

Aboriginal Environmental Health Forum |



**Aboriginal
Health Council
of Western Australia**

Aboriginal Environmental Health Forum 2022

Event Report

Aboriginal Health Council of Western Australia
Public Health & Continuous Quality Improvement Unit

Executive Summary

The Aboriginal Environmental Health Forum 2022 (the Forum) was held on 24 and 25 October 2022 to promote and emphasise environmental health as a priority for the Aboriginal Community Controlled Sector. It was a follow-up to the inaugural Aboriginal Environmental Health Forum 2021¹, as well as a space to evaluate the Review of the WA Aboriginal Environmental Health Program Final Report ² (the Report) published in March 2022.

Environmental health is an area where the ongoing effects of colonisation are apparent; with environmental health hospitalisations in 2017 2.3 times higher in the Aboriginal population than non-Aboriginal people, and in 2016 deaths from environmental health related diseases were 1.7 times higher³. This high burden of environmental health disease contributes to the gap in health outcomes between Aboriginal and non-Aboriginal people, and negatively impacts outcomes in other areas such as education, employability, productivity and quality of life. While the introduction of the Aboriginal Environmental Health Program (the Program) in 1994 by WA Health was an acknowledgement of this disparate burden, the Program has not evolved sufficiently to address these issues since its inception, over two decades later.

The Report acknowledges that there is a need for increased funding, community capacity building and evolution of the current Program. There has been potential for Aboriginal Environmental Health program change since the early 1990s; however, there has been little progress made at the population level ⁴. The Program does not adequately address the environmental health needs of the community it is meant to serve; thus, it is evident that change needs to occur.

This Forum was an opportunity for the Aboriginal Community Controlled Sector to review the recommendations presented in the Report, as well as identifying how the sector's advocacy/governance in this space should proceed.

The table below outlines which recommendations were **supported** or **not supported**.

¹ Appendix 1: Aboriginal Environmental Health Forum 2021 Event Report

² Appendix 2: Review of the WA Aboriginal Environmental Health Program Final Report

³ Appendix 2: Review of the WA Aboriginal Environmental Health Program Final Report; page 26

⁴ Appendix 2: Review of the WA Aboriginal Environmental Health Program Final Report; page 110

Recommendation 1:		
WA Health commits to sustained investment for ongoing funding of the Aboriginal Environmental Health Program, with increased funding to strengthen current Program activities and Aboriginal leadership and address needs outside the remit of the current Aboriginal Environmental Health Program.		
Sub-recommendation 1.1	WA Health assures continued funding, procurement and support for the Aboriginal Environmental Health Program with a formal commitment for sustained investment to support the Program.	Supported
Sub-recommendation 1.2	WA Health fund additional FTE for dedicated senior Aboriginal personnel within the Aboriginal Environmental Health Program team to provide greater Aboriginal leadership with Program decision-making and delivery.	Not supported
Sub-recommendation 1.3	WA Health increase funding for the Aboriginal Environmental Health Program, and more broadly the Public and Aboriginal Health Division of WA Health, to strengthen prevention and health promotion in Aboriginal Environmental Health, in alignment with Enduring Strategies 1 and 3a of the Sustainable Health Review and the Climate Health Inquiry, comprising: <ul style="list-style-type: none"> • a designated budget that enables a greater focus on targeted culturally secure prevention efforts for Aboriginal people as determined through co-design; and • tender assessments are undertaken at a regional level, with Aboriginal participation. 	Supported
Sub-recommendation 1.4	Expand funding to additional regions (e.g., South West, Wheatbelt, Great Southern and greater Perth Metropolitan areas), with specific targets (determined through co-design with the Aboriginal community-controlled sector) based on need, population size, service access levels, and nature of environmental health conditions.	Supported
Sub-recommendation 1.5	Co-designed Aboriginal Environmental Health Program Service Agreements include contract management processes undertaken by Purchasing and Systems Contracting Unit for governance support and capability development.	Supported

<p>Recommendation 2: Establish a clearer delineation between (i) Aboriginal Environmental Health Program coordination and operations and (ii) Aboriginal Environmental Health service provider contract procurement and management within WA Health, and incorporate greater levels of Aboriginal leadership in identifying areas for essential service procurement.</p>		
Sub-recommendation 2.1	<p>Define clear roles and responsibilities through co-design for the WA Aboriginal Environmental Health Program (and related policy teams) and the Purchasing and Systems Contracting Unit in WA Health to commission the Aboriginal Environmental Health service providers through contemporary best-practice procurement and contract management activities.</p>	Supported
Sub-recommendation 2.2	<p>To leverage cross-sectoral strategic and implementation structures, the WA Health Director-General advocates for a greater focus on whole-of-government approaches to Aboriginal Environmental Health issues with counterparts from other government departments, through the Aboriginal Affairs Coordinating Committee, and other appropriate whole-of-government mechanisms in the context of meeting Priority Reform 2 and the targets in the WA Closing the Gap Jurisdictional Implementation Plan.</p>	Supported
Sub-recommendation 2.3	<p>Facilitate essential service procurement with community infrastructure providers, including increasing opportunities for ACCOs to deliver co-designed contracted services to their communities by investing in services that support:</p> <ul style="list-style-type: none"> • ACCO capacity building in environmental health; • Increased collaboration and partnership between existing ACCOs, supporting opportunities for co-design; and • Increased collaboration and culturally secure partnerships between ACCOs and mainstream community sector organisations, supporting opportunities for co-design. 	Supported

<p>Recommendation 3: As part of the Aboriginal Environmental Health Program, evidence-based models guide all service agreements with appropriate monitoring and evaluation aligned with data sovereignty principles.</p>		
Sub-recommendation 3.1	<p>All Aboriginal Environmental Health Program Service Agreements to be based on strategic program logic (see Options Paper), with appropriate monitoring and evaluation of the Aboriginal Environmental Health Program aligned with AHWF outcome measures through a contract reporting framework:</p> <ul style="list-style-type: none"> • As per the Sector Support for Sustainable Aboriginal Community Controlled Health Services in WA; and • Aligned with contemporary procurement practices as currently used for the contracting of AHCWA services by WA Health. 	Supported
<p>Recommendation 4: Establish mechanisms through co-design to strengthen the capacity and capability of ACCO services and businesses to provide services funded under the Aboriginal Environmental Health Program.</p>		
Sub-recommendation 4.1	<p>Approach and endorse AHCWA, under a broadened remit, to provide governance and capability development for ACCOs to increase capacity to provide Aboriginal Environmental Health contracted services. That this be reflected in Aboriginal Environmental Health Program Service Agreements, so it can be triggered (based on co-designed measures) as part of the contract management process, as per the Sector Support for Sustainable Aboriginal Community Controlled Health Services in WA.</p>	Supported
Sub-recommendation 4.2	<p>Mandate ACCO-restricted procurement where there is an established ACCO with demonstrated capability and capacity in Aboriginal Environmental Health. When these conditions are not met, procurement activity mandates formalised partnerships with local AMSs, ACCHOs and/or ACCOs.</p>	Supported

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Sub-recommendation 4.3	Continue awarding contracts to Aboriginal businesses and purchasing of goods, services, and community services/works per the WA Government's Buy Local and Aboriginal Procurement Policies.	Supported
Sub-recommendation 4.4	Build into Aboriginal Environmental Health Program Service Agreements the requirement of Aboriginal Environmental Health service providers to hold and report on community forums and meetings used to produce CEHAPs, or other suitable community planning tool(s).	Supported
Recommendation 5: Develop whole-of-government strategies incorporating Aboriginal leadership across Aboriginal Environmental Health and other relevant sectors		
Sub-recommendation 5.1	The Environmental Health Directorate, inclusive of additional dedicated senior Aboriginal personnel (see Recommendation 1.2), in collaboration with the Aboriginal Health Policy Directorate, facilitate cultural leadership and governance of the Aboriginal Environmental Health program	Supported (not inclusive of Rec 1.2)
Sub-recommendation 5.2	Embed Aboriginal leadership and governance in Aboriginal Environmental Health Program planning, implementation and evaluation through formalised consultation with regional Aboriginal Health Planning Forums with agenda items including (but not limited to): <ul style="list-style-type: none"> • Regional Aboriginal Environmental Health issues and local solutions • Consideration of regional PHC data and • Co-design of regional Aboriginal Environmental Health policy and programs 	Supported
Sub-recommendation 5.3	Through the above mechanisms, the Environmental Health Directorate facilitate co-design of the implementation of the proposed model of the Aboriginal Environmental Health Program (as described in the Options Paper, and as mandated through National enHealth planning).	Supported

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<p>Recommendation 6: Innovate and expand Aboriginal Environmental Health workforce training, including strategic planning and funding for employing community-based workers.</p>		
Sub-recommendation 6.1	Continue collaborating with accredited training organisations to co-design Aboriginal Environmental Health content and processes with AHCWA to enable appropriate and accessible training options for Aboriginal Environmental Health and community-based workers.	Supported
Sub-recommendation 6.2	WA Health to establish and fund a designated Aboriginal training/supervisory position, aligned with industrial awards and conditions, within an appropriate ACCO to coordinate the ongoing training of Aboriginal Environmental Health workers.	Supported
Sub-recommendation 6.3	Service providers include a training focus on data and computer literacy of the Aboriginal Environmental Health workforce—in order to be funded—to improve understanding around the need for quality data collection to improve monitoring and continuous improvement in the delivery of Aboriginal Environmental Health Program outcomes.	Supported
Sub-recommendation 6.4	Provide contractual opportunities for Aboriginal Environmental Health service providers to work at a regional level with Community Development Program (CDP) providers to engage CDP participants through local Aboriginal Environmental Health Worker (AEHW) training and employment opportunities.	Not Supported
Sub-recommendation 6.5	In partnership with service-based experts, update the enHealth Environmental Health Practitioner Manual (2010) to National Standards, including Healthy Living Practices and aligned with Certificate II curriculum.	Supported
<p>Recommendation 7: Improve the collection, analysis, dissemination, and use of data to routinely monitor and evaluate Aboriginal Environmental Health Program services, activities and outcomes.</p>		
Sub-recommendation 7.1	Implement a routine reporting process beyond solely activity-based data to incorporate outcomes-based reporting, with outcomes in line with those recommended in the Options Paper and determined through co-design. Provide training to service providers on the new reporting requirements to standardised information for improved collation and evaluation.	Supported

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Sub-recommendation 7.2	Integrate PHC data into routine monitoring of environmental-related disease burden and Aboriginal Environmental Health Program outcomes.	Supported
Sub-recommendation 7.3	The Environmental Health Directorate, Epidemiology Branch and AHCWA, in collaboration with clinicians, co-design and develop an appropriate methodology to measure environment-attributable disease burden that can be applied across all WA regions.	Supported
Sub-recommendation 7.4	The WA Epidemiology Branch produce regular reports (at least annually) to monitor the burden of environment-attributable hospitalisations and deaths among Aboriginal Western Australians aligned with reporting on Closing the Gap progress. Deliver these reports to the Environmental Health Directorate and make them publicly available to inform all stakeholders and assist a whole-of-government approach, maintaining principles of data sovereignty.	Supported
Sub-recommendation 7.5	Support co-designed, culturally responsive and community directed or endorsed research projects with findings implemented to improve Aboriginal Environmental Health outcomes.	Supported
Recommendation 8: Collaborate with ACCHS and the WA Country Health Service (WACHS) to develop strategies promoting environmental health as key to broader health care responses.		
Sub-recommendation 8.1	WA Health strongly advocate for community-led, co-designed and culturally responsive health promotion and disease prevention strategies as a core area of collaboration across whole-of-government.	Supported
Sub-recommendation 8.2	Expand on existing safe bathroom assessments to include all health home hardware and train the Aboriginal Environmental Health workforce to undertake healthy home hardware assessments.	Supported
Sub-recommendation 8.3	Aboriginal Environmental Health service providers to promote community engagement in routine 715 health checks to prevent and manage environmental health-related diseases.	More clarity required.

Recommendation 9: Develop a broad range of strategies to build community skills and capacity to implement and monitor responsive, sustainable environmental health programs.		
Sub-recommendation 9.1	Promote environmental health strategies identified by each community to generate sustainable change and improve outcomes.	Supported
Sub-recommendation 9.2	Through public notices, or other culturally responsive mechanisms, keep communities informed on who is responsible for providing environmental services.	Supported
Sub-recommendation 9.3	Environmental Health Directorate to provide resources (including training) to enhance the capacity of Aboriginal Environmental Health service providers to engage with communities in identifying Aboriginal Environmental Health needs and better understand and develop CEHAPs (or appropriate similar co-designed planning tool).	Supported
Sub-recommendation 9.4	Disseminate a summary of Review findings and recommendations to service providers, stakeholders and communities that contributed to the Aboriginal Environmental Health Program Review evaluation.	Supported

While all recommendations are important, participants prioritised Recommendations 1,6,3,9, and 4, in that order.

A number of goals, opportunities for next steps and recommendations came out of The Forum, as outlined below.

Aboriginal Community Controlled Sector Goals

1. The transfer of funding for Aboriginal Environmental Health services from Local Government Associations to the Aboriginal Community Controlled Sector.
2. Increase the amount of Aboriginal Environmental Health funding available to Aboriginal Community Controlled Organisations and Health Services.
3. Expansion of the Aboriginal Environmental Health Program to all regions, with equitable access to services within all regions.
4. A new business case is developed that sees the implementation of a service model that is funded appropriately.
5. Changes to data collection and reporting requirements that capture and reflect the needs of Aboriginal communities, and to build the capacity of service providers around data collection and analysis.

Next Steps

1. The Aboriginal Health Council of Western Australia (AHCWA) to formalise a subcommittee under its Board to advocate for changes in Aboriginal Environmental Health – the subcommittee will meet frequently over the year and direct AHCWA's efforts in this space.
2. AHCWA to continue to advocate to the Environmental Health Directorate that new and existing contracts awarded for Aboriginal Environmental Health are transparent, outcomes based, culturally safe, and include realistic reporting requirements that reflect the actual environmental health needs of communities.
3. AHCWA to seek funding for a scoping and engagement exercise to develop a WA Aboriginal Environmental Health Strategy and Program Model, reflective of the expanded scope that the Aboriginal Community Controlled Sector and the Report identified as necessary.
4. AHCWA will continue to advocate for the Department of Communities to review the Remote Housing Maintenance Head Contract Model.

Recommendations

R1: The Department of Health increases funding for the Aboriginal Environmental Health Program for both Aboriginal Community Controlled Organisations and Health Services.

R2: The Environmental Health Directorate incorporates the recommendations of the review into program planning and implementation, in true partnership with Aboriginal Community Controlled Organisations and Health Services, with a priority on recommendations 1, 3, 4, 6 and 9.

R3: Expand the Aboriginal Environmental Health Program scope to include all regions.

R4: Include capacity building for Aboriginal Community Controlled Organisations and Health Services in the Aboriginal Environmental Health Program.

R5: Undertake all work in Aboriginal Environmental Health in true co-design, consistent with the partnership and shared decision-making model under Priority Reform One of the National Agreement on Closing the Gap.

R6: The Department of Health funds AHCWA to conduct a scoping and engagement exercise to develop a WA Aboriginal Environmental Health Strategy and Program Model.

R7: The Department of Health develops a business case in partnership with AHCWA, and Aboriginal Community Controlled Organisations and Health Services, to secure the appropriate funding to support the expansion of the Aboriginal Environmental Health Program.

Commonly Used Acronyms

ACCHS | Aboriginal Community Controlled Health Service

ACCO | Aboriginal Community Controlled Organisation

ABORIGINAL ENVIRONMENTAL HEALTH | Aboriginal Environmental Health

ABORIGINAL ENVIRONMENTAL HEALTHW | Aboriginal Environmental Health Worker

AHCWA | Aboriginal Health Council of Western Australia

CENVIRONMENTAL HEALTHAP | Community Environmental Health Action Plan

CDP | Community Development Program

EAF | Environmental Attributable Fraction

ENVIRONMENTAL HEALTHD | Environmental Health Directorate

EnHealth | Environmental Health Standing Committee

KEAF | Kimberley Environmental Attributable Fraction

LGA | Local Government Authority

NACCHO | National Aboriginal Community Controlled Health Organisation

PHC | Primary Health Care

REMS | Remote Essential and Municipal Services

UWA | The University of Western Australia

WA | Western Australia

WACHS | WA Country Health Services

WA Health | Western Australian Department of Health

WDSU | Workforce Support and Development Unit

Introduction and description of workshop

The Aboriginal Environmental Health Forum 2022 (the Forum) was held on 24 and 25 October 2022 to progress work related to Environmental Health, which is a priority area for the Aboriginal Community Controlled Sector. The Forum was a follow up to the inaugural Aboriginal Environmental Health Forum 2021⁵, as well as being a space to respond to the recommendations that came out of the Review of the WA Aboriginal Environmental Health Program Final Report (the Report)⁶ published in March 2022.

AHCWA invited the Aboriginal Community Controlled Health Services (ACCHS) and Aboriginal Community Controlled Organisations (ACCOs) that work in Environmental Health in WA. The aim of the day and a half forum was to:

- (1) Discuss the recommendations from the Report,
- (2) Formulate a sector response to the Report,
- (3) Identify priorities for the Aboriginal Community Controlled Sector in Aboriginal Environmental Health, and
- (4) Inform future directions for this sector.

The Forum was attended by ACCHS and ACCOs working in Environmental Health across the Perth Metro, Goldfields, Central Desert, Kimberley, Murchison/Gascoyne, Pilbara and South West regions. In total, 79 people attended day one (58 excluding AHCWA staff); 55 per cent of participants identified as Aboriginal and/or Torres Strait Islander.

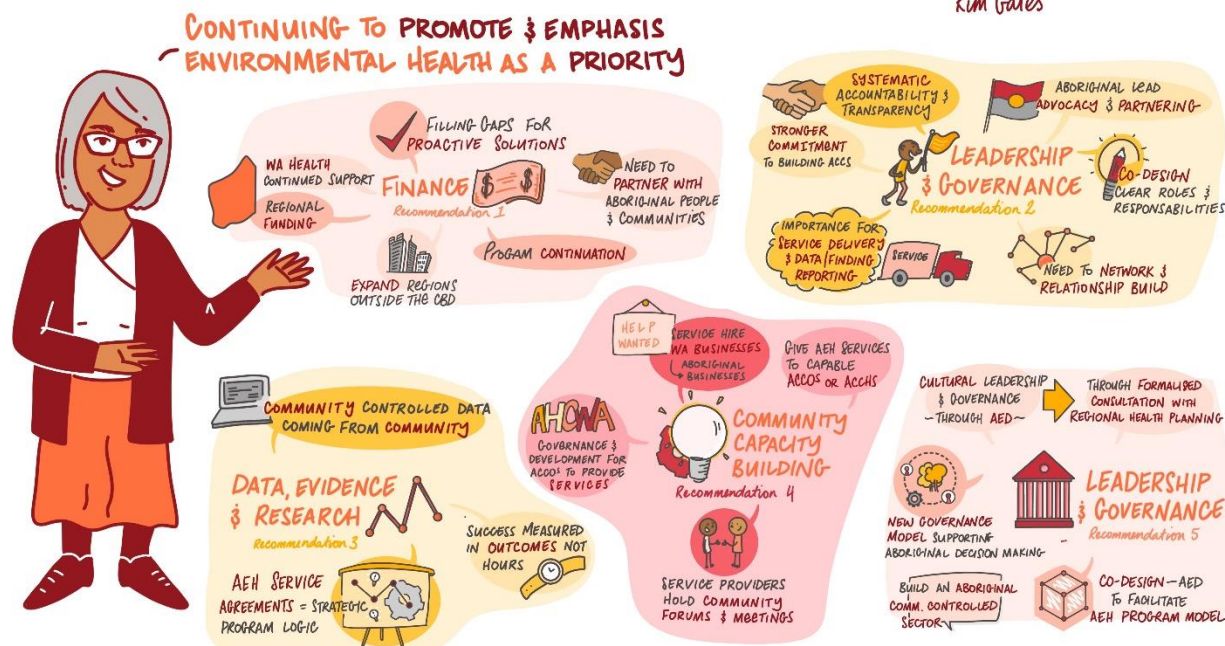
⁵ Appendix 1: Aboriginal Environmental Health Forum 2021 Event Report

⁶ Appendix 2: Review of the WA Aboriginal Environmental Health Program Final Report

Background

Introduction Presentation

Kim Gates



Aboriginal Environmental Health Forum 2023

Aboriginal Environmental Health Forum 2021

The Aboriginal Environmental Health Forum 2021 was a result of member demand for improvements and collective advocacy in this space, and was summarised by an event report⁷. The event report made seven recommendations over a number of themes for future action and advocacy.

Review of the WA Aboriginal Environmental Health Program Final Report

UWA's School of Population Health and Think Culture were funded by the WA Department of Health to independently review the WA Department of Health Aboriginal Environmental Health Program. The aim of the review was to enhance effectiveness and sustainability of the Department's facilitation of Environmental Health services to Aboriginal communities in WA. The review analysed practical elements of the program, along with monitoring and reporting measures. The consultation process included engagement with Aboriginal Environmental Health providers, community members and other key stakeholders.

The review culminated in the Report⁸, and made recommendations under six themes: Finance; Leadership and Governance; Data, Evidence & Research; Community Capacity Building;

⁷ Appendix 1: Aboriginal Environmental Health Forum 2021 Event Report

⁸ Appendix 2: Review of the WA Aboriginal Environmental Health Program Final Report

Workforce Support and Training; Health Prevention; and Health Promotion. These recommendations were divided into two parts, with Part A relating to Procurement and Contract Management, and Part B relating to Aboriginal Environmental Health Program Management. The reviewers made nine recommendations to WA Department of Health to improve the Aboriginal Environmental Health Program. WA Health has not yet responded to the recommendations.

Policy Space

There is growing recognition of the significant impact the environment plays on Aboriginal health and wellbeing, and an increasing emphasis on the need to improve Environmental Health of Aboriginal people and communities. Relevant policies frameworks are described below.

Closing the Gap Agreement – Health Sector Strengthening Plan

The Health Sector Strengthening Plan is a three-year plan (the Plan) designed to identify and respond to key challenges for the community-controlled health sector. The Plan reports that environmental health was identified as a significant priority during the 'My Life My Lead' consultations conducted to inform the National Aboriginal and Torres Strait Islander Health Plan 2021-2031. The Plan also identifies that community led and integrated approaches encompassing ACCHS, social housing organisations and environmental health service providers are crucial to overcome poor health outcomes for families and individuals. Under the workforce section, the Plan includes an action to invest in a permanent, highly skilled and nationally credentialed Aboriginal and Torres Strait Islander environmental health workforce.

Closing the Gap Jurisdictional Implementation Plan

As part of the Closing the Gap Agreement, each jurisdiction has developed an implementation plan. The WA Implementation Plan identifies performance indicators for environmental health referrals as a key area for further development.

Closing the Gap Agreement – Priority Reforms 1 & 2

The WA Government, like all Australian governments, committed to implementing the Priority Reforms of the National Agreement on Closing the Gap. In particular, Priority Reforms One and Two require governments to share decision-making with Aboriginal people about the policies, programs and services that impact us, and to grow Aboriginal community-controlled sectors, including growing their investment in Aboriginal organisations. Several other WA Government policy documents, such as the Aboriginal Empowerment Strategy and the State Commissioning Strategy for Community Services, reiterate the State's commitment to these reforms.

WA Aboriginal Health and Wellbeing Framework

This Framework notes the need to improve and maintain basic environmental health conditions in Aboriginal communities. The Framework further explains that Public Health approaches to prevent health problems will be enhanced by ensuring healthy environmental conditions. It also identifies the need for community led approaches and a skilled Environmental Health workforce.

Sustainable Health Review (SHR) – Recommendations 1 & 3a

The aim of the SHR is to drive a shift from an acute, reactive health system to one that has a focus on prevention along with better access to local services in the home and community. Recommendation 1 and 3a are the most relevant for environmental health.

AHCWA sits on the working group for Recommendation 3a, which aims to reduce inequity in health outcomes for Aboriginal people and their families, and has advocated for environmental health to be included as an activity in the recommendation implementation plan. An activity has been agreed to identifying the need to “work with the ACCHS sector to empower communities to identify their environmental health needs and inform service delivery models”.

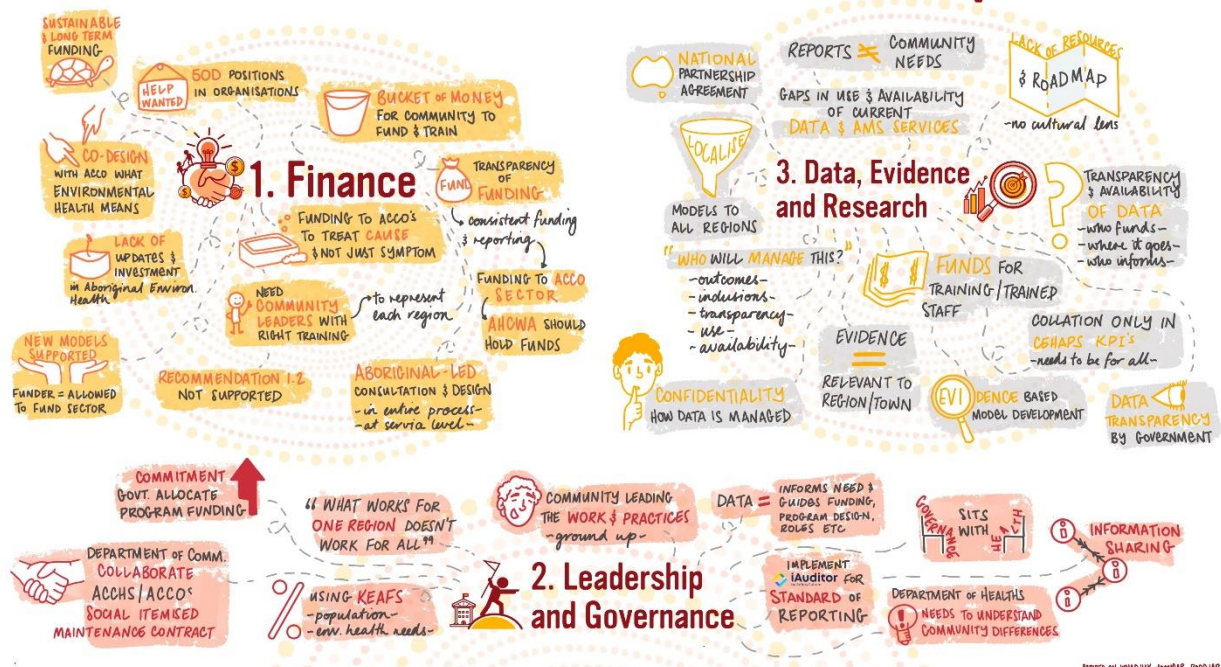
Although, Recommendation 1 does not specifically identify Environmental Health as a public health priority, the Recommendation 1 project team explained they are using the Australian Institute of Health and Welfare definition of Public Health. This definition includes Environmental Health as a component of Public Health, and as such, AHCWA will continue to advocate for investment under this recommendation. The Department of Health’s report also proposes new investment for health prevention and environmental health through the SHR.

Member Feedback on Recommendations from the Review of the WA Aboriginal Environmental Health Program

The delegates discussed the nine recommendations from the Report during an extended workshop session. After reviewing and discussing each recommendation thoroughly, delegates ranked them in order of priority. Recommendation 1 was the leading priority for delegates, followed by recommendations 6, 3, 9 and 4.

While many recommendations are crucial to improving Aboriginal Environmental Health outcomes across WA, prioritising them can help create a roadmap for short-term implementation, ensuring we deal with some of the key issues in the first instance. The analysis below comprehensively reviews all of the feedback on the Report's recommendations.

Recommendations Workshop



Recommendation 1:

WA Health commits to sustained investment for ongoing funding of the Aboriginal Environmental Health Program, with increased funding to strengthen current Program activities and Aboriginal leadership and address needs outside the remit of the current Aboriginal Environmental Health Program.

Sub-recommendation 1.1:

WA Health assures continued funding, procurement and support for the Aboriginal Environmental Health Program with a formal commitment for sustained investment to support the Program

The sector **supports** this recommendation.

In relation to this recommendation, delegates made the following comments:

- Funding needs to be sustainable, long-term, consistent and transparent.
- Where possible funding should be directed to an established Aboriginal Community Controlled organisations to ensure programs are cultural safe.
- There is a need to adequately fund staff training, new materials and resources; and this should be outlined in contracts.
- There needs to be greater transparency in relation to the funding model formula, which should be in line with a co-designed model of service.

As reiterated in the Report, environmental health is shifting towards a preventative model⁹. Given the WA Government, as well as many other health experts and stakeholders, have emphasised the importance of preventative health playing a greater role in health care delivery, the emerging preventative model of Aboriginal environmental health needs to be supported and allowed to grow.

Sub-recommendation 1.2:

WA Health fund additional FTE for dedicated senior Aboriginal personnel within the Aboriginal Environmental Health Program team to provide greater Aboriginal leadership with Program decision-making and delivery.

This recommendation is **not supported** by the sector.

In relation to this recommendation, delegates made the following comments:

These funds should be redirected to the Aboriginal Community Controlled sector, where Aboriginal expertise already exists. Individual Aboriginal people working at WA Health will not have the same reach into communities as a true co-designed program.

⁹ Appendix 2: Review of the WA Aboriginal Environmental Health Program Final Report; page 109

Sub-recommendation 1.3:

WA Health increase funding for the Aboriginal Environmental Health Program, and more broadly the Public and Aboriginal Health Division of the Aboriginal Environmental Health Program WA Health, to strengthen prevention and health promotion in the Aboriginal Environmental Health Program, in alignment with Enduring Strategies 1 and 3a of the Sustainable Health Review and the Climate Health Inquiry, comprising:

- a designated budget that enables a greater focus on targeted culturally secure prevention efforts for Aboriginal people as determined through co-design; and*
- tender assessments are undertaken at a regional level, with Aboriginal participation.*

The sector **supports** this recommendation.

In relation to this recommendation, delegates made the following comments:

It was clearly stated by a large majority of delegates that the current investment in prevention is inadequate. Sixty one per cent of providers currently deliver environmental health services that are not included in the scope the Program¹⁰, and all providers present at the Forum expressed they could be doing even more if they were adequately funded.

Aboriginal Environmental Health Program funding to local government authorities (LGAs) must be re-directed to the Aboriginal Community Controlled sector in line with the National Agreement on Closing the Gap's Priority Reform One, the Closing the Gap Agreement Health Strengthening Plan, the WA Aboriginal Empowerment Strategy and the WA Aboriginal Health and Wellbeing Framework.

Forum delegates also said there needs to be:

- Consistency in reporting across all service providers whether they are Aboriginal Community Controlled or Local Government Agencies. for ACCOs/LGA/ACCCHS;
- Greater transparency around funding contracts, as the current lack of transparency is divisive.

Delegates also noted that terms in contracts are restrictive, with services not able to report on some work completed due to the restrictions on the activity considered reportable in contracts.

To ensure tender assessments include Aboriginal participation it was suggested that a state or national Aboriginal organisation such as AHCWA or NACCHO be the funds holder and award contracts. This would be in line with National Agreement on Closing the Gap Priority Reform Two, which aims to build Aboriginal community-controlled sectors.

¹⁰ Appendix 2: Review of the WA Aboriginal Environmental Health Program Final Report; page 78

Sub-recommendation 1.4:

Expand funding to additional regions (e.g., South West, Wheatbelt, Great Southern and greater Perth Metropolitan areas), with specific targets (determined through co-design with the Aboriginal community-controlled sector) based on need, population size, service access levels, and nature of environmental health conditions.

The sector **supports** this recommendation.

In relation to this recommendation, delegates made the following comments:

The funding model needs to be transparent, consistent and fair. This requires a thorough Aboriginal-led program redesign process, which takes into consideration all voices.

In order to develop a model that meets the needs of all regions participants suggest a undertaking a mapping exercise, which identifies the variables, including burden of disease, culture language, population demographics, and exposures to environmental hazards, both indoors and in the outdoor environment.

Sub-recommendation 1.5:

Co-designed the Aboriginal Environmental Health Program Service Agreements include contract management processes undertaken by Purchasing and Systems Contracting Unit for governance support and capability development.

The sector **supports** this recommendation.

In relation to this recommendation, delegates made the following comments:

For there to be true co-design the approach be agreed to by all parties. ACCOs and ACCHS need to be part of the entire process. Co-design means taking a “blank page” approach where we set the parameters; we say what is in the foreground; we say what is in the background; and all the complexity within. “Nothing about our mob, without our mob”. This is critical; this is the starting point for our relationship.

Recommendation 2: *Establish a clearer delineation between (i) the Aboriginal Environmental Health Program coordination and operations and (ii) the Aboriginal Environmental Health service provider contract procurement and management within WA Health, and incorporate greater levels of Aboriginal leadership in identifying areas for essential service procurement.*

The sector **supports** this recommendation.

In relation to this recommendation, delegates made the following comments:

Community decision-making needs to inform design, management and delivery of environmental health services with co-design principles in place and the expertise and input of environmental health providers valued.

Principles of Co-Design

Inclusive – The process includes representatives from critical stakeholder groups who are involved in the co-design project from framing the issue to developing and testing solutions. It utilises feedback, advice and decisions from people with lived or work experience, and the knowledge, experience and skills of experts in the field.

Respectful – All participants are seen as experts and their input is valued and has equal standing. Strategies are used to remove potential or perceived inequality. Partners manage their own and others' feelings in the interest of the process. Co-design requires everyone to negotiate personal and practical understandings at the expense of differences.

Participative – The process itself is open, empathetic and responsive. Co-design uses a series of conversations and activities where dialogue and engagement generate new, shared meanings based on expert knowledge and lived experience. Major themes can be extracted and used as the basis for co-designed solutions. All participants are responsible for the effectiveness of the process.

Iterative – Ideas and solutions are continually tested and evaluated with the participants. Changes and adaptations are a natural part of the process, trialling possibilities and insights as they emerge, taking risks and allowing for failure. This process is also used to fine-tune potential outcomes or solutions as it reaches fruition and can later be used to evaluate its effectiveness.

Outcomes focused – The process can be used to create, redesign or evaluate services, systems or products. It is designed to achieve an outcome or series of outcomes, where the potential solutions can be rapidly tested, effectiveness measured and where the spreading or scaling of these solutions can be developed with stakeholders and in context.

Sub-recommendation 2.1:

Define clear roles and responsibilities through co-design for the WA the Aboriginal Environmental Health Program (and related policy teams) and the Purchasing and Systems Contracting Unit in WA Health to commission the Aboriginal Environmental Health service providers through contemporary best-practice procurement and contract management activities.

The sector **supports** this recommendation.

In relation to this recommendation, delegates made the following comments:

Data must inform need and guide program design, roles and responsibility.

Sub-recommendation 2.2:

To leverage cross-sectoral strategic and implementation structures, the WA Health Director-General advocates for a Aboriginal environmental health issues with counterparts from other government departments, through the Aboriginal Affairs Coordinating Committee, and other appropriate whole-of-government mechanisms in the context of meeting Priority Reform 2 and the targets in the WA Closing the Gap Jurisdictional Implementation Plan.

The sector **supports** this recommendation.

In relation to this recommendation, delegates made the following comments:

Issues about maintenance services have been raised previously over a long period of time with the same issues being raised year after year.

In 2019 following a joint forum with Shelter WA, the Department of Communities committed to making changes to the housing maintenance program. This has not occurred. AHCWA and the sector have continued to advocate for these changes.

The sector agrees that a more coordinated government approach is required.

There has been a lack of information sharing between Department of Communities and Department of Health around environmental health issues resulting from inadequate or unaddressed housing maintenance, as well as community-specific differences being overlooked or not understood. The Department of Communities' Remote Essential Municipal Services and other housing programs need to work more closely with the Aboriginal Environment Health Program.

The Department of Communities needs to be involved in this process, and collaborate with ACCHS/ACCOs to develop the next social housing maintenance contract, which:

- Review the head contract model to ensure it is working. If not, why not and how can it be enhanced to make it sustainable;

- Reviews existing head maintenance contracts and considers whether they are meeting the needs of all communities;
- Return to the former system of engaging zone contractors to ensure regional sustainability;
- Compliance to the Plumbers Licensing Act Agreement with Aboriginal Environmental Health Projects is essential.

Sub-recommendation 2.3:

Facilitate essential service procurement with community infrastructure providers, including increasing opportunities for ACCOs to deliver co-designed contracted services to their communities by investing in services that support:

- *ACCO capacity building in environmental health;*
- *Increased collaboration and partnership between existing ACCOs, supporting opportunities for co-design; and*
- *increased collaboration and culturally secure partnerships between ACCOs and mainstream community sector organisations, supporting opportunities for co-design.*

The sector **supports** this recommendation.

In relation to this recommendation, delegates made the following comments:

The Department of Health needs to increase its understanding of community differences, and varying needs, in the space of Environmental Health.

Health services, such as ACCHS and Environmental Health ACCOs, should lead the co-design process mentioned in this recommendation, with an education and prevention focus.

Department of Health, especially the Environmental Health Directorate, and LGAs need to collaborate and work with ACCOs/ACCHSs to address environmental health.

It is the view of the sector that iAuditor becomes the standard of reporting.

Recommendation 3:

As part of the Aboriginal Environmental Health Program, evidence-based models guide all service agreements with appropriate monitoring and evaluation aligned with data sovereignty principles.

Sub-recommendation 3.1:

All Aboriginal Environmental Health Program Service Agreements to be based on strategic program logic (see Options Paper), with appropriate monitoring and evaluation of the Aboriginal Environmental Health Program aligned with AHWF outcome measures through a contract reporting framework:

- As per the Sector Support for Sustainable Aboriginal Community Controlled Health Services in WA; and*
- Aligned with contemporary procurement practices as currently used for the contracting of AHCWA services by WA Health.*

The sector **supports** this recommendation.

In relation to this recommendation, delegates made the following comments:

Evidence based models must guide all funding agreements.

Funding to LGAs needs to cease and be redirected to appropriate ACCOs/ACCHS, in line with Closing the Gap Priority Reform Two and the State Commissioning Strategy for Community Services.

ACCHS/ACCOs call on Government to be much more forthcoming with data, in line with Data Sovereignty measures and Priority Reform Four of the National Agreement on Closing the Gap, while managing concerns around confidentiality and data sharing. Aboriginal people have a right to data collected about them. For example, data on:

- The REMS Program – transparency around data and funding;
- Remote communities housing maintenance – call out average waiting times etc.;
- Department of communities – date around Aboriginal tenancies and new building programs.

Recommendations Workshop



Recommendation 4:

Establish mechanisms through co-design to strengthen the capacity and capability of ACCO services and businesses to provide services funded under the Aboriginal Environmental Health Program

Sub-recommendation 4.1:

Approach and endorse AHCWA, under a broadened remit, to provide governance and capability development for ACCOs to increase capacity to provide Aboriginal Environmental Health contracted services. That this be reflected in Aboriginal Environmental Health Program Service Agreements, so it can be triggered (based on co-designed measures) as part of the contract management process, as per the Sector Support for Sustainable Aboriginal Community Controlled Health Services in WA.

In general, the sector **supports** this recommendation.

In relation to this recommendation, delegates made the following comments:

Services proposed ways to have ongoing input into governance, suggesting this be via a working group within AHCWA, to ensure transparency and strong communication.

Delegates suggested for AHCWA to be funded to draft a whole-of-state response to and model, to include mapping of referral/communication pathways, responsibilities and key stakeholders.

In regards to capability development, it was clear that ACCOs need to be given the funding and resources to ensure capability development can occur across the entire sector.

Sub-recommendation 4.2:

Mandate ACCO-restricted procurement where there is an established ACCO with demonstrated capability and capacity in Aboriginal Environmental Health. When these conditions are not met, procurement activity mandates formalised partnerships with local AMSs, ACCHOs and/or ACCOs.

The sector **supports** this recommendation.

In relation to this recommendation, delegates made the following comments:

If there is no established ACCO with the capacity to take on environmental health services, there should be a capacity building across the sector. The plan could include development of resources, opportunities to partner, and capacity building activities.

ACCOs should be allowed to sub-contract to community contractors if not capable or are not funded to do the task, e.g. plumbing.

The WA Government needs to demonstrate transparency when developing a preferred provider list.

Providers need to be local providers.

Sub-recommendation 4.3:

Continue awarding contracts to Aboriginal businesses and purchasing of goods, services, and community services/works per the WA Government's Buy Local and Aboriginal Procurement Policies.

The sector **supports** this recommendation.

In relation to this recommendation, delegates made the following comments:

The procurement process and subsequent contracts need to be equitable in that service delivery is consistent in all areas, transparent and sufficiently funded .

Contracts should not be "left-overs", but rather, sufficient funds for FTE and infrastructure.

The requirement for transparency in funding should include a requirement for government to provide a rationale for why a non-Aboriginal service is funded over ACCOs/ACCHS in the area.

Not-for-profit services should be prioritised over for-profit businesses, particularly ACCOs/ACCHS.

Contracting to external services must be done in partnership with Aboriginal organisations working in the area to avoid duplication.

Sub-recommendation 4.4:

Build into Aboriginal Environmental Health Program Service Agreements the requirement of Aboriginal Environmental Health service providers to hold and report on community forums and meetings used to produce CEAPs, or other suitable community planning tool(s).

The sector **supports** this recommendation.

In relation to this recommendation, delegates made the following comments:

The sector notes that there needs to be accountability for actions through the creation of action plans, including activity, funding allocations and timelines.

Where CEPs are created there needs to be a process to ensure tasks are completed.

Delegates strongly emphasised the need for KPIs derived from the community, and other community tools adopted and encouraged, not restricted to CEAPs.

Delegates agree that regional priorities are useful for setting short- and long-term goals.

Recommendation 5:

Develop whole-of-government strategies incorporating Aboriginal leadership across Aboriginal Environmental Health and other relevant sectors

Sub-recommendation 5.1:

The Environmental Health Directorate, inclusive of additional dedicated senior Aboriginal personnel (see Recommendation 1.2) in collaboration with the Aboriginal Health Policy Directorate, facilitate cultural leadership and governance of the Aboriginal Environmental Health program

The sector **supports** this recommendation but does **not support** the inclusion of Recommendation 1.2.

In relation to this recommendation, delegates made the following comments:

While there was support for this recommendation, two areas need clarity: the distinction between leadership and governance; and the definition of “whole-of-government”.

A cultural leadership and governance framework needs to be developed and available to the public.

Delegates called for a clear framework from the Aboriginal Environmental Health Directorate on a “checks-and-balances” leadership structure.

Delegates suggested the formation of a reference group of Aboriginal leaders to advise the Environmental Health Directorate, and to ensure the Environmental Health Directorate is listening to community.

Sub-recommendation 5.2:

Embed Aboriginal leadership and governance in Aboriginal Environmental Health Program planning, implementation and evaluation through formalised consultation with regional Aboriginal Health Planning Forums with agenda items including (but not limited to):

- *Regional Aboriginal Environmental Health issues and local solutions*
- *Consideration of Regional PHC data and*
- *Co-design of regional Aboriginal Environmental Health policy and programs*

The sector **supports** this recommendation.

In relation to this recommendation, delegates made the following comments:

The sector agrees that a standing forum on a quarterly basis with regular sharing of successes and lessons learned would be helpful to the planning, implementation and evaluation of programs.

If LGAs continue to be funded, stronger relationships between ACCHS and ACCOs and LGAs need to be forged. The relationships should be driven by individual and community education and prioritise problem solving.

Sub-recommendation 5.3:

Through the above mechanisms, the Environmental Health Directorate facilitate co-design of the implementation of the proposed model of the Aboriginal Environmental Health Program (as described in the Options Paper, and as mandated through National enHealth planning).

The sector **supports** this recommendation.

In relation to this recommendation, delegates made the following comments:

When discussing “co-design” and a “whole-of-government” strategy, overlaps with the Department of Communities housing programs came up frequently. The siloing between housing and health is concerning not only at the state level, but also at the regional and local levels.

While their functions may be different formally, it would be worthwhile to identify the funding crossovers between all stakeholders involved in this space, government and non-government.

Recommendation 6:

Workforce Support and Training - Innovate and expand Aboriginal Environmental Health workforce training, including strategic planning and funding for employing community-based workers

Sub-recommendation 6.1:

Continue collaborating with accredited training organisations to co-design Aboriginal Environmental Health content and processes with AHCWA to enable appropriate and accessible training options for Aboriginal Environmental Health and community-based workers.

The sector **supports** this recommendation.

In relation to this recommendation, delegates made the following comments:

Delegates advocate for hands-on, place-based training that is culturally secure and appropriate, and embeds core health promotion principles.

Flexible delivery options, either online or on Country, recognition of previous learning or work experience and learn-on-the job opportunities with casual positions were ways suggested to stimulate workforce development and interest in the environmental health sector.

Content should include remote community concerns, refreshers for staff upskilling, and introduction and bridging units for individuals wanting to consider a career in this area.

In developing training curriculum content for the course, community consultation and a needs-based approach is imperative.

In terms of recruitment and career development, marketing campaigns (e.g., in-school sessions), traineeships and scholarships to attract young Aboriginal people to pursue this field should be considered.

For those staff already in ACCHS, no matter what stage of their career, ongoing professional development opportunities and placements to enhance sector experience should be provided.

Consideration should be given to the development of a centrally located Workforce Support and Development Unit (WSDU) to support the coordination of training and support to Environmental Health Workers.

Sub-recommendation 6.2:

WA Health to establish and fund a designated Aboriginal training/supervisory position, aligned with industrial awards and conditions, within an appropriate ACCO to coordinate the ongoing training of Aboriginal Environmental Health workers.

The sector **supports** this recommendation.

In relation to this recommendation, delegates made the following comments:

It was noted that a support person is essential for students and workers to ensure workplace staff retention and wellbeing – with the option of online supervision. However, the Report specifies in its recommendation that an appropriate ACCO could coordinate the ongoing training of Aboriginal Environmental Health workers.

Delegates felt the position/s should sit in the non-government sector.

Delegates suggested the formation of a WSDU similar to models used in other funding areas.

WDSUs should be staffed by Aboriginal people, requiring positions to be 50D.

Sub-recommendation 6.3:

Service providers include a training focus on data and computer literacy of the Aboriginal Environmental Health workforce—in order to be funded—to improve understanding around the need for quality data collection to improve monitoring and continuous improvement in the delivery of Aboriginal Environmental Health Program outcomes.

The sector strongly **supports** this recommendation.

In relation to this recommendation, delegates made the following comments:

In line with the Report, delegates recommended the adoption of a uniform approach with a systematic process of data collection and reporting.

RTOs delivering environmental health training need to have access to the Healthy Homes database/platform to ensure all students attain the same understanding of data collection processes. Without this resource, it is difficult for a trainer to emulate the working environment, creating a learning gap for students' understanding of what is required on the job.

Sub-recommendation 6.4:

Provide contractual opportunities for Aboriginal Environmental Health service providers to work at a regional level with Community Development Program (CDP) providers to engage CDP participants through local Aboriginal Environmental Health Worker (AEHW) training and employment opportunities.

The sector does **not support** this recommendation as the only option to attract community members into the field.

Participants felt this recommendation needed to be expanded to explore alternative options, and not solely be reliant on CDEP.

In relation to this recommendation, delegates made the following comments in relation to CDEP:

Whilst CDP is a great skills development opportunity for Aboriginal people it should not replace real employment opportunities and real salaries.

CDP has transitioned to a voluntary model, reducing the potential recruitment pool.

CDP participants experience a number of well-documented issues that impact in their ability to successfully navigate workplace participation.

Sub-recommendation 6.5:

In partnership with service-based experts, update the enHealth Environmental Health Practitioner Manual (2010) to National Standards, including Healthy Living Practices and aligned with Certificate II curriculum.

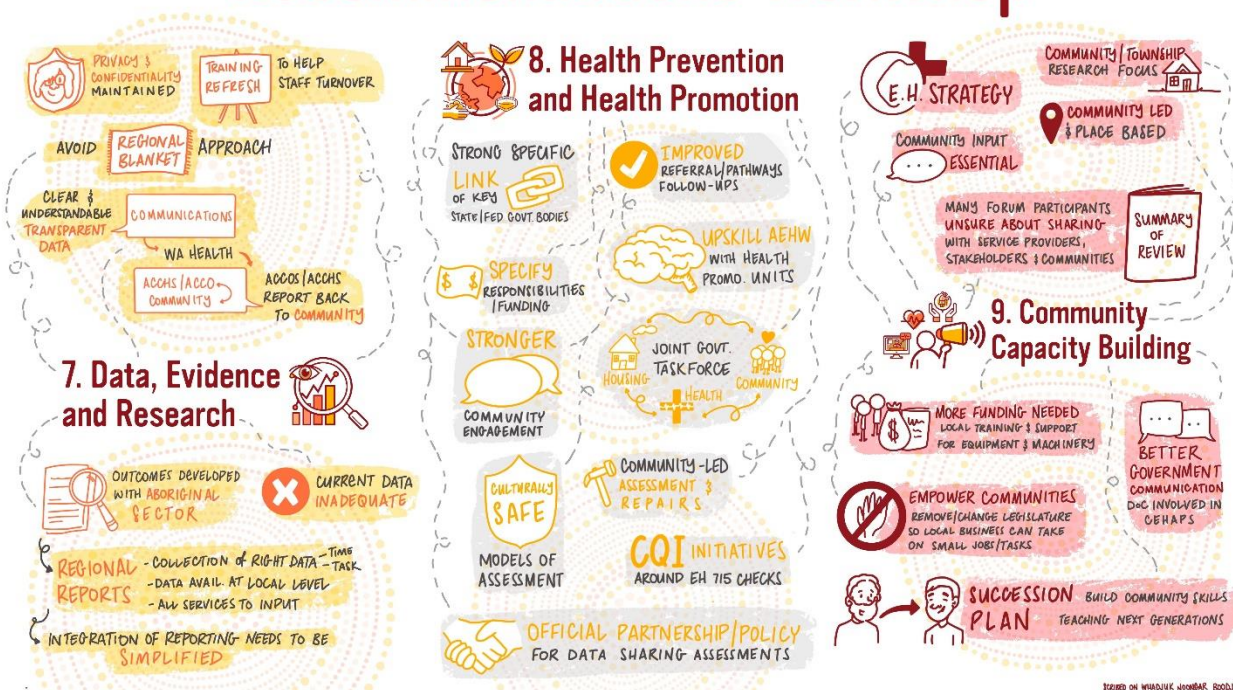
The sector **supports** this recommendation.

In relation to this recommendation, delegates made the following comments:

The Healthy Living Practices need to be updated to reflect the changing environment.

The curriculum should reflect new skills.

Recommendations Workshop



Recommendation 7:

Data and Evidence – Improve the collection, analysis, dissemination, and use of data to routinely monitor and evaluate Aboriginal Environmental Health Program services, activities and outcomes.

Sub-recommendation 7.1:

Implement a routine reporting process beyond solely activity-based data to incorporate outcomes-based reporting, with outcomes in line with those recommended in the Options Paper and determined through co-design. Provide training to service providers on the new reporting requirements to standardised information for improved collation and evaluation.

The sector **supports** this recommendation.

In relation to this recommendation, delegates made the following comments:

Any activity based reporting and / or KPIs must be developed in collaboration with the Aboriginal Community Controlled sector.

The development of reports and systems for reporting should be informed by the following principles:

- Data Sovereignty;
- Privacy and confidentiality; and
- Transparency (data is clear and interpretable).

Integration of reporting should be simplified and concise for data analysis use.

ACCOs and ACCHS should be able to report back to the community on service outcomes and how they inform the development or improvement of services.

Environmental Health Workers should have regular training in data collection and reporting.

Sub-recommendation 7.2:

Integrate PHC data into routine monitoring of environmental-related disease burden and Aboriginal Environmental Health Program outcomes.

The sector **supports** this recommendation.

In relation to this recommendation, delegates made the following comments:

The PHC data sets should be pre-determined and that data platforms should be integrated to one central PHC set portal and clinical sets.

The flow of data cannot be simply up; it must also come back to the community. There need to be a communication strategy to ensure the community remains informed.

Sub-recommendation 7.3:

The Environmental Health Directorate, Epidemiology Branch and AHCWA, in collaboration with clinicians, co-design and develop an appropriate methodology to measure environment-attributable disease burden that can be applied across all WA regions.

The sector **supports** this recommendation.

In relation to this recommendation, delegates made the following comments:

Delegates agree that this data should be captured in regional reports, and the data should be available at a local level.

Relevant data needs to be shared transparently.

There needs to be Aboriginal Community Controlled Sector input into the design and development of this data, with either the AHCWA working group or ACCHSs/ACCOs at the table.

Sub-recommendation 7.4:

The WA Epidemiology Branch produce regular reports (at least annually) to monitor the burden of environment-attributable hospitalisations and deaths among Aboriginal Western Australians aligned with reporting on Closing the Gap progress. Deliver these reports to the Environmental Health Directorate and make them publicly available to inform all stakeholders and assist a whole-of-government approach, maintaining principles of data sovereignty.

The sector **supports** this recommendation.

In relation to this recommendation, delegates made the following comments:

The current reports are not an adequate reflection of what is happening on the ground with environmental health and environment-attributable diseases/hospitalisations. Participants cautioned against a blanket approach, as each region has their own local needs.

Hence, it is important to clarify and decide whether data needs to come from individual services or by regional summary.

Data quality is a priority – ensuring that accurate data is captured and reflects clear outcomes.

Sub-recommendation 7.5:

Support co-designed, culturally responsive and community directed or endorsed research projects with findings implemented to improve Aboriginal Environmental Health outcomes.

The sector **supports** this recommendation.

In relation to this recommendation, delegates made the following comments:

It is important to ensure funding is in place for these types of research projects.

Forming local community committees is a vital preliminary step for co-design and to ensure environmental health findings are communicated back and implemented to improve Aboriginal Environmental Health outcomes.

Recommendation 8:

Collaborate with ACCHS and the WA Country Health Service (WACHS) to develop strategies promoting environmental health as key to broader health care responses.

Sub-recommendation 8.1:

WA Health strongly advocate for community-led, co-designed and culturally responsive health promotion and disease prevention strategies as a core area of collaboration across whole-of-government.

The sector **supports** this recommendation.

In relation to this recommendation, delegates made the following comments:

This needs to be region specific with a joint task force between the Department of Health, Department of Communities and the sector. This will facilitate greater specified responsibility/funding allocation.

Environmental Health Workers should be given Health Promotion training to aid the process of collaboration.

Sub-recommendation 8.2:

Expand on existing safe bathroom assessments to include all health home hardware and train the Aboriginal Environmental Health workforce to undertake healthy home hardware assessments.

The sector **supports** the recommendation.

In relation to this recommendation, delegates made the following comments:

Upskilling of Environmental Health Workers to have the authority and capacity to undertake assessments and on-site repairs.

There was concern regarding privacy and cultural issues when assessments are being undertaken; this should be addressed by stronger community engagement with a focus on the programs being community-led. Cultural safety training is required for visiting assessors.

Culturally safe models of assessment need to be evaluated through continuous quality improvement.

Funding needs to increase to enable regular proactive assessments to be undertaken in all communities.

Sub-recommendation 8.3:

Aboriginal Environmental Health service providers to promote community engagement in routine 715 health checks to prevent and manage Environmental health-related diseases.

The sector requires more clarity around this recommendation.

In relation to this recommendation, delegates made the following comments:

Not all environment health services are ACCHS and therefore do not offer 715s.

Environmental Health Workers cannot conduct 715 checks.

Environment health questions would need to be integrated into the 715.

Clinical staff would need to be trained in basic environmental health to be able to ask and respond to the 715 questions and then make the appropriate referrals.

Recommendation 9: Develop a broad range of strategies to build community skills and capacity to implement and monitor responsive, sustainable environmental health programs.

Sub-recommendation 9.1: Promote environmental health strategies identified by each community to generate sustainable change and improve outcomes.

The sector **supports** this recommendation.

In relation to this recommendation, delegates made the following comments:

A community-led approach to building responsive and sustainable environmental health strategies is required, alongside strong government interdepartmental communication and relationships. Strategies should be designed and led at a community/township level, rather than at a broader regional level, and strategies also need to acknowledge the importance of local knowledge, links, kinship and relationships.

Environmental health strategies need to incorporate a guide to referrals, to ensure all staff in ACCOs/ACCHS are aware of the processes. Current challenges in the referral process include:

- Paperwork is lengthy and onerous;
- Confined by processes and funding;
- Lack of clarity around responsibility of Service Providers in the process;
- Reliance on external contractors to undertake Environmental Health work;
- Lack of engagement with ACCHS, and
- Little to no community involvement/understanding of what's involved in the referral process.

Sub-recommendation 9.2:

Through public notices, or other culturally responsive mechanisms, keep communities informed on who is responsible for providing environmental services.

The sector **supports** this recommendation.

In relation to this recommendation, delegates made the following comments:

Environmental health service providers currently promote their services utilising flyers, radio stations and their networks, but this is difficult to maintain without sufficient staffing.

The importance of relationships and community networks was highlighted. Environmental Health Workers are often already embedded in community and utilise these relationships to promote the need for safe and appropriate environmental health services.

Active health promotion including the distribution of hygiene packs and resources, and leveraging key days like 'world poverty day' are other ways of promoting environmental health services.

However, more community education is required so that community understand the roles and responsibilities of an Environmental Health Worker, including the limitations of their role. This includes education in relation to the responsibilities of different services (e.g. government, service providers etc.).

Encouraging community responsibility and having more clarity around community responsibilities regarding environmental health concerns would also be helpful to manage community expectations.

There is a need to increase the number of Environmental Health Workers, along with promoting to government their contributions as advocates and a source of non-judgmental support for community.

These sentiments were reiterated in the Report, with the high turnover of staff leading to 'program amnesia' and uncertainty of responsibilities. Staffing is therefore the priority, with community education a close second.

Sub-recommendation 9.3: Environmental Health Directorate to provide resources (including training) to enhance the capacity of Aboriginal Environmental Health service providers to engage with communities in identifying Aboriginal Environmental Health needs and better understand and develop CEHAPs (or appropriate similar co-designed planning tool)

The sector **supports** this recommendation.

In relation to this recommendation, delegates made the following comments:

To enhance the capacity of environmental health service providers, more funding is needed for local training and support; equipment and machinery for community; workforce upskilling; and community education. Community education is particularly vital to empower communities, enable self-determination, and ensure programs are based on community needs.

CEHAPs need a more coordinated approach, including with the Department of Communities who are responsible for housing. It was reported that tenants often find it difficult to communicate with Department of Communities.

Delegates expressed concerns in relation to legislation restrictions making communities less autonomous. Previously, community members could undertake basic maintenance jobs within the community, however now there are a number of government restrictions (e.g. unable to change washers without plumbing licenses; pest control is only allowed 250km from a city, etc.). Teaching community, particularly young people to be self-reliant was seen as necessary to build community skills.

Better training and career pathways for community were identified as important, with a need for more local and place based training. However, few jobs are available, emphasising the need for

funding and resourcing for community employment. Additionally, sometimes there is no budget for workforce, which places an extra burden on organisations.

These gaps can be addressed by better resourcing of ACCOs/ACCHS for promotion of environmental health, capacity building activities and basic equipment that can be rented out to community.

More Registered Training Organisations on country, leveraging relationships with Native Title and training organisations, and upskilling Aboriginal Health Workers/Practitioners in environmental health may also fill in parts of this resource gap.

Sub-recommendation 9.4: Disseminate a summary of Review findings and recommendations to service providers, stakeholders and communities that contributed to the Aboriginal Environmental Health Program Review evaluation.

The sector **supports** this recommendation.

Member Feedback on Referral Pathways



The second workshop for the day was a table discussion of how the current referrals pathways system works, and what the barriers, enablers, and way forward for this system could be¹¹. The discussion was divided into three areas: What Works, What Doesn't, and ideas for Ways Forward.

What Works?

It was clear that the referral pathways system has led to a healthy volume of referrals and provides readily available templates. Consistently trained staff and Aboriginal workforce, along with equal partnerships between Environmental Health Organisations, ACCOs, ACCHSs, LGA's and WACHS have been instrumental to the system's functionality. The diagnostic state of these diseases and their connections to environmental health are indicative of strong training. Some examples of this included acute rheumatic fever, otitis media, skin infections, diabetic foot protocol, Strep A, and gastrointestinal issues. Finally, delegates indicated that users of the system have experienced the benefits of effective communication, leading to important services in communities, such as housing assessments. Having referrals raises the awareness of

¹¹ Appendix 4: Referral pathways form example

Environmental Health, and the role of Environmental Health organisations within the health system.

What Doesn't?

The major issues centred around the system's operationality. These included restrictions on client data, little or no post-referral follow-up, insufficient funding for completion of referrals, lacking recognition by government of ACCOs in this space, staffing challenges for the delivery of services, and the incomplete closing of the services loop. The staffing challenges were around short-term contracts, and therefore, new and temporary staff who are not familiar with the referral process.

Way Forward

Delegates advised that to meet these challenges, it is crucial to identify the internal points of breakdown in the system and document these. While the system's templates have been helpful, streamlining processes of communication on where patients are with environmental health processes are a core function of the system. Continued provider consultation, consistent training across the state, and a better understanding of the role of environmental health workers and officers (via health promotion efforts) among community were also suggested.

Engagement between the Sector and WA Health

WA Health representatives from two directorates were invited to the Forum to respond to the Aboriginal Environmental Health Report and recommendations and to engage with delegates at the Forum. These were in the form of two presentations followed by a panel discussion.

1.) Business Case Presentation - Aboriginal Health Policy Directorate

Aboriginal Health Policy Directorate Presentation

Wendy Casey

POLICY ALIGNMENT

- WA SUSTAINABLE HEALTH REVIEW
- WA ABORIGINAL HEALTH & WELLBEING FRAMEWORK
- STATE COMMISSIONING STRATEGY ACT 2022
- EMPOWERMENT STRATEGY
- CLOSING THE GAP
- NATIONAL ABORIGINAL & TORRES STRAIT ISLANDER HEALTH PLAN
- WA CLIMATE HEALTH ENQUIRY

BUSINESS CASE

CO-DESIGN STATEWIDE PRIMARY HEALTH CARE PROGRAM

HOW? 2 PHASES

PHASE ONE
RESOURCES & MINI-CASE
PHC AEH MODEL

PHASE TWO
IMPLEMENT MODEL
INFORM CONTRACTS & EXPAND FUNDING
→ BOOST CONTRACTS & INFORM NEW

WHAT'S NEEDED TO SUCCEED

COMMUNITY CAPACITY BUILDING

FOCUS ON PREVENTION & HEALTH PROMOTION

IN SCOPE

- ADVOCACY
- SELF-HELP/MOTIVATION
- COMMUNITY EMPOWERMENT
- COMMUNITY GOVERNANCE
- COMMUNITY CO-DESIGN
- RESPOND TO CULTURE
- COMMUNITY EDUCATION
- DISEASE MANAGEMENT
- REFERRALS: AEH → PHC
- CONSISTENT MEASURES & ASSESSMENTS OF ENVIRONMENT
- DEVELOP E.H. MBS ITEMS
- REVIEW BY AEHP OF RECOMMENDATIONS 1, 2, 8 & 9

OUT OF SCOPE

- REFERRALS TO INCLUDE FOLLOW-UPS & CARE DELIVERY SYSTEM
- REVIEWS & CONSULTS WITH ACCO'S

REVIEW EXISTING AEHP DESIGN & PROCUREMENT PROCESS

WHAT'S NEXT?

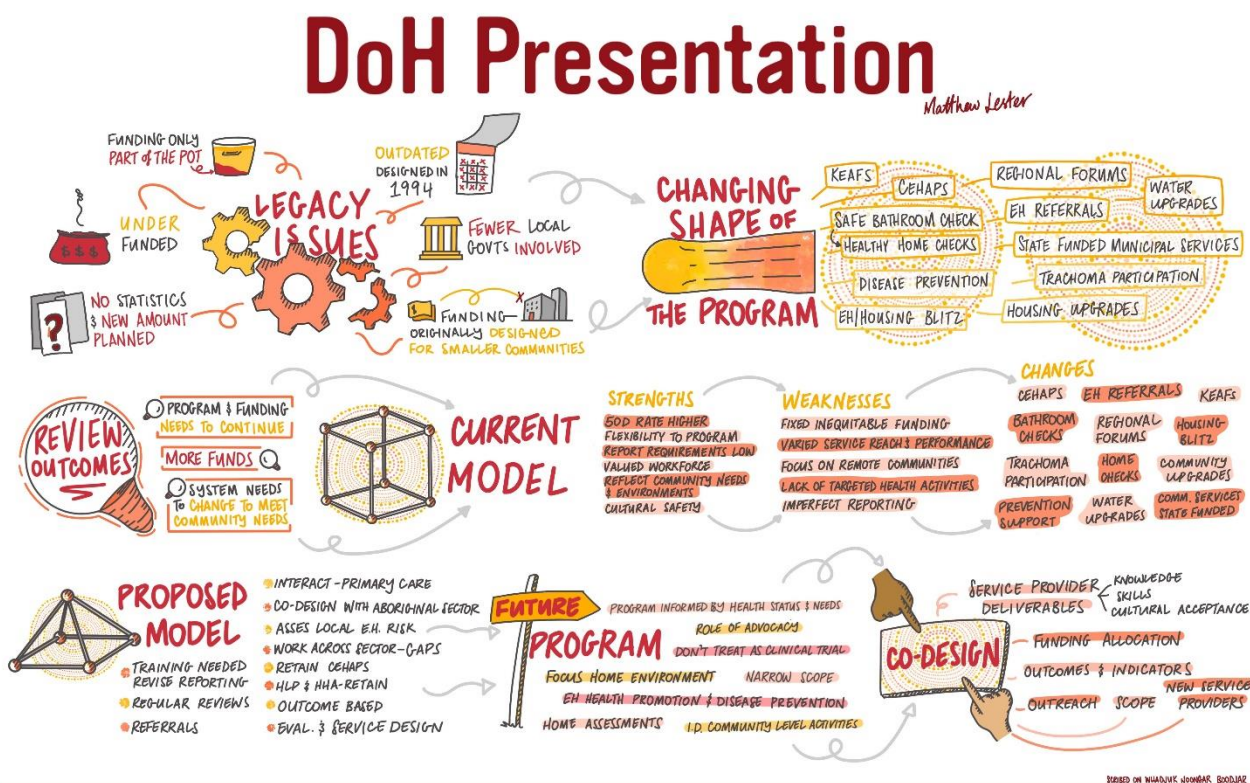
- WORK WITH AHOWA FOR PHASE 1
- PROCURE TALENT IN COMMUNITY
- CREATE CO-DESIGN PROCESS/MODEL

ABORIGINAL HEALTH COUNCIL OF WESTERN AUSTRALIA

Aboriginal Environmental Health Forum 2023

Wendy Casey, from the Aboriginal Health Policy Directorate, presented a framework and rough timeline of the funding cycle for Environmental Health within Primary Health Care centres, focusing on ACCHS. The plan for this was to do a 1-year business case in order to plan for a longer business case to increase funding and resources for Environmental Health Workers within ACCHS settings.

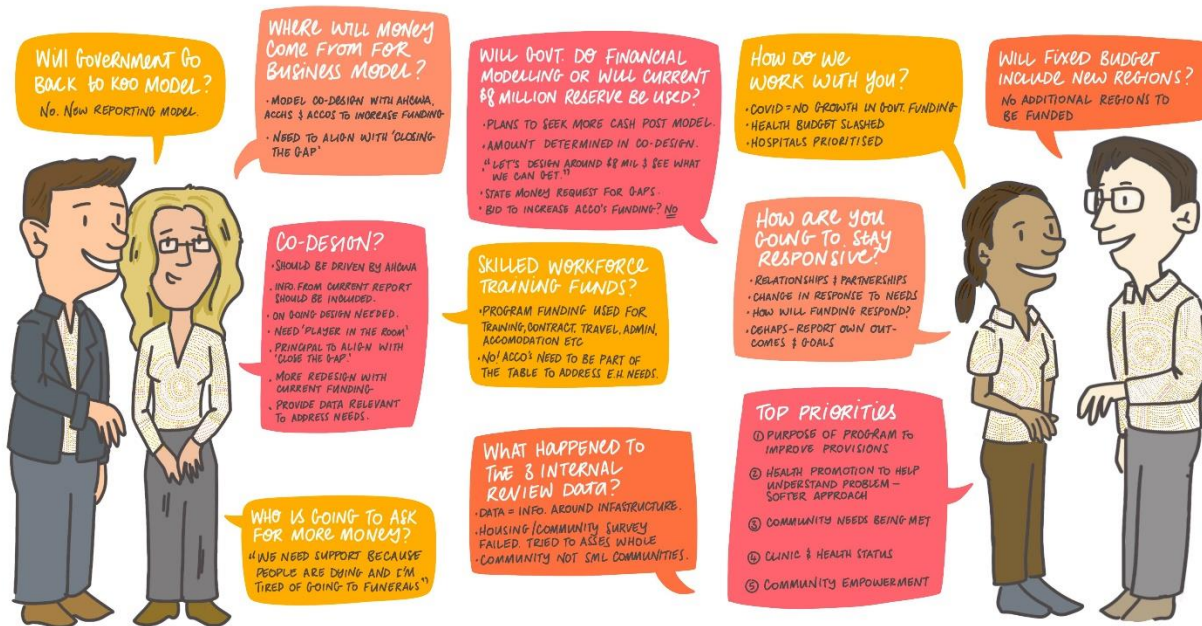
2.) Aboriginal Environmental Health Program History and Activities – Environmental Health Directorate



Matthew Lester presented on behalf of the Environmental Health Directorate, noting the history of the Program and the Program’s view of the future.

3.) Panel Discussion

Panel Discussion - WA Health



Aboriginal Environmental Health Forum 2023

The panel discussion was facilitated by Mandy Gadsdon (Think Culture), and involved:

- Mathew Lester (Environmental Health Directorate, WA Health),
- Rob Mullane (Environmental Health Directorate, WA Health),
- Sarai Stevely (Purchasing & Contract Management, WA Health), and
- Wendy Casey (Aboriginal Health Policy Directorate, WA Health).

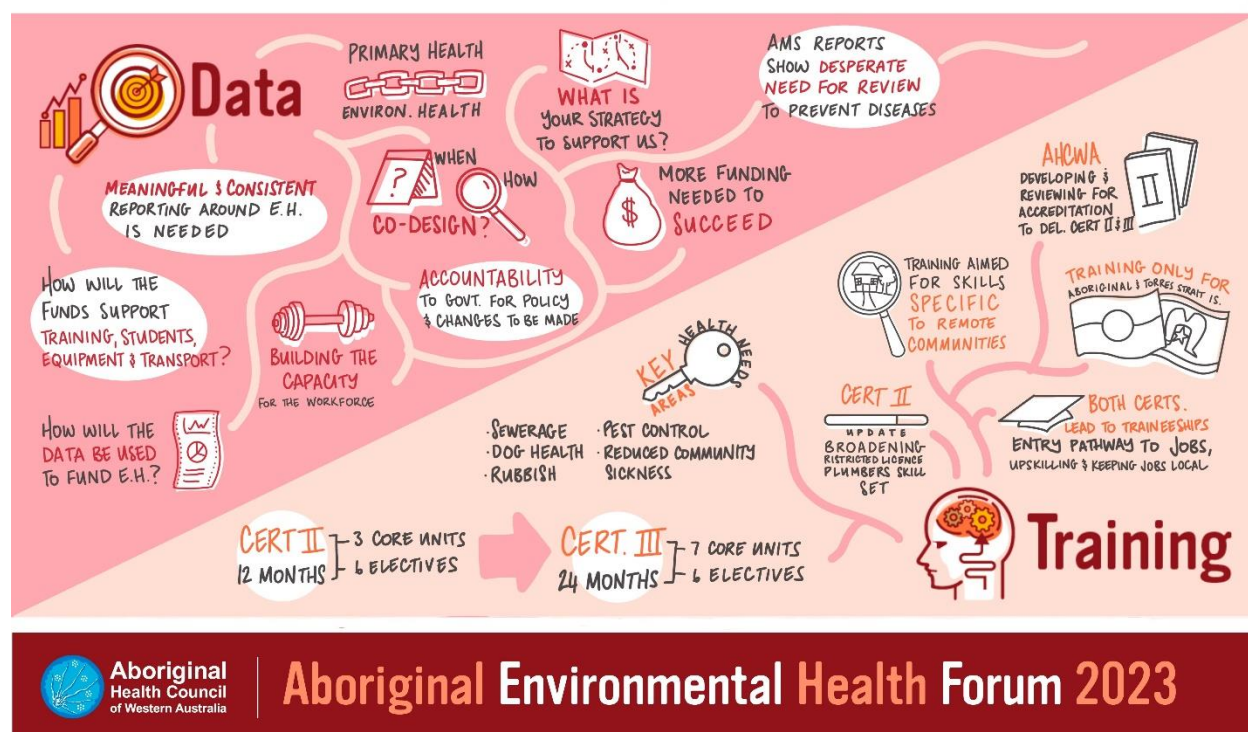
This was an interactive panel discussion, with members from the audience posing numerous questions and statements to WA Health (see Appendix). Some delegates presented difficult anecdotes around the detrimental effects of neglected or under resourced environmental health services in their own communities, with the ongoing rhetoric “we are sick of going to funerals” emerging. The discussion allowed some questions to be addressed, but also indicated the need for more accountability and dialogue between government and the ACCHS/ACCO sector.

Conclusion

Discussions during, before and after the Forum produced two major areas for short-term action within the next year. These were:

1. A Working Group under AHCWA to work on strategy and advocate for a pathway to better funding sources and structures.
2. Addressing training needs in communities to navigate challenges in communities.

Future Direction



Forming a Working Group

After forum feedback from leaders from member services, internal discussions among the AHCWA Board and external discussions with WA Health, AHCWA will be creating an Environmental Health Board Sub-Committee in early 2023. Nominations recently closed for members to the committee, and consideration is based on regional representation. The primary purpose of the sub-committee, role and function are currently being determined in a Terms of Reference.

Scope of Training

The key areas cover the health needs of the remote communities over real and practical issues with regard to the procedures relating to sewerage, dog health, rubbish and pest control. The units also focus on the process to reduce incidences of community sickness via Environmental Health methods.

The Certificate II in Indigenous Environmental Health has been recently updated, which saw the addition of a new skill set targeted at plumbers with a restricted plumbing licence, who have been identified as a primary target group able to contribute to Indigenous Environmental Health.

Training Logistics

AHCWA will be delivering both the Certificate II and the Certificate III in Indigenous Environmental Health (CII and CIII respectively). AHCWA is customising the training by selecting units that will add skills and knowledge that will be able to be used especially in remote communities.

Both the CII and CIII can be offered as a traineeship, which is a great tool to provide entry pathways to jobs, upskill workers and build local skills. The participants will have 12 months to complete the Certificate II, and 24 months to complete the Certificate III.

The Certificate II is composed of 3 core units and 6 electives, and the Certificate III is composed by 7 core units and 6 electives.

Appendix

Questions Presented to WA Health

Some of the questions put to government included:

- How will you undertake implementations of the recommendations in the report?
- What do you define as co-design? How will co-design shape the implementation of the recommendations?
- How does WA Health plan to increase funding to Aboriginal providers? Have you discussed this with relevant decision makers?
- How will the data be used to increase funding to meet the demonstrated need? Will relevant data be shared, given the WA Government's commitment to share data with Aboriginal communities and organisations under Priority Reform Three of the National Agreement on Closing the Gap? What did you do with the data from 3 reviews over 20 years on housing in communities – how is this data being used?
- What are the Environmental Health Directorates top 5 priorities for environmental health?
- Noting the issues raised in the report, how do you plan to shift to outcomes-based reporting?
- Are you sharing data with other government agencies? How are you planning to work with other agencies whose work impacts environmental health? E.g., Department of Communities (housing), Remote Essential & Municipal Services program
- How do we build capacity/capability in this sector for workforce development? Workforce development needs specific funding, not coming out of your program budget. Is funding being set aside for training and development?
- Will funding be set aside for upgrading equipment?
- How are you going to stay responsive to evolving needs? I.e., essential services → health promotion/prevention.
- Why don't contracts reflect CPI changes? Noting that other WA Government contracts include increases to address changes in CPI and minimum wage decisions.
- How will you ensure modelling actually reflects environmental health needs? At present, much of the work is unfunded.