



Government of **Western Australia**  
Department of **Health**

# Review of the Western Australian Aboriginal Environmental Health Program

## Options Paper

March 2022

## Disclaimer

All information and data included in this report provided by the Western Australian Department of Health (WA Health) and relevant stakeholders was presented to the Review Team as being accurate and reliable.

The use of the term Aboriginal is used in place of Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia (WA). No disrespect is intended to our Torres Strait Islander colleagues and community.

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# 1. CONTEXT

The Review found a strong need for continuing and assuring ongoing funding for the WA Aboriginal Environmental Health (AEH) Program. In addition, extensive evidence highlighted the need for additional *new* funding to enable AEH services to address a myriad of issues facing Aboriginal people and communities, many of which sit outside the remit of the current AEH Program but fall within the broader area of environmental health.

Many examples of good practice in the current AEH Program were identified throughout the Review process. However, areas for improvement were also identified, specifically related to processes for procurement of service providers, the need for greater levels of co-design in Program activities, and improved data collection for routine evaluation. In addition, the findings suggested the need for co-designed *system reform* to meet the environmental health needs of communities served. In particular, given the diverse government sectors, agencies and funding streams responsible for providing environmental health services, there needs to be more formalised and targeted inter-sectorial communication, greater transparency, improved executive-level engagement with the Aboriginal community-controlled sector and greater high-level advocacy for AEH.

This Options Paper represents a starting point and initial guide for future co-designed procurement and service design. The recommendations are presented as potential opportunities aligning with existing policy frameworks and based on Review findings.

Improving health by enhancing the built environment is a potent way to break the link between the ongoing impacts of colonisation, associated socio-economic factors and poor health in Aboriginal populations. Its potential is strengthened when combined with community-led, culturally informed and culturally responsive health promotion and disease prevention strategies. Figure 1 outlines other areas of action for improving environmental health in Aboriginal communities.

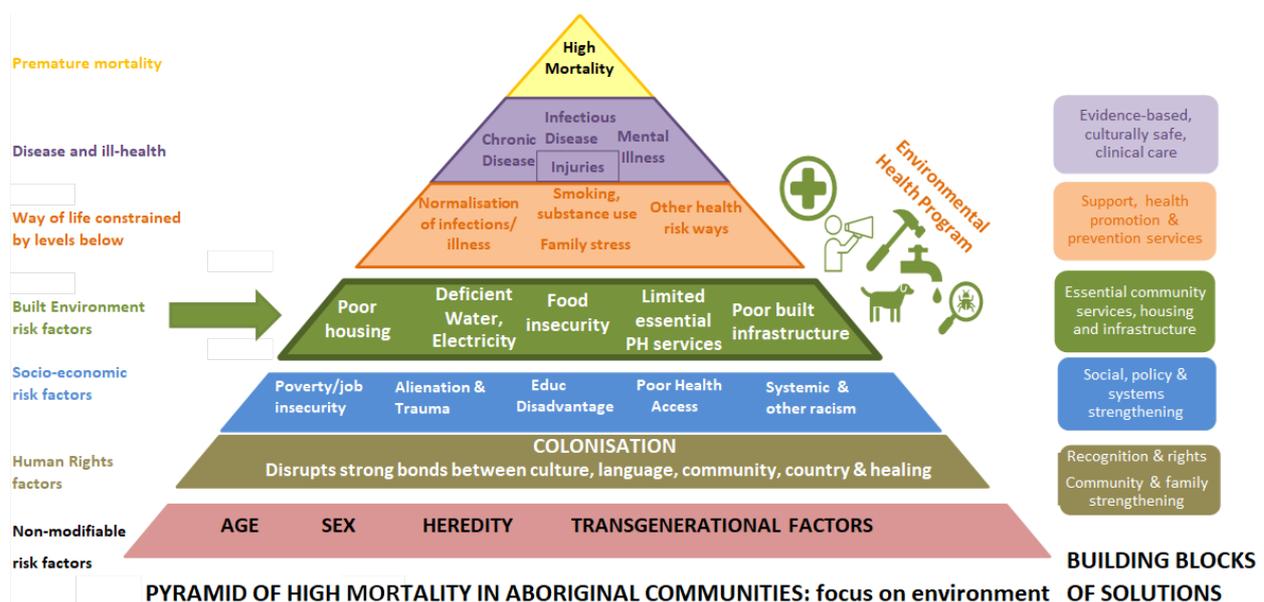


Figure 1: Environmental health in focus for Aboriginal people and communities<sup>1,2</sup>

<sup>1</sup>Katzenellenbogen JM, Haynes E, Woods JA, Bessarab D, Durey A, Dimer L, Maiorana A, Thompson SC. *Information for Action: Improving the Heart Health Story for Aboriginal People in Western Australia (BAHHWA Report)*. Perth: Western Australian Centre for Rural Health, The University of Western Australia 2015

<sup>2</sup> Dos Santos A, Balabanski AH, Katzenellenbogen JM, Thrift AG, Burchill L, Parsons MW. Stroke in indigenous peoples of the world. *Vessel Plus* 2021;5(21): DOI: 10.20517/2574-1209.2020.69

In proposing options for delivery of a ‘best-practice’ AEH model inclusive of health promotion activities, we are encouraged by recent advances in policy and system strengthening and transformation, including:

- embedding AEH measures into Closing the Gap reporting requirements for the first time<sup>3</sup>
- the corresponding National Aboriginal and Torres Strait Islander Health Plan 2021–2031<sup>4</sup>
- proposed increases in funding for health promotion/prevention through the WA Sustainable Health Review (SHR)<sup>5</sup>.

These building blocks of change are reflected in and strengthen the mandate for implementing actions related to the AEH Program Review Main Report recommendations.

Implementing the proposed AEH service delivery and procurement model, as described in this paper, provides a significant opportunity to operationalise the WA Aboriginal Health and Wellbeing Framework (AHWF) 2015–2030<sup>6</sup> and the AHWF Outcomes Framework<sup>7</sup>, alongside other strategic policy imperatives, including the WA Closing the Gap Jurisdictional Implementation Plan and The WA Aboriginal Empowerment Strategy in the area of AEH. The Review recommendations are framed to align with this intention using the essential elements of the AHWF (2016–2021) and Closing the Gap reform priorities to ‘promote better health systems’ (Figure 2).



**Figure 2: Elements supporting system transformation in Aboriginal environmental health**

<sup>3</sup> Outcome 9 Acceptable housing standards <https://www.closingthegap.gov.au/sites/default/files/files/national-agreement-ctg.pdf>

<sup>4</sup> Priority 7 Healthy environments, sustainability and preparedness [https://www.health.gov.au/sites/default/files/documents/2021/12/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031\\_2.pdf](https://www.health.gov.au/sites/default/files/documents/2021/12/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031_2.pdf)

<sup>5</sup> Strategy 1, Recommendation 3 Reduce Inequity also Environmental influences section <https://ww2.health.wa.gov.au/Improving-WA-Health/Sustainable-health-review/Final-report>

<sup>6</sup> The WA Aboriginal Health and Wellbeing Framework (AHWF) 2015–2030 guiding principles, strategic directions and priority areas and the Implementation Guide

<sup>7</sup> Aboriginal Health Policy Directorate, 2019, Outcomes Framework for Aboriginal Health 2020–2030: An outcomes focused approach to funding community-based healthcare services, Department of Health of Western Australia, Perth

## **2. LEARNINGS FROM THE AEH PROGRAM REVIEW**

The AEH Program Review findings and recommendations provide a strength- and place-based focus on future options for the AEH service delivery and procurement model. The depth and breadth of the data collection and analysis, comprising a literature review, quantitative surveys, quantitative population data, qualitative interviews, consultations with multiple stakeholders and communities, primary health care (PHC) pilot and case studies, reflects the strength of the involvement of Aboriginal service providers, stakeholders and community members throughout the review process.

The service activity reporting data, AEH Program costing data and epidemiological burden of disease data (including costs) further inform the development of the proposed AEH Program service delivery and procurement model. These data particularly inform operationalising data sovereignty to improve data sharing, disaggregation and timely data access, data for measurement, monitoring and evaluation through outcomes-based measuring options.

The Review findings are synthesised below in terms of a proposed model and corresponding service contract requirements.

### **2.1 Proposed AEH Program model**

As outlined above, this model represents an evidence-informed guide to facilitate future co-designed reform, supporting the Review's findings that a best-practice AEH Program model should be one that:

- Involves robust co-design with the Aboriginal community-controlled sector;
- Identifies and addresses adverse local environmental health risks;
- Integrates across sectors and providers and advocates to address service provision gaps;
- Formally embeds Community Environmental Health Action Plans CEHAPs (or an appropriate similar community planning tool) using co-design to identify and address place-based community environmental health needs;
- Embeds the nine Healthy Living Practices and Safe Bathroom and Healthy Homes AEH assessment, as advocated for by the Expert Reference Panel on Aboriginal and Torres Strait Islander Environmental Health (ERPATSIEH) Action Plan;
- Embeds clinic referrals to promote AEH assessments as part of early prevention of infectious and other environment-attributable diseases;
- Ensures tailored, culturally responsive, regionally-based training and workforce development;
- Develops and applies quality outcome indicators and a robust reporting framework to capture service delivery activity based on program logic; and
- Develops and uses program logic to establish an outcomes-based reporting framework for ongoing evaluation and service co-design.

### **2.2 Service contract requirements**

Service Contracts for AEH activity should be based on the following to ensure effective delivery of the proposed model for AEH::

- Appropriate monitoring of outcomes and outputs using service, PHC and hospital data, as defined in the proposed AEH Program Logic model;
- Genuine involvement of Aboriginal people in co-designed service design and delivery within WA Health, following the WA Closing the Gap jurisdictional plan and commissioning strategy;

- Service design that uses human-centred design principles<sup>8</sup> where service satisfaction is determined through culturally responsive mechanisms for community feedback;
- Strong partnerships and clear lines of communication between the Environmental Health Directorate (EHD), WA Health Procurement Teams and the Aboriginal community-controlled sector (as well as Aboriginal peak bodies) that optimise commissioning and contract management processes; and
- Service agreements that allow for culturally-responsive activities with accountability by service providers, recognising and supporting Aboriginal people’s cultural identity, cultural continuity, connection to country, and right to be self-determining.

Two other factors emerging from the consultations during the Review, but were not within its scope, were considered pertinent to an Options Paper: the impact of COVID-19 and the Climate Health WA Inquiry<sup>9</sup>.

## 2.3 Learning from the COVID-19 response

The impact of COVID-19 on Aboriginal people and communities has been two-fold. Firstly, it has been incredibly positive in that it ‘triggered the most significant return to country by First Nations people since the homeland movement commenced in the 1960s’<sup>10</sup>. Australian governments enacting emergency responses, including biosecurity restrictions of access<sup>11</sup>, recognised communities and homelands as places of refuge. Ms June Oscar, Aboriginal Social Justice Commissioner, described how:

*“... we had control and security. I felt some of the spirit of 1967, when the homelands movement grew in strength as the commonwealth embraced Indigenous self-determination and turned its back on an ugly history of state control and the dispossession of our peoples. Establishing remote communities was some form of redress”<sup>12</sup>.*

These actions were celebrated as a complete reversal of the ‘gap’, with remarkably low infection, hospitalisation and death rates in Aboriginal compared with non-Aboriginal populations<sup>13</sup>. Successes were attributed to Aboriginal leadership, public health practitioners and researchers who were pivotal in identifying the issues, setting priorities and suggesting solutions for culturally-informed strategies<sup>14</sup>, and where people:

*“... were given power to act and they established the partnerships they needed to achieve this outcome. This was a unique moment after decades of failed policies which excluded them from design and implementation. Racism at this level was replaced by a commitment to self-determination, empowerment and control: COVID-19 has shown us what a voice would look like”<sup>15</sup>.*

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<sup>8</sup> Human-centred design principles: (1) Understand and identify the core problem; (2) Observe and take a people focus; (3) Test and retest; (4) Take a whole of system approach (e.g. Loudon, G. 2021. Indigenous research methodologies: The role of human-centred design in indigenous research, in: Heritage, Paul, (ed.) Indigenous Research Methods: Partnerships, Engagement and Knowledge Mobilisation. People’s Palace Projects, London, UK, pp. 54–70. ISBN 978-1-3999-0787-3

<sup>9</sup> Weeramanthri TS, Joyce S, Bowman F, Bangor-Jones R, Law C. Climate Health WA Inquiry: Final Report. Perth (WA): Department of Health, Government of Western Australia; 2020

<sup>10</sup> June Oscar, <https://www.theaustralian.com.au/commentary/return-to-country-endangered-by-failure-to-invest/news-story/4536ca3471286834dd879f31b7225342?btr=ea7693e2f723596b09d9dd91571e4b0f>, 2021

<sup>11</sup> March 2020 Remote Aboriginal Communities Directions

<sup>12</sup> <https://humanrights.gov.au/about/news/opinions/return-country-endangered-failure-invest>

<sup>13</sup> Stanley, F., Langton, M., Ward, J., McAullay, D. and Eades, S., 2021. Australian First Nations response to the pandemic: A dramatic reversal of the ‘gap’. *Journal of Paediatrics and Child Health*

<sup>14</sup> Kristy Crooks, Dawn Casey and James S Ward First Nations peoples leading the way in COVID19 pandemic planning, response and management *Med J Aust* 2020; 213 (4): 151-152.e1. || doi: 10.5694/mja2.50704

<sup>15</sup> <https://www.theaustralian.com.au/inquirer/covid-has-shown-us-what-an-indigenous-voice-to-parliament-would-look-like/news-story/1f4ed8458b0a6335c06d0e717759f453>

This model has the potential to be replicated where public health agencies and Aboriginal practitioners, community-controlled service providers and researchers continue to support and recognise the importance of understanding connections between country, culture and wellbeing<sup>16</sup>.

Despite the above, a less positive impact was seen in Wilcannia, where ‘a litany of failures’ saw the small town become Australia’s ‘worst’ COVID-19 outbreak due to:

- Overcrowded housing
- Low vaccination rates
- Local Aboriginal people not being confident that their views were being listened to or acted upon<sup>17</sup>.

This example highlighted a significant consequence of COVID-19—the chronic underinvestment in remote housing, roads, sewerage, education, health, employment—and underlined the imperative for the government to renew their focus on strengthening community capacity and response infrastructure. This was reflected in the WA Department of Premier and Cabinet’s commissioned environmental survey, undertaken by the EHD, recognising that while sending people back to communities reduced the risk of COVID-19, it potentially exposed them to other health risks. According to National Aboriginal Community Controlled Health Organisation (NACCHO) CEO, Pat Turner, the COVID-19 pandemic exposed:

*“... the fault lines of neglect and inequity... in Aboriginal health outcomes. It doesn’t matter where our people live. We have overcrowded housing with multi-generational families, whether you’re in downtown Melbourne, a regional town, or a remote area”<sup>18</sup>.*

## 2.4 Accounting for climate change

As outlined by the Climate Health WA Inquiry, climate change is likely to continue for at least the foreseeable future, potentially impacting:

- the occurrence, severity, duration and impact of harmful (toxic) algal blooms in fresh, marine, and brackish waters
- the severity, frequency, and intensity of bushfires in forested areas and scrublands, affecting water quantity and quality and infrastructure
- animal and plant populations traditionally used by Aboriginal communities as food sources, reducing the availability of fresh, nutritious foods.

Aboriginal people have rights, stewardship obligations and interests over land and waters that are fundamental in preventing and preparing for climate change. Changes in the ‘look and feel’ of country and biodiversity losses cause feelings of loss and grief, particularly for Aboriginal people. Stress and anxiety are also felt due to difficulties maintaining culture and traditions with the changing natural weather cycles, harsh weather conditions, inaccessibility to sacred sites and meeting places, and when extreme weather events force communities to move.

The Climate Health WA Inquiry<sup>19</sup> acknowledged that Aboriginal people living in remote communities face additional environmental challenges that affect their health and wellbeing, making communities increasingly vulnerable to climate change, particularly during emergencies and disasters, given the limited capacity to rebuild. The Sustainable Development Unit, recently established by WA Health<sup>20</sup>, will lead and

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<sup>16</sup> Dudgeon P, Derry K, Wright M. A national COVID-19 pandemic issues paper on mental health and wellbeing for Aboriginal and Torres Strait Islander Peoples. Perth: UWA, 2020. <https://apo.org.au/sites/default/files/resource-files/2020-06/apo-nid306661.pdf>

<sup>17</sup> <https://www.abc.net.au/news/2021-11-28/covid19-vaccination-indigenous-communities/100653818>

<sup>18</sup> <https://www.reconciliation.org.au/first-nations-leadership-during-the-covid-19-crisis/>

<sup>19</sup> Weeramanthri TS, Joyce S, Bowman F, Bangor-Jones R, Law C. Climate Health WA Inquiry: Final Report. Perth (WA): Department of Health, Government of Western Australia; 2020.

<sup>20</sup> <https://www.mediastatements.wa.gov.au/Pages/McGowan/2020/12/New-health-and-climate-change-framework-for-WA.aspx>

coordinate a system-wide response on climate action and sustainability across the WA health system, allowing AEH to be incorporated directly into future initiatives in this area.

Given their involvement with environmental and infrastructure conditions at the community level and their role in short-term responsibilities during emergencies and disasters, the AEH Program and AEH service providers will likely be called upon to contribute to WA Health's efforts on climate change. It will be important that sufficient resources and training are available to allow the EHD and broader AEH sector to play an on-the-ground role in prevention and ameliorative strategies to address climate change. The AEH Program will strengthen the on-the-ground impact if it aligns its strategies and activities with the new Sustainable Development Unit.

### **3. AEH STRATEGIC DIRECTIONS AND SERVICE DELIVERY MODEL**

The AEH options proposed below comprise an Implementation Guide (Appendix 1) and an AEH Program Logic Model, providing a 'road map' for implementing, monitoring and evaluating a co-designed best-practice model and corresponding service contract requirements for AEH Program delivery.

The AEH Options Implementation Guide aligns findings from the AEH Program Review with the guiding principles, strategic directions, focus areas and relevant strategies drawn from the WA AHWF 2015–2030 and corresponding Implementation Guide, particularly the *second five-year* implementation cycle *Embed what Works 2021–2025*. This alignment is used to propose measurable outcomes and indicators to support the sustainable and effective delivery of a 'best-practice' model for AEH in WA. The proposed measures are provided as examples only, as they need to be negotiated in consultation with AEH Program recipients and providers through a co-design process.

The Program Logic Model sets out:

- Service Agreement guiding principles
- A long-term vision
- Foundational policies and operating principles
- A procurement service system map
- Sector-level outcomes
- WA Health contract management relationships.

#### **3.1 Service agreement guiding principles: Aboriginal environmental health services in WA**

The six principles recommended below will underpin WA Health's Program Logic Model for the AEH Program. Guiding Principles are critical as they set the 'ground rules' for engagement and services implementation. They are not tied to specific actions but serve as an important starting point when seeking to resolve issues.

##### **1) The health and wellbeing of Aboriginal people is everyone's business**

The WA AHWF 2015–2030 is the plan for Aboriginal people in WA to live long, well and healthy lives. The guiding principles in this framework underpin the funding of all services to ensure that they align with the WA Government's vision and the WA health system as a whole.

For Aboriginal people, health includes an individual's physical and mental wellbeing and the whole community's social, emotional, and cultural wellbeing, such that each individual and family can reach their full potential, thereby bringing about the total wellbeing of their community. It is a whole-of-life view that includes the cyclical concept of life–death–life.

## 2) Cultural security

The Outcomes Framework recognises cultural security as an important determinant of health and wellbeing for Aboriginal people. As such, services need to:

- Identify and respond to the cultural needs of Aboriginal people
- Work within a holistic framework that recognises the importance of connection to country, culture, spirituality, family and community
- Recognise and reflect how these factors affect the health and wellbeing of Aboriginal people.

## 3) Partnership

Effective partnerships between the Aboriginal community-controlled sector, government and non-government agencies, and other organisations are critical to advancing the health and wellbeing of Aboriginal people and their communities and aligns with all key strategic policy drivers to deliver health care to Aboriginal people and their communities in WA.

## 4) Aboriginal community control and engagement

Aboriginal community control relates to community participation, engagement, responsibility and accountability to the community that constitute the client base of the services provided, the member base and the broader Aboriginal community. Support for Aboriginal communities to build their capabilities and control their health and wellbeing should be embedded into all services. Ongoing recognition and strengthening of the Aboriginal community-controlled health sector (ACCCHS), as leaders in Aboriginal PHC, are a priority for implementation in the WA Sustainable Health Review. Where possible and appropriate, ACCCHS and/or ACCOs should be engaged as preferred providers of community-based health care services, including environmental health in Aboriginal communities.

## 5) Good governance and accountability

Strong leadership and governance provide a framework for support services to meet accountability requirements and achieve targeted outcomes. Where possible, services should:

- Align activity to the Options and Strategic Outcomes of the AHWF and the Outcomes Framework
- Embed evaluation into the implementation of service activity, using and monitoring measurable performance indicators
- Be responsive to performance and implement quality improvement processes where needed
- Comply with relevant legislation, State Supply Commission policies, WA Health procurement and funding policy and process requirements.

## 6) Access and equity

Past and present discriminatory policies and practices continue to impact the health and social and economic wellbeing of Aboriginal people. Improvement in health outcomes for Aboriginal people and their communities needs to be advanced through *equitable health access and funding models*. In addition, *equity in health* is essential to a genuine commitment for all Australians to redress the history of oppression and inequity that continues to negatively impact Aboriginal people.

### 3.2 Strategic Program Logic Model

The Program Logic Model is underpinned by the AHWF’s six strategic directions, along with the essential elements required to support system transformation in AEH (Figures 2 and 3).

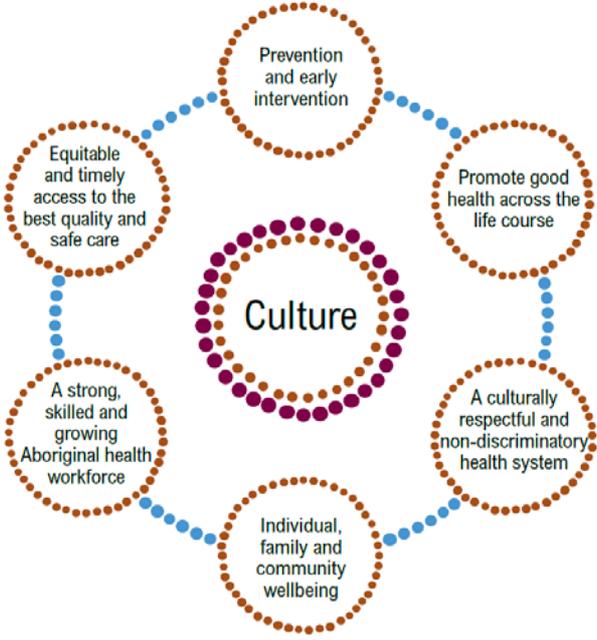


Figure 3. WA Aboriginal Health and Wellbeing Framework (AHWF) 2015–2030: Six strategic directions

**Strategic Program Logic Model**  
**WA Aboriginal Environmental Health Program**

**Department of Health Strategic Outcomes and Priorities – Driven By**

WA Aboriginal Health and Wellbeing Framework (AHWF) 2015–2030<sup>1</sup> | Outcomes Framework for Aboriginal Health 2020–2030<sup>2</sup> | WA Sustainable Health Review<sup>3</sup> | Climate Health WA Inquiry<sup>4</sup> | WA Aboriginal Empowerment Strategy<sup>5</sup> | Closing the Gap – WA Implementation

**Vision**

Aboriginal Environmental Health (AEH) needs to be integrated, culturally responsive, sustainable, delivered in partnership and collaborative

**Community Outcomes**

- Comprehensive health promotion information and support regarding issues of environmental health
- Improved community decision-making, influence and control over the management and delivery of health services to Aboriginal communities
- Community Environmental Health Activity Plan (CEHAP), or similar appropriate community planning tool, is formally embedded to identify and address placed-based community environmental health needs
- Clinic referrals to promote Aboriginal environmental health assessments as part of early prevention of infectious and other environment-attributable diseases are established
- Shared access to required data and information at a regional level to support communities and organisations to achieve the first three Priority Reforms

**Sector Outcomes - Long Term**

- Reduction in rates of disease associated with poor environmental health conditions and improved outcomes that are supported by appropriate data across the areas of:
  - Demand for PHC for conditions that are sensitive to the built environment
  - Hospitalisation rates for unintended injuries and diseases of the skin, ear, respiratory system related diseases, eyes (trachoma), and rheumatic heart disease (including acute rheumatic fever)
- Mechanisms and processes developed by government to enable annual reporting on AEH activities to achieve both AHWF, WA Aboriginal Empowerment Strategy, outcomes and National Closing the Gap priority reforms and targets, focusing on:
  - Progress towards parity in community infrastructure, essential services, and environmental health and conditions (housing, water, sewerage, waste management, electricity supply and roads and other composite measures)
  - Improved governance across whole of government statutory (WA Aboriginal Affairs Advisory Council (WA AAAC) and the Aboriginal Affairs Coordinating Committee (AACC), and regionally established mechanisms like Regional Health Planning Forums)
- Environment-attributable fractions suitable across regions and for Australian Aboriginal contexts are developed through a rigorous consultation and technical process
- CEHAPs, or similar, reflect the WA environmental health community planning needs
- Training and workforce development is tailored to be culturally responsive and regionally based, resulting in a strong, skilled and growing Aboriginal environmental health workforce, including improved access to employment opportunities
- The AEH Program is delivered by, or in partnership with the ACCHS sector
- The Nine Healthy Living Practices and Safe Bathroom and Healthy Homes checks<sup>7</sup> are embedded in all service models
- Building the capacity of communities to increase community control over health and the social and cultural determinants and enable local communities to develop their own services, based on their own needs
- Environmental health care that meets the health needs and addresses safety and quality issues commonly associated with environmental health outcomes for Aboriginal people
- AEH activities related to service delivery are measurable to enable ongoing evaluation and improved service design

**Partnerships and Implementation**

**Sustainable Health Review**

- Aboriginal people and their communities, and the ACCHS, are central to the the Sustainable Health Implementation Program to ensure the health system supports Aboriginal-led, culturally secure health and wellbeing outcomes
- ACCHS is highly networked and integrated and engages broadly with key government agencies
- The health and wellbeing needs of Aboriginal people in WA are well understood and recognised

**National Agreement on Closing the Gap – Priorities**

- **Priority 1:** Formal partnerships and shared decision-making
- **Priority 2:** Building the Aboriginal and Torres Strait Islander community-controlled service sectors
- **Priority 3:** Transforming government organisations

1. WA Aboriginal Health and Wellbeing Framework 2015–2030: Strategic Outcomes 1 through 6 and Priority Areas 1 through 7  
 2. Outcomes Framework for Aboriginal Health 2020–2030: Strategic Outcomes 1 through 6 (shares Strategic Outcomes with WA Aboriginal Health and Wellbeing Framework 2015–2030)  
 3. Sustainable Health Review: Strategy 1 (Recommendations 3a and 4), Strategy 3 (Recommendation 8); Strategy 6 (Recommendations 21 and 22) Strategy 7 (Recommendations 24–26), Strategy 8 (Recommendation 29)  
 4. Climate Health Inquiry WA: Recommendation 3 (Chapters 5–7; Findings 5 and 9), Recommendation 4 (Chapters 4 and 8; Findings 6 and 10), Recommendation 5 (Chapters 3–8; Findings 3, 5 and 6), Recommendation 9 (Chapters 5, 6 and 10; Finding 9), Recommendation 10 (Chapters 5–7 and 10; Findings 3, 9 and 10)  
 5. WA Aboriginal Empowerment Strategy  
 6. Closing the Gap – WA Jurisdictional Implementation Plan: Actions for Outcomes 1 and 8 ACCHS leadership in PHC, funding partnerships, strong economic participation and development; Priority Reform’s One (Partnerships Shared Decision-making) and Three – Transforming Government Organisations  
 7. Nine healthy living practices:

| Safety and life-threatening issues always come first                     |   |  |
|--|---|--|
| HLP 1 – Washing people   | HLP 2 – Washing clothes and bedding                           | HLP 3 – Removing wastewater safely                                   |
| HLP 4 – Improving nutrition, the ability to store, prepare and cook food | HLP 5 – Reducing the negative impacts of overcrowding         | HLP 6 – Reducing the negative effects of animals, insects and vermin |
| HLP 7 – Reducing the health impacts of dust                              | HLP 8 – Controlling the temperature of the living environment | HLP 9 – Reducing hazards that cause trauma                           |

**PROCUREMENT SERVICE SYSTEM MAP (WA Health – Aboriginal Environmental Health Program)**

**Western Australian Department of Health (WA Health)**  
Western Australian Aboriginal Health and Wellbeing Framework (AHWF) 2015–2030

**Service Providers**  
**Preferred Service Provider Service Level Agreement**  
Aboriginal Environmental Health services across Western Australia

| Outcomes Framework for Aboriginal Health 2020–2030   |   |
|--|---|
| <b>Strategic Direction 1:</b><br>Support good health and wellbeing across the life course      | <b>Strategic Outcome 1:</b><br>Aboriginal people engage with culturally secure, evidence-based programs and services at critical transition points across the life course to support ongoing health and reduce mortality.   |
| <b>Strategic Direction 2:</b><br>Prevention and early intervention                             | <b>Strategic Outcome 2:</b><br>Aboriginal people, families and communities are provided with the opportunities to engage with evidence-based prevention and early interventions initiatives and the knowledge and skills to choose health lifestyles to support good health and wellbeing.  |
| <b>Strategic Direction 3:</b><br>A culturally respectful and non-discriminatory health system  | <b>Strategic Outcome 3:</b><br>WA Health recognises racism as a key social determinant of health for Aboriginal people. Health care, whether government or community provided, is to be free of racism and discrimination.  |
| <b>Strategic Direction 4:</b><br>Individual, family and community wellbeing                    | <b>Strategic Outcome 4:</b><br>Well communities support strong culture and good health and wellbeing through a strong network of health relationships between individuals, their families, their kin, and community.<br>WA Health structures, policies and processes harness individual, family and community capability and enhance their potential. |
| <b>Strategic Direction 5:</b><br>A strong, skilled and growing Aboriginal workforce            | <b>Strategic Outcome 5:</b><br>A strong, skilled, and growing Aboriginal health workforce across all levels, including clinical, non-clinical and leadership roles.<br>The non-Aboriginal workforce can understand and respond to the needs of Aboriginal people.   |
| <b>Strategic Direction 6:</b><br>Equitable and timely access to the best quality and safe care | <b>Strategic Outcome 6:</b><br>Aboriginal people receive safe care of the highest quality, in a timely manner, to ensure best possible health care to meet their health needs.  |



**Intersecting strategies and recommendations**

**WA Sustainable Health Review recommendations**

3. Reduce inequity in health outcomes and access to care with a focus on a). Aboriginal people and families in line with the WA Aboriginal Health and Wellbeing Framework 2015–2030

4. Commit to new approaches to support citizen and community partnership in the design, delivery and evaluation of sustainable health and social care services and reported outcomes

8. Health actively partner in a whole-of-government approach to supporting children and families in getting the best start in life to become physically and mentally healthy adults

21. Invest in analytical capability and transparent, real-time reporting across the system to ensure timely and targeted information to drive safety and quality, to support decision making for high value healthcare and innovation, and to support patient choice

**Climate Health WA Inquiry findings and recommendations**

3. System Manager to lead in reform of policy, procurement, performance, training, and research (Chapters 5–7; Findings 5 and 9): *\*Different Western Australian regions exhibit different environmental and health impacts from climate change*

4. Strengthen adaptation in the specific areas of extreme weather events, heatwaves, mosquito control and air pollution (Chapters 4 and 8; Findings 6 and 10) — *\*Connections between climate change and. Health, between physical and mental health, and between vulnerability and resilience, need reinforcing*

5. Establish data and early warning systems across environment and health, linked to effective mitigation and rapid adaptive response as required (Chapters 3–8; Findings 3, 5 and 6) — *\*The health sector in Western Australia is close to the starting line in a race to reduce its own emissions and waste, but is keen to go further and faster*

9. Seek complementary action at a national level in a federal system (Chapters 5, 6 and 10; Finding 9) — *\*Good governance, clear metrics and broad partnerships are the glue to sustain change over time*

10. Contribute to learning, innovation and research (Chapters 5–7 and 10; Findings 3, 9 and 10) — *\*Aboriginal stewardship is as vital now as in our past*

**National Agreement on Closing the Gap**

**Priority 1:** Formal Partnerships and shared decision making

**Priority 2:** Building the Aboriginal and Torres Strait Islander community-controlled service sectors

**Priority 3:** Transforming government organisations

**Priority 4:** Shared access to data and information at a regional level

**Expert Reference Panel on Aboriginal and Torres Strait Islander Environmental Health (ERPATSIEH) — Action Plan 2019–2023**

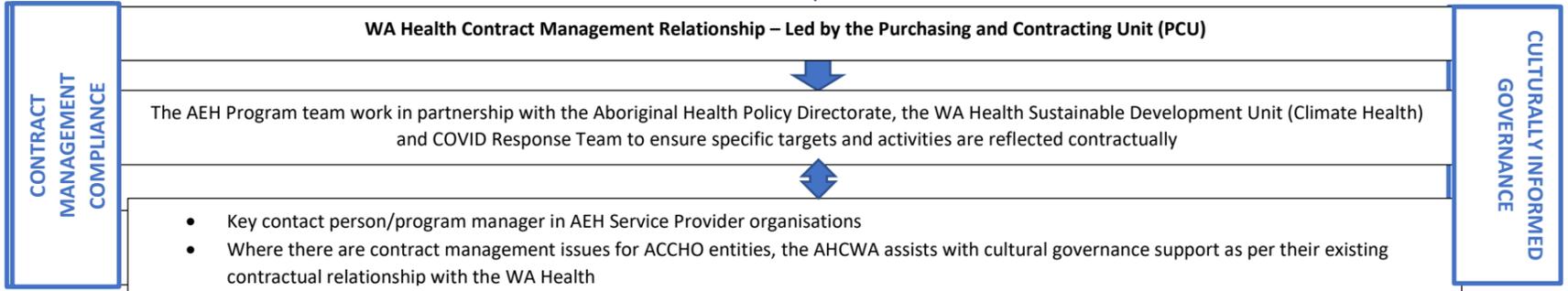
**Objective 2.** Develop a best practice model for environmental health service delivery in Aboriginal and Torres Strait Islander communities

**Objective 6.** Include environmental health as part of broader health care responses to managing health conditions (referrals)



**Western Australian Aboriginal Environmental Health Program — Sector Level Outcomes:**

- Reduced rates of disease associated with poor environmental health conditions and improved outcomes supported by appropriate data across the areas of:
  - PHC demand for conditions that are sensitive to the environmental conditions
  - Hospitalisation rates for environment-sensitive injuries and diseases of the skin, ear, respiratory system related diseases, eyes (trachoma), and rheumatic heart disease (including acute rheumatic fever)
- Mechanisms and processes developed by government to enable annual reporting on AEH activities to achieve AHWF outcomes, WA Aboriginal Empowerment Strategy, and National Closing the Gap priority reforms and targets, focusing on:
  - Progress towards parity in community infrastructure, essential services, and environmental health and conditions (housing, water, sewerage, waste management, electricity supply and roads and other composite measures)
- Environment-attributable fractions suitable across regions and for Australian Aboriginal contexts are developed through a rigorous consultation and technical process
- Community Environmental Health Action Plans (CEHAPs), or similar, that reflect the WA environmental health community planning needs
- Training and workforce development tailored to be culturally responsive and regionally based, resulting in a strong, skilled and growing Aboriginal environmental health workforce, including improved access to employment opportunities
- Aboriginal Environmental Health Program delivered by, or in partnership with, the ACCHS sector
- The *Nine Healthy Living Practices and Safe Bathroom and Healthy Homes checks*<sup>7</sup> embedded in all service models
- Building the capacity of communities to increase community control over health and the social determinants and enable local communities to develop their own services, based on their own needs
- Environmental health care that meets the health needs and addresses safety and quality issues commonly associated with environmental health outcomes for Aboriginal people
- Aboriginal environmental health activities related to service delivery are measurable to enable ongoing evaluation and improved service design



**Reporting across the life course stages and population outcomes**

|  |   |                          |
|--|---|--------------------------|
| Maternal health and parenting                        | Childhood health and development (birth to early teens) | Adult health (mid-20s +) |
| Adolescent and youth health (early teens to mid-20s) |   | Healthy ageing           |

## 4. CONCLUSION

There is growing recognition in the Australian policy context of the environmental impact on Aboriginal health and wellbeing and an increasing emphasis on the need to improve related services and health system deliverables. For example, environmental health was embedded recently into Closing the Gap reporting requirements and the recently updated National Aboriginal Health plan for the first time. However, achieving these improvements is strongly influenced by the contributions made by a wide range of stakeholders across government, non-government and the Aboriginal community-controlled sector. The AEH Program Review reflected this reality by considering a range of factors (including those within and outside the remit of the AEH Program) that impact the ability of the AEH Program to deliver effective services and improve outcomes.

Successful implementation of the AEH Options Implementation Guide and Strategic Program Logic Model described in this paper is underpinned by several conditions. It requires the recognition of the importance of culture, strength of community and encouraging new ways of working collaboratively across sectors. Central to this process is the need to consult and partner with Aboriginal people, communities and ACCOs to develop and deliver state-wide, regional, and local strategies. In WA, robust Aboriginal health frameworks, such as the AHWF 2015–2030, Sustainable Health Review and the WA Closing the Gap Jurisdictional Implementation Plan, are well placed to leverage the resourcing and systems strengthening required to achieve the outcomes articulated in the Program Logic Model.

As articulated in the AEH Program Review Main Report, this Options Paper strongly endorses the continuation of the AEH Program as essential for AEH in WA. It further advocates for additional funding and resourcing to support WA Health to address AEH issues to achieve the vision of Aboriginal people living long, well and healthy lives.

## Appendix 1. Implementation Guide for the WA Aboriginal Environment Health Program

The table below shows a move from output/activity-based planning and accountability to outcomes-based planning. It reflects the WA Aboriginal Health and Wellbeing Framework (AHWF) 2015–2030 guiding principles, strategic directions and priority areas and the AHWF Implementation Guide and Outcomes Framework. A subset of relevant Objectives and Suggested Strategies have been selected from the AHWF to indicate how AEH Program and service provider implementation can be negotiated at a local level, and AEH-related measures can be mapped to the existing AHWF Implementation Guide. The information presented under the ‘Strategic Direction’, ‘Strategic Outcome’, ‘Focus area’, and ‘Objective’ sections of the table are identical to that presented in the AHWF Outcomes Framework. These sections identify how the proposed short- and long-term outcome measures align with the existing AHWF. These measures do not replace service-level activity measures, which still need to be articulated, as indicated in the Review recommendations.

| <b>Strategic Direction 1.</b><br>Promote good health across the life course |  | <b>Strategic Outcome 1:</b><br>Aboriginal people engage with culturally secure, evidence-based programs and services at transition points across the life course to support ongoing health and wellbeing.   |  |
|---|--|---|--|
| <b>Focus area</b>   | <b>Objective</b>   | <b>Suggested strategies</b>   | <b>Suggested short- and long-term environmental health outcome measures</b>  |
| Childhood health and development  | 2.1 Increased access to culturally secure child health and development programs and services                                     | Engage with Aboriginal families using strength-based approaches to effect change in behaviours and health outcomes.<br><br>Provide comprehensive health promotion, information and support regarding issues of nutrition, physical and emotional wellbeing, injury prevention, immunisation and environmental health.<br><br>Develop partnerships with ACCHOs and other agencies to build capacity, access relevant resources and address the range of social determinants that impact child health outcomes. | <ul style="list-style-type: none"> <li>• Age-specific annual hospitalisation rates (provided by Epidemiology Branch) of:               <ul style="list-style-type: none"> <li>– infections and chronic ear, skin, respiratory diseases</li> <li>– trachoma and rheumatic fever/rheumatic heart disease</li> <li>– unintentional injuries</li> </ul> </li> <li>• Measures of environment-attributable burden using suitable EAFs:               <ul style="list-style-type: none"> <li>– hospitalisations</li> <li>– PHC presentations</li> <li>– notifications</li> <li>– mortality</li> </ul> </li> <li>• Rates of child health checks, including for children receiving the Enhanced Aboriginal Child Health Schedule</li> </ul> |
|   | 2.3 Parenting skills and confidence are strengthened within Aboriginal families  | Engage with Aboriginal families using strength-based approaches to effect change in behaviours and health outcomes  | <ul style="list-style-type: none"> <li>• Proportion of families with children participating in Healthy Living Practices Program</li> </ul>   |
| Adolescent and youth health   | 3.1 Increased access to culturally secure mental health, suicide prevention and wellbeing programs and services for young people | Deliver culturally secure health promotion to encourage positive health behaviours and informed decision-making (e.g. positive mental health, safe sex practices, alcohol and drug use)   | <ul style="list-style-type: none"> <li>• Age-specific annual hospitalisation rates (as above)</li> <li>• Measures of environment-attributable burden using suitable EAF (as above)</li> <li>• Proportion of adolescents participating in Healthy Living Practices and community environmental health programs</li> </ul>   |

|  |   |  |  |
|--|---|--|--|
| Healthy adults   | 4.1 Adults have the health care, support and resources to manage their physical and mental health and have long and productive lives  | Engage key stakeholders and the Aboriginal community to build the capacity of Aboriginal men so they are equipped with the skills, knowledge and confidence to manage and control their health and wellbeing.  | <ul style="list-style-type: none"> <li>• Age-specific annual hospitalisation rates (as above)</li> <li>• Measures of environment-attributable burden using suitable EAF (as above)</li> <li>• Proportion of adults participating in Healthy Homes and community environmental health programs</li> </ul>   |
| Healthy ageing   | 5.1 Older Aboriginal people can stay culturally connected and live out their lives as active, physically and mentally healthy individuals   | <p>Work in partnership with Aboriginal communities and stakeholders to build community capacity to address the range of social determinants that impact health and wellbeing.</p> <p>Deliver culturally secure strategies and services that promote positive social and emotional wellbeing.</p> <p>Review and encourage action to support ageing on country.</p>  | <ul style="list-style-type: none"> <li>• Age-specific annual hospitalisation rates (as above)</li> <li>• Measures of environment-attributable burden using suitable EAF (as above)</li> <li>• Proportion of adults participating in Healthy Homes and community environmental health programs</li> </ul>   |
| <b>Strategic Direction 2:</b><br>Prevention and early intervention |   | <b>Strategic Outcome 2:</b><br>Aboriginal people, families and communities are provided with the opportunities to engage with evidence-based prevention and early intervention initiatives and the knowledge and skills to choose healthy lifestyles to support good health and wellbeing.   |  |
| <b>Focus area</b>  | <b>Objective</b>  | <b>Suggested strategies</b>  | <b>Suggested short- and long-term environmental health outcome measures</b>  |
| Healthy environments   | <p>1.1 Communicable disease control, prevention, detection and responses are informed by data, and culturally secure initiatives and programs developed.</p> <p>1.2 Health promotion initiatives, social marketing and media campaigns are appropriately targeted and improve individual and environmental health literacy and risk factor awareness</p> <p>1.3 Aboriginal people receive information and services that improve knowledge and practice of healthy lifestyle behaviours</p> <p>1.4 Living environments in communities are improved through environmental health initiatives and healthy living practices</p> | <p>Identify social and environmental factors that impact communicable diseases and address through partnering with the Aboriginal community, ACCOs and other stakeholders.</p> <p>Incorporate the needs of Aboriginal communities in establishing plans for the prevention of communicable diseases and the development of targeted health promotion activity.</p> <p>Identify social and environmental factors that impact communicable diseases and address by partnering with the Aboriginal community and other stakeholders.</p> <p>Continue to coordinate and improve priority programs such as <i>Regional Immunisation, WA Trachoma Program and State-wide Rheumatic Heart Disease and Acute Rheumatic Fever.</i></p> <p>Support culturally secure primary health care services to deliver targeted health promotion, prevention and</p> | <ul style="list-style-type: none"> <li>• Proportion of locally-based, co-designed health promotion activities implemented and evaluated</li> <li>• Environment-related health promotion resources available on ACCHS, ACCHO and HealthInfoNet websites</li> <li>• Number of co-designed environment-related resources developed</li> <li>• Age-specific annual hospitalisation rates (as above)</li> <li>• Measures of environment-attributable burden using suitable EAF (as above)</li> <li>• Proportion of households participating in Healthy Living Practices; Safe Bathrooms and Healthy Home checks completed; and other community environmental health programs</li> <li>• Number of communities with a CEHAPS; number of people participating; types of actions determined</li> </ul> |

|   |   |   |  |
|---|---|---|--|
|   |   | <p>early intervention programs, including the Healthy Lifestyles Program and the Tackling Indigenous Smoking Program.</p> <p>Continue to deliver and implement the <i>Environmental Health Program</i>, in partnership with Aboriginal Environmental Health Workers / Aboriginal community-controlled organisations.</p>  |  |
| Chronic condition prevention and management | 2.1 Aboriginal people receive culturally secure, responsive, coordinated continuous care for a seamless transition between services and across health care settings | <p>Implement policies, processes and pathways to reduce the complexity of navigating the health system for Aboriginal patients, their carers and families.</p> <p>Standardise information exchange and care planning, to support efficient health workforce communication.</p> <p>Develop strategies that maximise Aboriginal participation in prevention and early intervention programs.</p> <p>Implement structural arrangements to support coordinated care and ensure arrangements are culturally secure.</p> <p>Work with Aboriginal communities and stakeholders to develop and implement strategies that maximise Aboriginal participation in prevention and early intervention programs.</p> | <ul style="list-style-type: none"> <li>• Age-specific annual hospitalisation rates (as above) and PHC referrals for chronic diseases, including respiratory and skin disease, for Aboriginal people compared to non-Aboriginal people</li> <li>• Use of referral forms between and across health sectors and other agencies</li> </ul> |

| <b>Strategic Direction 3:</b><br>A culturally respectful and non-discriminatory health system |  | <b>Strategic Outcome 3:</b><br>WA Health recognises racism as a key social determinant of health for Aboriginal people. Health care, whether government or community provided, is to be free of racism and discrimination.  |  |
|---|--|---|--|
| <b>Focus area</b>   | <b>Objective</b>   | <b>Suggested strategies</b>   | <b>Suggested short- and long-term environmental health outcome measures</b>  |
| Engagement and partnerships   | 2.2 Collaborative partnerships with Aboriginal community-controlled health services support systematic and ongoing two-way communication | <p>Participate in Aboriginal health cross-sector and cross-agency forums at all levels (national, state, and regional) to facilitate information sharing and knowledge exchange.</p> <p>Establish partnerships and protocols with Aboriginal stakeholders to improve coordination and continuity of care.</p> <p>Engage with Aboriginal stakeholders, ensuring that the clinical and cultural needs of Aboriginal people are addressed holistically.</p>  | <ul style="list-style-type: none"> <li>• Level of satisfaction with AEH services (via annual community environmental health survey as part of CEHAPs or similar)</li> <li>• Process indicators reflecting AEH activities undertaken in partnership with ACCHS</li> <li>• Number and proportion of total household visits that involved clinic, hospital ED or outpatient referrals to/ from AEH providers</li> <li>• Measures under the WA Aboriginal and Torres Strait Islander Health Performance Framework to assess WA health system performance, including those that examine health system appropriateness, accessibility, responsiveness and safety e.g., Measure 3.14 Access to AEH Services compared with need</li> <li>• Level of collaboration and satisfaction within the AEH sector (annual AEH service provider survey)</li> </ul> |
| Organisational and systemic approach  | 3.1 Governance arrangements reflect a whole-of-organisation approach to improving cultural competency and responsiveness                 | <p>*Provide a visible organisational commitment to a culturally respectful and non-discriminatory health system, embedded across all aspects of the core business, including organisational principles and values and the design and implementation of continuous improvement activities.</p> <p>Create opportunities for Aboriginal people to participate in governance arrangements and decision-making.</p> <p>Undertake organisational assessments and cultural audits to identify gaps and inform improvement opportunities (e.g. identification and implementation of service-level strategies to address barriers to access, including physical barriers, affordability, appropriateness and acceptability).</p> |  |
|   | 3.2 Flexible and responsive services that identify and respond to barriers to access   | Implement the WA Health Language Services Policy and Toolkit and the Western Australian Language Services Policy 2014 and Guidelines.   |  |
|   | 3.3 Systemic racism and discrimination are better understood, addressed and prevented  | Implement the National Best Practice Guidelines for Collecting Indigenous Status and recording categories on data collection forms and information systems  |  |

| <b>Strategic Direction 4:</b><br>Individual, family and community wellbeing |  | <b>Strategic Outcome 4:</b><br>Well communities support strong culture and good health and wellbeing through a strong network of healthy relationships between individuals, their families, their kin and community. WA Health structures, policies and processes harness individual, family and community capability and enhance their potential.  |   |
|---|--|---|---|
| <b>Focus area</b>   | <b>Objective</b>   | <b>Suggested strategies</b>   | <b>Suggested short- and long-term environmental health outcome measures</b>   |
| Family and community centred approaches                                     | 1.1 Services acknowledge and incorporate an understanding of cultural systems of care, in policy and program development and delivery  | Engage with families, communities and stakeholders at the commencement of planning to ensure community knowledge is accessed, harnessed and informs the development of health initiatives.<br><br>Cultural systems of care are acknowledged and actively incorporated within clinical care delivery and practice.<br><br>Care plans and clinical decisions should be made jointly and consider the context of family and community.<br><br>Recognise family networks form the basis of innovative approaches to health and wellbeing. | <ul style="list-style-type: none"> <li>• Level of satisfaction with AEH service (annual community environmental health survey)</li> <li>• Number and proportion of AEH Program services delivered by or in partnership with ACCHS</li> <li>• Number and proportion of place-based community members involved in direct AEH activities</li> <li>• Number of people and proportion of community participating in CEHAP</li> </ul> |
| Strengthening capacity  | 2.1 Improved community decision-making, influence and control over the management and delivery of health services to Aboriginal communities                                      | Recognise the integral role of Aboriginal health leaders and ACCHOs in ensuring access to appropriate health services.*   |   |
|   | 2.2 Greater engagement and access of services by Aboriginal people through the provision of culturally secure services addressing mental health, alcohol and other drug problems | Build the capacity of communities to increase community control over health and the social determinants of health so that they can develop their own services based on their own needs.   |   |
|   | 2.3 Culturally secure programs and initiatives enhance personal and community empowerment and build more responsive health service delivery                                      | Enhance service provision by continuing to support Aboriginal community-controlled primary health and health-related services.  |   |
| Care closer to home   | Culturally secure services are increasingly accessible within communities  | Upskilling of Aboriginal health workforce to provide services and care in their local communities.<br><br>Look for opportunities to upskill local community members in evidence-based health responses.   |   |

| <b>Strategic Direction 5:</b><br>A strong, skilled and growing Aboriginal health workforce |  | <b>Strategic Outcome 5:</b><br>A strong, skilled and growing Aboriginal health workforce across all levels, including clinical, non-clinical and leadership roles. The non-Aboriginal workforce can understand and respond to the needs of Aboriginal people.   |   |
|--|--|---|---|
| <b>Focus area</b>  | <b>Objective</b>   | <b>Suggested strategies</b>   | <b>Suggested short- and long-term environmental health outcome measures</b>   |
| Attraction and retention   | 1.1 Improved access to employment opportunities for Aboriginal people across the health sector   | Engage with the local community to promote employment opportunities and target Aboriginal employees through appropriate advertising and recruitment.  | <ul style="list-style-type: none"> <li>• Number and distribution of AEH workers that:               <ul style="list-style-type: none"> <li>– are trained (existing and new) at different levels (Cert 2, 3, 4, other)</li> <li>– are employed in local communities, Shires, Population Health Units and Aboriginal Controlled environmental health services</li> </ul> </li> <li>• Ratio of AEH worker FTE to Aboriginal population (community-specific, regional and overall)</li> <li>• Proportion of AEH workers that are Aboriginal, overall and by environmental health provider type</li> <li>• Number and proportion of Aboriginal people appointed to AEH positions through Section 51 EOA, overall and by provider type</li> <li>• enHealth Environmental Health Practitioner Manual (2010) revised to National Standards, including Healthy Living Practices, and aligned with Cert 2 curriculum</li> <li>• Number and proportion of AEH workforce that have completed training in:               <ul style="list-style-type: none"> <li>– data and computer literacy skills</li> <li>– training modules on climate change and adaptation/mitigation</li> <li>– undertaking CEHAPs or similar</li> </ul> </li> <li>• Achieve major milestones in the AEH sector:               <ul style="list-style-type: none"> <li>– establish Aboriginal Environmental Health Peak Body</li> <li>– establish WA AEH training facilitator position</li> <li>– Indigenous Health Infonet repository of AEH resources</li> </ul> </li> </ul> |
|  | 1.2 A culturally respectful and safe workplace culture and environment   | Use Section 51 and Section 50(d) of the Equal Opportunity Act 1984 (EOA) as targeted measures to achieve equity and increase diversity in the workforce.<br><br>Use innovative and flexible recruitment, selection and appointment processes and procedures to attract an Aboriginal workforce  |   |
|  | 1.3 Increased number of Aboriginal employees appointed to permanent positions, not fixed-term contracts linked to short-term program funding | Increase the number of permanent positions within the WA health system and work towards substantive opportunities for fixed-term contract employees.<br><br>Support a visible commitment to a culturally safe work environment.<br><br>Promote the retention of the Aboriginal workforce by developing and implementing career pathways, job mentoring, cultural support and capacity building. |   |
| Workforce Skill Development  | 2.1 More Aboriginal students studying for and completing qualifications in health-related disciplines  | Work with education providers at the state and local level to match training to employer needs and available employment opportunities.  |   |

|                               |  |   |   |
|-------------------------------|--|---|---|
|                               | 2.2 Aboriginal health workforce skills and capacity developed in clinical and non-clinical roles across all health disciplines   | Identify funding and resources to support effective training and education opportunities for Aboriginal staff.  |   |
| Workforce Design and Planning | 3.1 Improved data and information supports health workforce planning and policy development.   | Ensure Aboriginal identification of applicants and employees is captured in recruitment and appointment processes.  | <ul style="list-style-type: none"> <li>• Progress against the Aboriginal workforce target (WA health system).</li> <li>• Reporting against the WA Health Equity and Diversity Strategy 2015 – 2020</li> </ul> |
|                               | 3.2 Business planning processes shape and structure the Aboriginal health workforce to ensure there is sufficient and sustainable capability and capacity to deliver organisational objectives | <p>Review the Aboriginal workforce target methodology to ensure a systematic, appropriate and equitable target allocation approach.</p> <p>Develop partnerships with the Aboriginal community-controlled health sector and other relevant Stakeholders to assist in Aboriginal workforce planning and information sharing.</p> <p>Measure and monitor available Aboriginal workforce indicators to ensure workforce distribution matches local community need based on the existing services in the area.</p> <p>Develop an Aboriginal Workforce Action Plan, aligned to the WA Health Aboriginal Workforce Strategy 2014-2024 and the WA Health Aboriginal Workforce Policy, in consultation with key Aboriginal stakeholders.</p> |   |

|  |   |   |   |
|--|---|---|---|
| Leadership   | 4.1 Improved access to strategies, programs and opportunities that encourage leadership and management opportunities for the Aboriginal workforce at all levels | <p>Establish Aboriginal leadership groups and network opportunities at a State, regional and local level.</p> <p>Implement talent management and succession initiatives targeting emerging Aboriginal leaders at a State and local level.</p> <p>Recruit Regional Aboriginal Health Consultants to form part of Regional Executive Teams in regions across the state.</p> <p>Provide and support secondment and acting opportunities within the WA health system for Aboriginal staff.</p> <p>Provide Aboriginal employees with formal leadership training to fast track them into Aboriginal and mainstream senior management and executive positions.</p> | <ul style="list-style-type: none"> <li>Number of Aboriginal employees who complete the WA Health Aboriginal Leadership and Excellence Development Program</li> </ul>  |
| <b>Strategic Direction 6:</b><br>Equitable and timely access to the best quality and safe care |   | <b>Strategic Outcome:</b><br>Aboriginal people receive safe care of the highest quality, on time, to ensure the best possible health care to meet their health needs.   |   |
| <b>Focus area</b>  | <b>Objective</b>  | <b>Suggested strategies</b>   | <b>Suggested short- and long-term environmental health outcome measures</b>   |
| Safety and quality   | 2.1 Aboriginal people receive culturally secure, safe, timely and quality care across health care settings  | <p>Develop understanding of the safety and quality issues commonly associated with health care for Aboriginal people.</p> <p>Use the National Safety and Quality Standards to improve Aboriginal health outcomes across WA.</p>   | <ul style="list-style-type: none"> <li>Number and proportion of AMS and WACHS clinics who analyse PHC data to monitor of burden/demand of environment-related diseases and AEH Program outcomes</li> <li>Annual reports published by WA Epidemiology Branch to monitor the burden of environment-attributable hospitalisations and deaths among Aboriginal people in WA aligned with Closing the Gap progress reports</li> <li>Number and proportion of research or data collection proposals addressing AEH-related research reviewed by the WA Aboriginal Health Ethics Committee and by Regional Aboriginal Health Planning Forums environmental health sub-committees</li> <li>Evidence of environmental health strategies (greening, tidy community competitions, radio/media coverage, engagement with schools) documented at community level</li> <li>Evaluation of extent to which data have been returned/reported to communities</li> </ul> |
| Data improvement and research  | 3.1 Improve Aboriginal identification in data collections   | <p>Engage Aboriginal people to provide input into data development, collection and use of information on environmental health/social and cultural determinants of health.</p> <p>Participate in data sharing and the routine use of data as a basis for conversations to identify priority areas for environmental health action.</p> <p>Ensure data are available for program evaluation at the time programs are planned and implemented.</p> <p>Conduct priority-driven research, delivered in partnership with Aboriginal communities and stakeholders</p>  |   |
|  | 3.2 Improved approaches to health information development, collection and use   |   |   |
|  | 3.3 Knowledge translation   |   |   |

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|  |  | Encourage an approach that builds the evidence base and supports opportunities for knowledge translation.<br>Return data to communities/use of data by communities |  |
|--|--|--|--|