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Aboriginal health in Aboriginal hands

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Environmental Health Workforce Workshop Report

A report on a workshop facilitated
by NACCHO to inform the
development over two years of a
National Strategic Roadmap for
Establishing an Aboriginal and
Torres Strait Islander
Environmental Health Workforce

November 2022



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ABOUT NACCHO

NACCHO is the national peak body representing 144 Aboriginal Community Controlled Health Organisations (ACCHOs). We also assist a number of other community-controlled organisations.

The first Aboriginal medical service was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of Redfern. The mainstream was not working. So it was, that over fifty years ago, Aboriginal people took control and designed and delivered their own model of health care. Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level. This has grown into what NACCHO is today. All this predated Medibank in 1975.

NACCHO liaises with its membership, and the eight state/territory affiliates, governments, and other organisations on Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 144 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support. Our services build ongoing relationships to give continuity of care so that chronic conditions are managed, and preventative health care is targeted. Through local engagement and a proven service delivery model, our clients 'stick'. Clearly, the cultural safety in which we provide our services is a key factor of our success.

ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islanders – which makes us the third largest employer of Aboriginal or Torres Strait people in the country.

Enquiries about this submission should be directed to:

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Summary

On the 7 September 2022, at the 13th National Aboriginal and Torres Strait Islander Environmental Health Conference (NATSIEH) in Darwin, NACCHO hosted a 90-minute Aboriginal-led workshop. The purpose of the workshop was to identify priorities in Aboriginal and Torres Strait Islander environmental health and potential opportunities to strengthen the Aboriginal and Torres Strait Islander environmental health workforce. This workshop marked the beginning of NACCHO's consultation for the National Strategic Roadmap for Establishing an Aboriginal and Torres Strait Islander Environmental Health Workforce.

Key findings:

The following key themes emerged throughout the workshop:

- **Training** – the need for career pathways in environmental health and national consistency in assessing needs, training, and credentialing
- **Funding** – the need for more sustainable funding for training and employment, long-term contracts and decent wages
- **Workforce** – increasing job opportunities through permanent funding as well as recruitment and retention so the workforce is connected to the communities where they are working
- **Environmental health partnerships, understanding and coordination** – the need for increased understanding of the importance of environmental health and its scope, increased coordination and partnership between environmental health and other sectors, increased funding and strengthened Aboriginal and Torres Strait Islander leadership and control.

Next steps:

NACCHO will include these themes in consultation documents and other processes when developing the National Strategic Roadmap for Establishing an Aboriginal and Torres Strait Islander Environmental Health Workforce as required by NIAA under the Health Sector Strengthening Plan agreed through the National Agreement on Closing the Gap. All participants providing their contact details will be informed of consultations and updated about progress by NACCHO throughout the project's duration.



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Background

The National Aboriginal Community Controlled Health Organisation (NACCHO) has been funded for a 2-year project by the National Indigenous Australians Agency (NIAA) to produce a comprehensive co-designed National Strategic Roadmap for Establishing an Aboriginal and Torres Strait Islander Environmental Health Workforce.

The Roadmap will show the way to establish a permanent, highly skilled and nationally credentialed Aboriginal and Torres Strait Islander environmental health workforce.

In mainstream Australia, hardly anyone recognises the role that environmental health plays. For the majority of the population, environmental health is silently present. Water, sanitation, rubbish, housing standards, food safety, everything is all taken for granted. In mainstream settings, there is no battle for recognition or resources for environmental health from finance departments. There is nothing more to prove and a fully resourced framework is in place. But Aboriginal environmental health is something else again. Aboriginal environmental health combines deep cultural knowledge of how things work in Aboriginal communities with these hard scientific facts about disease. Aboriginal environmental health must forge high-trust partnerships with community. Aboriginal environmental health is a community asset ... and Aboriginal environmental health is needed now more than ever."

Pat Turner, CEO, NACCHO

NATSIEH Conference, Perth, 17 September 2019

In 2017, environmental health emerged as a significant priority during the 'My Life My Lead' consultations conducted with Aboriginal and Torres Strait Islander peoples to inform the *National Aboriginal and Torres Strait Islander Health Plan 2021-2031* (DoH 2017). States and territories vary in their responses to persistently high rates of environmentally attributable disease. Some have focused on single diseases such as trachoma or rheumatic heart disease to augment environmental health programs; others have focused on water quality and control programs; others have invested in community-controlled organisations to deliver a full scope of Aboriginal and Torres Strait environmental health programs including authority to act as delegated public health officers. This diversity of 'starting positions' and policy readiness and capability impedes national achievement in preventable disease control. Community-led and integrated approaches encompassing ACCHSs, social housing organisations and environmental health service providers are crucial to overcome poor health outcomes for families and individuals. However vocational education and training is not always in line with community requirements, including the diversity of contexts, needs and local capacity of Aboriginal and Torres Strait Islander communities requiring environmental health services. Job prospects in Aboriginal and Torres Strait Islander environmental health are patchy across the nation despite evidence of high need and benefit from holistic service delivery.

Developing an Aboriginal-led environmental health workforce was recognised as a priority action item in the [Health Sector Strengthening Plan](#). The Health Sector Strengthening Plan itself had been developed in 2021 through a codesign process with NACCHO, member services and a wide group of stakeholders. In December 2021, this Health Sector Strengthening Plan was approved by the Joint Council for Closing the Gap. As Priority Action A4, the Health Sector Strengthening Plan recognises the need to invest in a permanent, highly skilled, and nationally credentialed Aboriginal and Torres



Strait Islander Environmental Health workforce and nominates the development of a National Strategic Roadmap as a critical first step.

In 2022, the National Indigenous Australians Agency (NIAA) awarded funds to NACCHO for a national co-design project to develop this National Strategic Roadmap for Establishing an Aboriginal and Torres Strait Islander Environmental Health Workforce by:

- identifying practical and effective strategies including existing and previously defunded training courses to increase the number of Aboriginal and Torres Strait Islander people who wish to become qualified and employed in environmental health services.
- identifying scope of practice in diverse contexts, career pathways, career advancement, retention and professional development including leadership and community development skills.
- modelling costs for a national environmental health workforce based on population need

This two-year project will produce a comprehensive co-designed National Strategic Roadmap, validated workforce planning tools and VET curriculum resources where required to achieve national consistency. This project will not directly fund Aboriginal and Torres Strait Islander environmental health workforce positions in service provision. These will be resourced and funded through sustainable mechanisms to be described in the National Strategic Roadmap.

Methods

Workshop approach and aims

All attendees at the NATSIEH conference were provided with a flyer inviting them to participate in the workshop (see Appendix A). NATSIEH conference delegates typically include: Community Housing Providers, Aboriginal Health Workers, CDEP Workers and Supervisors, Essential Service Providers, Primary Health Care Workers, Town Clerks and Local Government CEOs, Health Promotion Officers, Environmental Health Officers/Workers/Practitioners, and Directors and Managers of Environmental Health Services. A small number of delegates from other sectors, such as community development and research, also attended the conference in 2022. The primary aims of the workshop were to announce the NIAA-funded project to produce a National Strategic Roadmap for Establishing an Aboriginal and Torres Strait Islander Environmental Health Workforce and launch national consultations. The workshop format ensured that participants could raise important issues from their perspective in Aboriginal and Torres Strait Islander environmental health early in the stage of project development.

On the day of the workshop 171 delegates registered for the conference with 87 of the delegates wishing to be kept informed on the progress of the roadmap.



Figure 1 Expert panel members share their experience and set the scene for delegate discussions. From L to R: Phillip Graham (SA), Gemina Corpus (NT), John Paterson (NT), Ray Christophers (WA), Chicky Clements (WA) and Monica Barolits-McCabe (NACCHO)

Setting the Scene for Workshop Discussions

Ms Monica Barolits-McCabe from NACCHO announced the terms of reference of the National Strategic Roadmap for Establishing an Aboriginal and Torres Strait Islander Environmental Health Workforce.

A panel of Aboriginal and Torres Strait Islander environmental health experts then discussed their key priorities for the development of an Aboriginal and Torres Strait Islander Environmental Health Workforce and key issues for the proposed National Strategic Roadmap.

The panel comprised the following experts:

- John Paterson, CEO, AMSANT
- Gemina Corpus, Workforce Manger, AMSANT
- Phillip Graham, Coordinator Aboriginal Environmental Health for Department of Health & Wellbeing South Australia
- Ray Christophers, CEO, Nirrumbuk Aboriginal Corporation
- Chicky Clements, Environmental Health Worker, Nirrumbuk Aboriginal Corporation

The panel raised a wide scope of issues for workshop participants to consider in their discussions:

- The National Agreement on Closing the Gap is a game-changer that affirms the commitment of all governments to collective action under the four priority reforms
- For a national strategic roadmap to be successful, it must position Aboriginal and Torres Strait Islander people as experts who lead the work, rather than advisors
- Further investment in Aboriginal and Torres Strait Islander environmental health is needed to build local community workforce capacity across the country
- There are effective workforce models already in place that should support this work, including some that have been in place for over 20 years. These successes should be amplified and grown



- There are Certificate II and III qualifications available in some jurisdictions, however there is a clear need for more Indigenous environmental health training
- Future funding opportunities must be long-term and sustainable
- Environmental health should be reintroduced to primary health care, and NACCHO's leadership offers an important opportunity to strengthen this for all Aboriginal and Torres Strait Islander peoples
- A central goal of this National Strategic Roadmap is to support permanent jobs for Aboriginal and Torres Strait Islander Environmental Health Workers to continue the work they do with their communities on the ground
- The sector has been waiting a long time to have a nationally consistent approach to training and funding environmental health
- A national strategic roadmap could reduce the reliance on political parties to advance environmental health goals, and alleviate concerns or pressures experienced due to changes in governments
- A National Environmental Health First Nations Expert Group would be valuable.

Workshop Format and Key Questions

Participants were asked to split into small groups at tables and select a topic on issues facing the Environmental Health Workforce. Each table had 10-15 minutes to discuss and document their topic of choice, answering the following questions:

- 1) What works well currently?
- 2) What could NACCHO focus on in the Environmental Health Workforce Strategy?
- 3) How would communities measure success?

All tables were asked to report back to the group sharing their topic and one point for each question. Tables were provided with large pieces of paper and pens to document their discussion. Tables were asked to identify a scribe and a speaker from each table.

Findings

Discussions tended to cluster around current issues/barriers, current strengths and potential opportunities and areas that NACCHO could focus on in developing the National Strategic Roadmap, and suggestions of how to monitor success. Key themes included:

- **Training** – the need for career pathways in environmental health and national consistency in assessing needs, training and credentialing
- **Funding** – the need for more sustainable funding for training and employment, long-term contracts and decent wages
- **Workforce** – increasing job opportunities through permanent funding as well as recruitment and retention so the workforce is connected to the communities where they are working
- **Environmental health partnerships, understanding and coordination** – the need for increased understanding of the importance of environmental health and its scope, increased coordination and partnership between environmental health and other sectors, increased funding and strengthened Aboriginal and Torres Strait Islander leadership and control.
- **A uniformed approach to preventative health measures and messaging is essential to future success**



Participants expressed support for the development of the Roadmap, stating that they had been waiting for this to happen for so long and were ready to get on with it. Participants suggested that NACCHO could focus on how to grow the workforce – “**Build what we have and build it bigger**”. Participants suggested that NACCHO could focus on a framework for environmental health training that aligned with health needs across the ACCHO sector, promoting sharing of information, prioritising community control and supporting local multi-agency approaches to Aboriginal and Torres Strait Islander environmental health.

Main points raised during presentations and note-taking for each theme are summarised below.



Figure 2 Participants at the workshop sharing their experience and advice to NACCHO

Training

Some participants identified that a current strength was the number of training programs in some jurisdictions. However, barriers around training and employment that were identified included poor linkage of training positions into jobs, particularly jobs in community.

Potential opportunities around training included linking training to jobs in community, offering prevocational training of young fellas, making training consistent nationally, enabling environmental health officers to provide upskilling to Aboriginal Health Workers and increased access to VET.

Suggested measures

- Number of local Aboriginal and Torres Strait Islander people trained or participating in accredited and non-accredited training (ex: traineeships, cadetships, cert III, Cert IV, diploma, degree and advanced degree)
- Number of local people participating in non-accredited (ex: on the job) training
- Increase number of RTOs offering EH training
- Number of training programs that also offer traineeship or apprenticeship after completion of training



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- Number of Aboriginal and Torres Strait Islander people gaining EH credentials in community-controlled organisations

Funding

Participants perceived there is awareness in many health programs that EH is a key to prevention to a range of health issues. This was more obvious in the COVID-19 response, trachoma as a national program, ARF prevention but some of these were 'piece-meal' and short-term. Short-term funding also meant that jobs were short-term rather than recurrently funded.

Participants identified that they had been providing significant amounts of training without funding, or with only short-term funding. Additionally, many environmental health workers were on one-year contracts, lacked job security or were employed by non-government organisations but weren't in the community. Participants raised questions about whether funding could be allocated from local Governments and identified a strong need for sustainable long-term funding. Other feedback included that the Aboriginal and Torres Strait Islander EH workforce model should consider cost of technical support and mentoring embedded into training and early work experience.

Suggested measures:

- Environmental health referrals from primary health care funded via Medicare
- Benefits, allowances and incentives considered in funding model
- Funding for environmental health consistent with community needs
- Length of funding (suggested increase from per year to 5–10-year commitment)
- Number of ACCHOs employing credentialed Aboriginal and Torres Strait Islander Environmental Health Workers/Practitioners

Workforce

Participants identified current strengths include partnerships and the flexibility of the workforce. Participants identified that the Aboriginal and Torres Strait Islander environmental health workforce is an important voice to identify community issues and advocate for community-led solutions. Participants identified that environmental health is stronger when it coordinates with primary care and housing.

Participants identified that there is a need to grow the workforce. The workforce needs to include both males and females. Participants identified that more Aboriginal people are needed in the Environmental Health Workforce, particularly in some areas. Retention was a challenge whenever funding was short-term. There was support for workplace mentoring, continuing 'on-the-job training' and nurturing future leaders in community-controlled organisations.

Participants discussed that the cost for addressing environmental health issues is currently quite high in some areas, particularly rural and remote areas. A workshop participant provided an example of a tap costing 5-10 thousand dollars to fix in the NT. Participants suggested that a local workforce embedded in the community could deliver these services more sustainability and build the capacity of the local community. Participants suggested that an opportunity to grow the



workforce could be via having identified environmental health officer jobs in local councils or local health districts.

Suggested measures:

- Increased awareness of EH as a career pathway for Aboriginal and Torres Strait Islander children
- Mentoring and face to face training throughout career (networking, mentoring and ongoing professional development)
- Number of Aboriginal and Torres Strait Islander EHWs/EHPs working in community-controlled organisations
- Hours worked on the ground (providing services in community)
- Increased retention of Aboriginal and Torres Strait Islander Environmental Health Workers in profession
- Job satisfaction and capability measure (EHWs feel satisfied, supported and capable to deliver role)
- A national framework for EHW role that can be adapted to fit local context

Environmental health partnerships, understanding and coordination

Participants discussed examples of effective environmental health and primary care partnerships and advocated for expanding these partnerships. Participants discussed that there could be referrals in multiple directions, between primary care, environmental health and housing. 'Best practice' approaches for partnerships could be shared through NACCHO including model MOUs, partnership agreements, service level agreements and pathways. Local context was recognised as important in developing local partnerships as each community would be different.

There was discussion that environmental health is poorly understood and not seen as an essential service. **Participants suggested that NACCHO could access health stories to understand the role of EH. These findings could be used to help improve the understanding the role of EH and what it is. Participants also suggested champions of environmental health are key.**

Participants identified that there are several health conditions that are closely linked to environmental health, including trachoma, middle ear infections and Acute Rheumatic Fever, and that environmental health issues need to be addressed to reduce onset and complications of these diseases. However, participants also shared examples where teams that were working on a public health approach to environmental health, which is more holistic and less focused on individual health conditions. Participants raised the need to share the evidence for environmental health. In addition to this, a uniformed approach to preventative health measures and messaging would be valuable for the workforce.

Participants also suggested that better coordination, advocacy for and communication about environmental health could be achieved by establishing an environmental health peak and establishing a National Environmental Health First Nations Expert Group.

Suggested measures:

- Number of functional houses
- Reduction in hygiene-related infections



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- Number of referrals from Clinic to EH
- Number of reports from EH to Clinic
- Improved health outcomes in community
- Number of active local partnerships (ex EH with ACCHO, NGOs, Council, Housing, etc)
- Community satisfaction with EH services provided
- Number of health hardware repairs completed by local EHWs
- Education by EHWs in schools using common curriculum frameworks for preventive health and wellbeing
- Exposure to EHW/EHPs at high school to raise awareness of meaningful local career paths that benefit community
- Development of a model for primary care (mainstream and ACCHOs) to work with Environmental Health provider (establishing referral pathways)
- Number of local EH pathways and other partnership tools, and their impact on prevention

Next steps

NACCHO will include these themes in consultation documents and other processes when developing the **National Strategic Roadmap for Establishing an Aboriginal and Torres Strait Islander Environmental Health Workforce** as required by NIAA under the Health Sector Strengthening Plan agreed through the National Agreement on Closing the Gap. All participants providing their contact details will be informed of consultations and updated about progress by NACCHO throughout the project's duration.



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Acknowledgements

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Attachment A



National Strategic Roadmap for an Aboriginal and Torres Strait Islander Community Controlled Environmental Health Workforce

JOIN US!

3pm Wednesday 7 September

NACCHO's Executive Director, Monica Barolits-McCabe will facilitate a dynamic workshop that outlines the core elements of an Aboriginal and Torres Strait Islander Community Controlled Environmental Health Workforce and the National Strategic Roadmap.

- NACCHO will announce the terms of reference of the National Strategic Roadmap for an Aboriginal and Torres Strait Islander Community Controlled Environmental Health Workforce.
- A panel of Aboriginal and Torres Strait Islander environmental health experts will kick start a wide-ranging discussion among participants about key priorities.
- Meet the national team.

This workshop marks the beginning of NACCHO's national consultations about the [Roadmap](#). We invite conversation and representation of the diversity of Aboriginal and Torres Strait Islander perspectives, so all are welcome to join the discussion.

At NACCHO we are committed to co-design, so all participants will be kept informed about future consultations and working groups as NACCHO takes on this vital two-year project to develop the National Strategic Roadmap. Participants will also receive a workshop summary for their own reference.

"In mainstream Australia, hardly anyone recognises the role that environmental health plays. For the majority of the population, environmental health is silently present. Water, sanitation, rubbish, housing standards, food safety, everything is all taken for granted. In mainstream settings, there is no battle for recognition or resources for environmental health from finance departments. There is nothing more to prove and a fully resourced framework is in place. But Aboriginal environmental health is something else again. Aboriginal environmental health combines deep cultural knowledge of how things work in Aboriginal communities with these hard scientific facts about disease. Aboriginal environmental health must forge high-trust partnerships with community. Aboriginal environmental health is a community asset ... and Aboriginal environmental health is needed now more than ever."

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NATSIEH Conference, Perth, 17 September 2019*

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