater WA)	1	1	1			3	8
WA (Kimberley)	1		5			6	16
Total no. of communities	6 (16%)	4 (11%)	24 (63%)	1 (3%)	3 (8%)	38	100
Setting (MMM) ^C							
MMM 3–5 (large rural town-small rural town)			1		1	2	5
MMM 6–7 (remote-very remote community)	6	4	23	1	2	36	95
Laundry facilities/sites within communities						Total	% (n = 55)
Infrastructure type							
Mobile laundry trailer, fixed location/s			3			3	5
Mobile laundry vehicle, fixed location/s			24			24	44
Mobile laundry vehicle, temporary service			6			6	11

(Continued on next page)

Table 1. (Continued)

Model of laundry service establishment and operation ^A	Established/operated by ACCO(s) with support from Gov and/or Industry	Established by Gov, operated in partnership with ACCO(s)	Established by a LSP, operated in partnership with ACCO(s)	Established and operated by ACCO	>1 provider/model	
Permanent laundry structure, improved existing structure	5	3	2	1	11	20
Permanent laundry structure, new structure	3	1	4		8	15
Temporary fixed laundry structure (pod)			3		3	5
Total no. of laundries/sites	8 (15%)	4 (7%)	42 (76%)	1 (2%)	55	100
Date first operational						
2000–2013	3	1			4	7
2014–2024	5	3	42	1	51	93
Machines						
Average no. of washing machines per community (range)	2.7 (2–3)	2.5	3.1 (1–4)	NA	4 (1–6)	
Average no. of dryers per community (range)	2.7 (2–3)	0 (0)	3.1 (1–4)	NA	4 (1–6)	
Population size range						
MMM 3–5 communities			2001–2500		1001–2000	
MMM 6–7 communities	25–1000	25–500	25–1500	201–500		

Note: Percentages may not total 100 due to rounding.

^AACCO: local (land council-level) Aboriginal or Torres Strait Islander community-controlled organisation; LSP: laundry service provider; Gov: State/Territory Government department.

^BNT: Northern Territory, QLD: Queensland, SA: South Australia, WA: Western Australia, APY: Anangu Pitjantjatjara Yankunytjatjara; there were no relevant records identified for New South Wales, southern QLD, Victoria or Tasmania.

^CMMM: Modified Monash Model classifications.

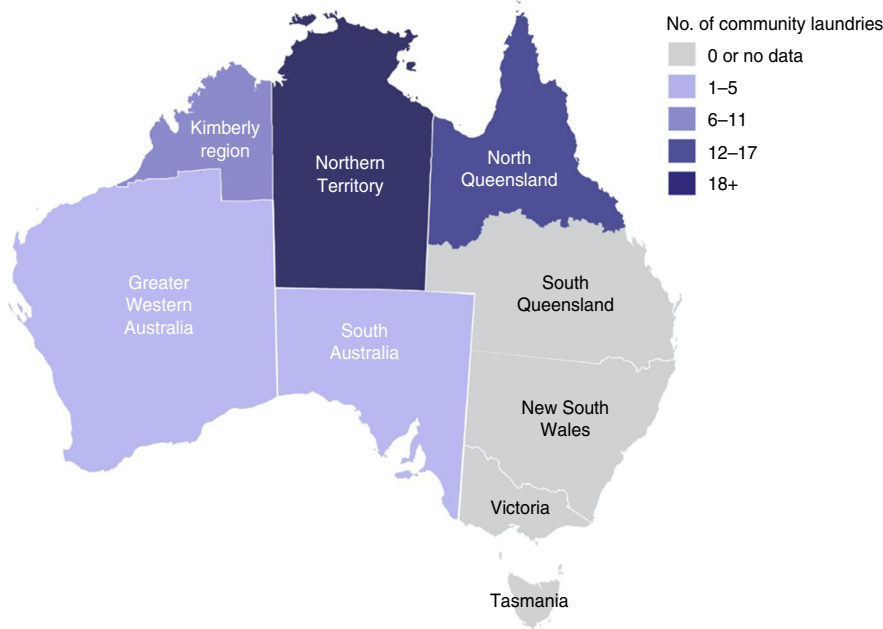


Fig. 3. Map of Australia separated by jurisdiction/region with colour intensity representing the density of community laundries established between 2000 and 2024 intended to increase access to HLP2 in rural and remote Aboriginal and Torres Strait Islander communities.

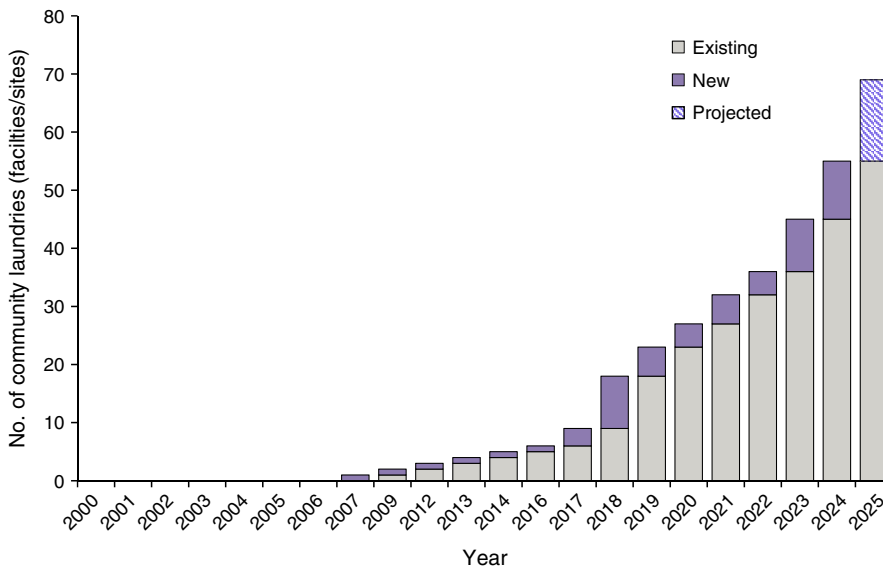


Fig. 4. Cumulative growth of community laundries identified in this review established in rural and remote Aboriginal and Torres Strait Islander communities between the years 2000 and 2024. Projections for 2025 are based on reports and websites from laundry service providers. Community laundries may have been established prior to 2000, but were outside of the scope of this work. Additional laundry facilities may have been established or proposed since the time this review was conducted (November 2024).

level Aboriginal or Torres Strait Islander community organisation without an additional partnering organisation (Table 1). In 76% of cases ($n = 42$ laundries), the laundry was established by a laundry service provider and operated in partnership with local Aboriginal or Torres Strait Islander community organisation(s) (Table 1). In three communities, there was more than one provider or type of laundry (e.g. permanent structure and mobile service; Table 1).

Four community laundries (7%) were constructed between 2007 and 2013; these were all established/operated in partnership between local community organisations and State/Territory governments, and often involved retrofitting an existing community laundry building or adding a

laundry facility to an existing service, such as a women’s centre (Table 1, Fig. 4). There were no new laundries established between 2000 and 2006 (Fig. 4). The growth of laundry service provider-established community laundries began in 2017 (Fig. 4). Fifty-one laundries (93%) were established within the past 10 years (Table 1), and of these, 31 (56%) were established within the past 5 years (2020–2024; Table 1, Fig. 4). These more recent models were largely provided as new permanent laundry structures, mobile trucks and trailers (either temporary or scheduled to appear at fixed locations), or semi-permanent structures/transportable pods (Table 1). Altogether, 27 community laundries (49%) were operated as scheduled mobile services

appearing at fixed sites, whereas 19 (35%) were permanent structures and nine (16%) were provided as mobile or semi-permanent structures that were temporary, but present, in a community for over a month at a given time (Table 1).

Detailed information on equipment (such as machine technical specifications, clothes lines and tubs), access to consumables and costs were often unavailable. Laundry facilities always included dryers when a laundry service provider was involved, but were less common under other arrangements (Table 1). Laundry service providers also usually supplied detergents, although the formulation, brands and other details of these products were unspecified. Detergents used in community laundries established without a laundry service provider were not mentioned.

Estimated local Aboriginal and/or Torres Strait Islander populations ranged from 25 to 1000 people in remote/very remote communities, and between 1000 and 2500 people in rural communities (Table 1); the ratio of people to washing machines/dryers where an average laundry facility provides three washing machines and three dryers is, therefore, approximately 1:8–300 in remote/very remote communities, and 1:300–800 in rural towns. Based on scant publicly available financial data (six records only), the cost of establishing a rural/remote community laundry facility can range from AUD 74,000 to 406,863, with an average cost of AUD 235,000 (Supplementary Table S3).

There was a paucity of independent, peer-reviewed published evidence relating to the health and wellbeing impacts of the identified community laundries for rural and remote-living Aboriginal and Torres Strait Islander people (Fig. 2). Nonetheless, promotion and health messaging surrounding community laundries focused almost exclusively on their benefits and positive impacts. This included anecdotal claims regarding physical health (e.g. significant reductions in rates of skin infections, scabies, ARF, RHD and trachoma; improved health outcomes), hygiene (e.g. improved hygiene, understanding of hygiene, high hygienic wash standards, medicative detergents; ensured access to essential hygiene infrastructure; promoting clean and healthy living), and social and emotional health and wellbeing (e.g. improved sleep, wellbeing and quality of life; a hub of conversation and education; increased local employment and capacity building; meaningful outcomes; solving problems; aligning with health, social and cultural community needs; creating resilient and strong communities; Supplementary Table S3). There were no publicly available references to unintended consequences or potential risks associated with specific community laundries.

Discussion

This review demonstrates a rapid acceleration in the establishment of rural and remote Aboriginal and Torres Strait Islander community laundries since the year 2017, with significant growth in the past 5 years. These laundries,

which vary by design as permanent/semi-permanent structures or mobile trucks/trailers, are unified in having been predominantly established by laundry service providers, and operated in partnership with local Aboriginal and Torres Strait Islander people and community-controlled organisations, with the intention to increase access to HLP2, and improve health and wellbeing outcomes. Locations of community laundries and broad public health claims were identifiable in publicly available online grey literature, but independent substantiating evidence as to their actual impact on health and wellbeing was not found, either in publicly available online sources or peer-reviewed literature.

The value of biomedical evidence in decision-making relating to social determinants of health and human rights is complex. Western methodologies, which centre reductionist approaches to the production and interpretation of biomedical evidence, are not always meaningful or appropriate in Aboriginal and Torres Strait Islander health and social settings.⁴³ Throughout the 20th century, broad improvements in health, wellbeing, and life expectancy were achieved in Australia and internationally; raised standards of living, along with health promotion and medical advances, contributed to this gain.⁴⁴ There are justified reasons, therefore, to assume that increasing access to HLP2, as one means to improve living conditions, will broadly improve health and wellbeing in rural/remote Aboriginal and Torres Strait Islander communities.

However, specific health outcomes causally related to particular interventions should be evidence-informed.^{34,45} Ethical health promotion involves providing accurate information and advice that enables individuals, communities and governments to make active choices about how to invest time, energy and resources to achieve specific outcomes.³⁴ This means that statements about specific health impacts, including changes in rates of skin infections and infestations (e.g. impetigo and scabies, respectively), and post-streptococcal infection sequelae (such as ARF and RHD), associated with the introduction of Aboriginal and Torres Strait Islander community laundries should be evidence-based.

To eliminate pathogens and parasites from fabric fomites, and thus reduce transmission of skin infections and infestations, thresholds for effective laundering must be reached. For example, Bernigaud *et al.* (2020) established the thermal killing point for scabies mites and eggs as $\geq 50^{\circ}\text{C}$ for at least 10 minutes, achievable by machine washing or drying.⁶ Similarly, exposure to hot washing and/or drying ($> 60^{\circ}\text{C}$) for at least 15 minutes is effective against bed bugs, fungal pathogens, *Staphylococcus aureus* and head lice.^{46–50} It is unclear whether these thresholds for infection control and the relevant Australian standard for laundry practice (AS 4146:2024)⁵¹ are applied or adhered to in real-world community contexts. Community laundries may also pose unique infection risks to be managed.^{52,53} Some organisms, such as *S. aureus*, bed bugs and dermatophytes, are known to be transmitted via fabric fomites, whereas evidence for fabric fomite transmission of scabies, head lice and Strep A

is very limited.⁵⁴ A review of the role of fabrics in the transmission of skin pathogens/ectoparasites and technical specifications for effective laundering would provide useful guidance and is currently underway (Prospero registration: CRD42024594116).⁵⁴

Parallels can be drawn between the strong advocacy for community laundries in recent years and that for community swimming pools throughout the 1990s and early 2000s.^{55,56} During that time, the benefits of swimming pools for remote Aboriginal and Torres Strait Islander communities were actively promoted, including reduced rates of skin, ear and eye infections, improved economic participation, and enhanced social and emotional wellbeing.^{55,57} In 2016, Hendrickx *et al.*⁵⁸ undertook a systematic review of 12 studies investigating health outcomes associated with swimming pools, concluding that there was a consistent decline in the prevalence and severity of skin sores associated with a new pool opening or implementation of a community-based swimming program. However, evidence around ear and eye infections were inconclusive, and the social and emotional wellbeing benefits of community swimming pools remained conjectural or anecdotal.^{58,59} The authors also noted that the potential risks associated with swimming pools (e.g. water safety) were rarely discussed, and that confounding effects of other ongoing programs or public health interventions within selected communities were not controlled for. Because the magnitude and sustainability of positive impacts depend on patterns of use, costs, governance and sustainability,^{58,60} there is now more guarded optimism around community swimming pools.^{60,61} Lessons learned from past enthusiasm for, and insufficient planning and evaluation of, community swimming pools can be applied to community laundries. Both forms of infrastructure have anticipated health and wellbeing benefits, in addition to high infrastructure costs, potential risks, maintenance challenges and available alternatives.

Large-scale rollout of community laundries evidently has, and will continue to, necessitate significant investment of financial and social capital. Based on average costs calculated using available financial data, assets established since the year 2000 may be valued at approximately AUD 13 million. Additionally, annual ongoing operation and maintenance costs (sometimes including employment costs for local staff) have been estimated at over AUD 100,000 per laundry³¹ (approximately AUD 5.5 million/year for current laundries). At a conservative estimate, the cost of an additional 100 laundries over 10 years could exceed AUD 120 million. Funding committed on the basis of specific health benefits should, therefore, be supported by mechanisms for quality assurance and evaluation. Improvement of housing and living conditions for Aboriginal and Torres Strait Islander people is a highly politicised and contested space. Although community laundries present opportunities for potential health benefits, strategic resourcing and genuine partnerships, they also hold potential to inadvertently compete with funding for housing and health services, which is being urgently

called for by Aboriginal and Torres Strait Islander peak organisations.^{62,63}

There are several acknowledged limitations to this review. First, relying on publicly available data may have missed or misrepresented some community laundries, laundry service providers or community partnerships. We did not validate online reports or seek direct input from key stakeholders on this manuscript so as to maintain an objective methodology. Second, we developed an operational definition of rural and remote Aboriginal and Torres Strait Islander community laundries for inclusion/exclusion purposes, which may not reflect community or contextual understanding. Third, we cannot be confident that all included laundries remain operational; it is likely that openings of laundries have received more media coverage than closures, leading to potential bias. Nonetheless, in the absence of any other unified source of information, this document may inform critical discussion and decision-making.

Conclusion

Community laundries are increasingly heralded as a means to increase access to HLP2, and thereby address health and wellbeing inequities for rural and remote-living Aboriginal and Torres Strait Islander people. The number of these community laundries has increased rapidly in recent years, and more are being planned or developed. Access to HLP2 is closely tied to human rights and broad improvements in standards of living. However, promotion of specific health benefits causally associated with community laundries (e.g. reduction in rates of skin infections, ARF and RHD) should be evidence-based.

Supplementary material

Supplementary material can be accessed from the article page online.

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