

The Queensland Health Aboriginal and Torres Strait Islander Environmental Health Strategy 2001-2006



Queensland Government
Queensland Health

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Foreword

All Australians are entitled to live in a safe and healthy environment. The development of the Aboriginal and Torres Strait Islander Environmental Health Strategy 2001-2006 is a significant achievement for Queensland Health as it focuses on environmental health interventions which aim to improve the health status of Indigenous peoples in the State.

Concerted efforts to work with Indigenous communities to improve environmental health conditions are being made at both State and national levels. Queensland Health is committed to improving the health of Aboriginal and Torres Strait Islander people in Queensland. This five year Strategy provides a clear framework for action, and by focussing on planned and acceptable interventions which address a broad range of environmental issues, it is expected that the health of Indigenous peoples in urban, rural and remote Queensland, will improve significantly over time.

However, if we are to be successful in addressing Indigenous health then we must take a holistic approach and form strategic partnerships with other national and State government departments, local governments, community councils and non-government agencies. This will enable issues to be addressed through a coordinated and collaborative approach.

The importance of a strong environmental health workforce cannot be overstated. Improving the health of Indigenous peoples in Queensland is contingent on the availability of Indigenous environmental health skills in communities. This is presently being achieved through the employment of environmental health workers in Indigenous communities, and this initiative will continue to expand and lead to recognisable improvements in environmental health standards.

This Strategy builds on recent programs and reinforces Queensland Health's commitment to working with and supporting Indigenous communities to increase access to appropriate services, in order to reduce unacceptable gaps in health status.

This clearly defined strategic approach will further strengthen the position of Queensland Health in assisting Aboriginal and Torres Strait Islander people to better health and wellbeing.

(Dr) R L Stable
Director-General
April 2001

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Our Vision

“To achieve a standard of environmental health for all Aboriginal and Torres Strait Islander people in Queensland that is at least equal to that of other people throughout this State.”

This vision represents Queensland Health’s commitment to ensuring equitable standards of environmental health for Indigenous peoples.

Introduction

Environmental health is the cornerstone of public health practice, and is about creating and maintaining environments that promote good public health.

Environmental health management focuses on the conditions in which we live and work by identifying threats posed by environmental hazards as early as possible, and by introducing effective safeguards at a reasonable cost. As the scope of environmental health spans many sectors in society it requires a collaborative multi-agency approach.

Queensland is unique, due to the diverse environments in which people live. However, whether on our tropical islands, in our deserts or in our cities and towns, people all need the same basic necessities and safe environment for optimal health and wellbeing.

Unless environmental causes of ill health are identified, addressed and monitored, Indigenous illness will continue to be treated, rather than prevented.

Background

Purpose

The purpose of this Strategy is to enhance environmental health management by providing a framework for Queensland Health action in addressing Indigenous environmental health outcomes through collaborative multi-agency actions.

This strategic direction will enable coordination of Queensland Health’s Public Health Services’ activities and promote the further development of partnerships with other agencies at the State and local level.

Indigenous Population Distribution

More than one quarter of Australia’s Indigenous population live in Queensland and by 2006, the State is likely to have the largest Indigenous population of any Australian state or territory (Queensland Government, 2000). This will result in considerable challenges in providing services and facilities to this diverse community and will be a major influence on the distribution of government resources.

In Queensland, our Aboriginal and Torres Strait Islander populations are located in urban, rural and remote areas. Each of these unique landscapes pose specific and unique environmental health risks to the population.

A map illustrating the distribution of Aboriginal and Torres Strait Islander populations by statistical divisions of Queensland and the location of 15 Aboriginal Community Councils can be seen in Figure 1.

The Torres Strait inset (Figure 2), shows the location of 17 Island Community Councils. The Torres Strait Islander population relating to this inset is estimated at 7,000 persons (ABS census and population data 1996). It is acknowledged there are population fluctuations in this area and the Torres Strait Islander population registered at census date is reportedly underestimated. However, the purpose of estimating this population is to enable a baseline to be established for the planning of services and resources.

Figure 3 shows the Aboriginal and Torres Strait Islander population distribution in the statistical local areas of Brisbane.

Environmental Health in Indigenous Communities

As stated in the National Environmental Health Strategy (1999) the health status of Indigenous Australians is significantly lower than non-Indigenous Australians. Infant mortality rates in Indigenous communities are about three times higher than rates for non-Indigenous infants and in 1992-1994, life expectancies at birth for Indigenous men and women were 10 to 15 years below that of other Australians. The National Environmental Health Strategy (1999 p. 23) further states that “Environmental health issues are among the many factors responsible for these poor health outcomes. Isolated Indigenous communities struggle to reach the basic level of environmental health that has been achieved by the rest of our population.”



Figure 4: Impacts on environmental health status.

Figure 4 illustrates the environmental health factors that need to be addressed to improve the health status of Queensland's Indigenous communities.

To achieve the goals of this Strategy, a holistic view of environmental health must also recognise the interaction between injury prevention and the creation of safe and healthy communities. All of these factors influence the environmental health status in urban, rural and remote settings.

National initiatives

The need for urgent action in improving environmental health in communities throughout Australia is recognised at a national level by the National Environmental Health Council (enHealth Council). This peak environmental health advisory group provides national leadership, and a focus for cooperation and coordination of environmental health issues.

The National Environmental Health Strategy (1999) covers the diverse range of environmental health issues affecting all Australians. This National Strategy reinforces the need for further investment in environmental health for Indigenous peoples across a wide range of settings, particularly in rural and remote communities in Queensland.

The priority issues affecting Indigenous communities in Australia, which are detailed in the National Environmental Health Forum Monograph Indigenous Environmental Health (1999) and enHealth Council Monograph Indigenous Environmental Health (2000) Series 2, are paralleled in this Strategy. Many of Queensland Health's achievements and actions in improving Indigenous environmental health are mentioned in these monographs.

Indigenous environmental health is being further progressed at the national level through the National Indigenous Environmental Health Forum and workshops hosted by the Forum. This Forum provides advice on Indigenous environmental health issues to the enHealth Council.

The implementation of the Aboriginal and Torres Strait Islander Environmental Health Strategy 2001-2006 will improve the profile of Queensland's environmental health program, support national environmental health initiatives and improve the health of Indigenous Queenslanders.

Queensland Health

Queensland Health's goal is to help people to better health and wellbeing. The Department manages a range of activities, which contribute to environmental health status. These relate to:

- communicable diseases
- food safety and nutrition
- drugs, poisons and therapeutic goods
- water quality
- toxicological issues
- environmental health planning
- injury prevention

The principles, which underpin Queensland Health's strategic commitment to addressing environmental health issues, were endorsed in the Aboriginal and Torres Strait Islander Health Policy 1994. This Policy is scheduled to be revitalised in line with the National Aboriginal Health Strategy 1989, including an enhanced focus on environmental health.

Within Queensland Health, a number of specific units and positions have portfolios to progress Indigenous environmental health issues. These units and positions include:

- Public Health Services:
 - *Environmental Health Unit, which adopts an overarching statewide policy and advisory role.
 - *Communicable Diseases Unit, which adopts an overarching statewide policy and advisory role in relation of communicable diseases.
 - *Three Public Health Unit Networks (Tropical, Central and Southern) which play a significant role in the areas of health promotion, disease surveillance and environmental health.
 - *One zonal Indigenous environmental health coordinator located in each of the three Public Health Unit Networks. These positions are currently based in Toowoomba, Rockhampton and Cairns.
 - *One district environmental health coordinator based at Thursday Island (Torres District and Northern Peninsula Area Health Service District).

*District environmental health workers based at Mt Isa (Tropical Public Health Unit Network) and at Weipa (Cape York Health Service District).

*Three Indigenous public health officers based at Longreach and Brisbane North (Central Public Health Unit Network) and Brisbane South (Southern Public Health Unit)

- Aboriginal and Torres Strait Islander Health Unit which is involved in developing strategic initiatives to facilitate the attainment of health targets for the Aboriginal and Torres Strait population of Queensland.
- Environmental health practitioners within health service districts and Corporate Office units.

However, actions that aim to promote a safe and supportive environment cannot be considered the sole responsibility of Queensland Health. Therefore, collaborative partnerships are needed across all sectors with agencies who have an interest in providing environmental health services.

For example, although Queensland Health may not have direct management of related environmental health issues such as the provision of adequate water supplies, housing infrastructure and waste management, partnerships need to be developed with relevant stakeholders to address these key issues.

To further enhance coordination and communication on Indigenous health issues, the Indigenous Public Health Forum has been established. The Forum aims to bring together Public Health Services' units on a quarterly basis, with other invited agencies, to discuss current projects and information relating to Indigenous public health issues. Public Health Unit Networks also replicate this style of forum throughout the State.

The Aboriginal and Torres Strait Islander Environmental Health Strategy 2001-2006 aligns with Public Health Services' focus on strategic program outcomes. This is achieved by a key performance objective of the Public Health Services Plan for Achievements 1998-2001, which is "to develop and implement public health interventions based on priorities to improve health status".

A multi agency response

Within Queensland there are a number of government and non-government agencies which influence Indigenous environmental health.

In order to address the priority issues outlined in this Strategy, it is essential to develop partnerships with all relevant stakeholders in order to establish and maintain effective communication, planning and working relationships. This is an essential process to promote a culturally appropriate response to community identified needs and ensure that a multi faceted approach to broad environmental health issues is developed.

In addition, there are a number of environmental health workers employed by community councils and based in Indigenous communities who develop and deliver environmental health services in mainland and Torres Strait regions of Queensland. A broad holistic view of health and supportive environments across all settings also requires workers from other disciplines to collaborate and develop partnerships with government, non-government organisations and community based agencies.

Strategy development process

The stimulus for a Queensland Health environmental health strategy arose in early 1998. In response to calls for a more coordinated, nationally consistent approach to improving environmental health conditions in Indigenous communities, the then National Environmental Health Forum (now enHealth Council) inaugurated what has become a series of national workshops on Indigenous environmental health.

The key action areas identified in this Strategy align with the outcomes of the annual workshops. In addition to this, considerable research was undertaken into contemporary approaches to Indigenous environmental health, partnered with extensive consultation throughout the State.

The result is a Strategy that represents mutually agreed priority action areas and processes to achieve them. In fact, this partnership approach to the development of the Strategy is itself, a highlight of the strategic actions under the Strategy's framework for action.

Feedback from a Scoping paper, Towards.....a Queensland Aboriginal and Torres Strait Islander Environmental Health Strategy, and the draft Strategy document formed the foundation for this current Strategy. Additional consultation was held with government departments, organisations representing Indigenous peoples and community councils throughout the State.

A list of stakeholders who were consulted and provided input during the development of the draft Strategy is provided on Page 43.

The main findings from the consultation process included:

- strong support for the development of a Queensland Health strategy to promote Aboriginal and Torres Strait Islander environmental health;
- acknowledgment of broad environmental health issues for Indigenous peoples;
- definition of the roles and responsibilities for Queensland Health and other organisations as they relate to environmental health and Indigenous communities;
- an understanding that community ownership and community council management of Indigenous environmental health programs is essential in order to promote a culturally appropriate response to community identified needs;
- strong support for an Indigenous environmental health workforce.

Meeting the challenge

The remoteness of many Aboriginal and Torres Strait Islander communities is contrasted with significant Indigenous populations in urban settings. This unique situation creates a broad challenge to coordinating Indigenous environmental health interventions in a diverse range of settings. Providing health hardware and housing which is resilient to harsh environmental conditions, ensuring an adequately skilled workforce within multi-jurisdictional and cultural complexities, provides the basis for multifaceted strategies to promote health and prevent disease.

These challenges can best be met through the development and implementation of a strategic framework for action.

This framework identifies and coordinates the leadership responsibilities of Public Health Services in environmental health, and recognise the responsibilities of other Queensland Health agencies in ensuring environmental health standards are enhanced for Aboriginal and Torres Strait Islander people in the State.

The outlook for the health of Aboriginal and Torres Strait Islanders is encouraging. A growing Indigenous environmental health workforce and an increasing community awareness of environmental health and its relationship to the promotion of health and prevention of disease, are just two examples of recent successes. Furthermore, the success of this Strategy will depend on participation from Indigenous peoples living and working in local communities.

The Aboriginal and Torres Strait Islander Environmental Health Strategy 2001-2006 outlines the key action areas, goals, objectives and strategic actions, which will provide the framework for Public Health Services to enable coordination, planning and achievement of positive health outcomes for Indigenous peoples.

The framework for action

The following six key action areas, which are needed to achieve the Vision of this Strategy:

1. Community participation
2. Coordination and collaboration between agencies
3. A sustainable environmental health workforce
4. Healthy housing and infrastructure
5. Information networks
6. Optimal environmental health programs

Key Action Area 1:

Community participation

Goal

To foster and support the active participation of Aboriginal and Torres Strait Islander people in the management of their environmental health needs within communities.

Objectives

- to increase knowledge and awareness of environmental health in communities
- to encourage and facilitate community participation in the development, implementation and evaluation of environmental health programs
- to support community development and implementation of environmental health programs and strategies

One of the major problems with programs affecting Indigenous peoples in the past, has been the exclusion of Indigenous peoples in the development, implementation and evaluation of the programs. Not involving Indigenous peoples in the identification of program requirements has resulted in reduced opportunities for community empowerment.

Environmental health programs implemented by Public Health Unit Networks in recent years have recognised and included community consultation as a priority. This has been essential in encouraging community members to identify the needs of their communities and the most suitable and acceptable options for successful programs.

It is also necessary to identify, liaise with and collaborate with existing decision-making and networking mechanisms at local, state and national levels.

An increased knowledge and awareness of environmental health and its links with the promotion of health and prevention of disease in urban, rural and remote communities across the State will achieve this goal.

Key Action Area 2:

Coordination and collaboration between agencies

Goal

To foster coordination and collaboration between relevant organisations active in Indigenous environmental health and infrastructure related management.

Objectives

- To define the roles of Queensland Health and other agencies in providing environmental health programs and services to communities
- To ensure Queensland Health is represented at housing, health infrastructure management and other relevant forums in Queensland and Australia
- To ensure active consultation with communities and where necessary, consult on behalf of communities

The management of environmental health factors for Indigenous peoples falls within the jurisdiction of a wide range of agencies, which creates a complex environment.

Many government and non-government organisations need to develop partnerships, and share expertise and resources to achieve positive health outcomes. While Queensland Health can undertake prevention and treatment initiatives to address national Indigenous health targets, achievement of the targets will also require partnerships with agencies responsible for housing construction and maintenance, water supply, sewage disposal, education, refuse waste disposal and power supply amongst others.

Recognising the need for a multifaceted and intersectorial approach, Queensland Health will adopt a leadership role in environmental health management and in the coordination of activities on a Statewide basis through its Public Health Services. A key element to achieving co-ordination and collaboration between agencies will be the establishment of an Interdepartmental Environmental Health Group to provide guidance and advice.

Queensland Health can contribute by participating in program development and policy decisions by agencies with portfolios which either directly or indirectly influence environmental health standards for Queenslanders.

This includes being represented at significant housing and health infrastructure and other relevant forums in Queensland (eg. Queensland Indigenous Housing and

Infrastructure Bilateral Agreements and Department of the Premier and Cabinet Regional Managers Forum). This approach must be reflective of active consultation with Indigenous peoples at the local level. It is in this latter context that the Indigenous environmental health worker has an important role.

Queensland Health must also clearly define its role and responsibilities in developing and implementing environmental health programs within Indigenous communities, and establish its relationship with key stakeholders in addressing environmental health issues.

Key Action Area 3:

A sustainable environmental health workforce

Goal

To develop and maintain a sustainable and effective environmental health workforce.

Objectives

- **To encourage a defined career structure for environmental health workers and support opportunities for Indigenous workers to take up a range of environmental health positions**
- **To achieve sustainable, relevant and culturally appropriate environmental health training and education programs that are accessible to all Indigenous peoples in Queensland**
- **To encourage opportunities to increase the skills and capacity of environmental health practitioners in the area of Indigenous health**
- **To facilitate effective and sustainable ongoing professional development for environmental health workers, based on emerging community needs**

To enhance the opportunities for environmental health positions, Indigenous peoples must take an active role in their development within a number of employment settings.

It is recognised that the Indigenous environmental health worker program in Queensland sets the standard for preparing Indigenous peoples to increase their environmental health knowledge and skills.

It also provides a mechanism to share information and education with Indigenous communities to enable informed decision-making, ownership and control over environmental health issues.

At present, more than fifty Indigenous people are completing or have graduated from environmental health worker training, providing a representative in approximately 85% of Indigenous communities throughout the State.

This new workforce has increased environmental health knowledge and skills, and continues to grow in number. It also reinforces the importance of ensuring initiatives specifically relate to Indigenous environmental health workers.

In addition, Queensland Health will advocate for Indigenous environmental health workers in other roles, outside of the community setting or health sector. These are positions with agencies that influence environmental health outcomes and seek to strengthen their programs through using the skills of an Indigenous environmental health worker.

However, urgent action is required to sustain and develop this new workforce of environmental health practitioners.

Public Health Services must lead the way in ensuring that environmental health workers located in Indigenous communities and government agencies have a defined career path with secure employment.

To ensure incentives for a long-term career in environmental health, Indigenous environmental health workers must have uniform and equitable award structures, ongoing professional development and training, and widespread recognition of their value in promoting the health of their communities.

The availability of cultural awareness education will also ensure a more culturally sensitive non-Indigenous workforce, cognisant with environmental health issues affecting Indigenous peoples.

Key Action Area 4:

Healthy housing and infrastructure

Goal

To ensure adequate and appropriate quality housing is provided and environmental health infrastructure is developed and maintained to support and promote health.

Objectives

- **To ensure environmental health is considered in the development of housing and infrastructure policies and programs**
- **To encourage community management and decision-making, together with appropriate standard setting in the design, construction and maintenance of housing and infrastructure**
- **To improve the provision of quality water supplies and other essential infrastructure services in Indigenous communities**

Quality housing, supported by well-designed and maintained hardware and infrastructure including water supply, underpins the health of the whole community and must be available to all people. The provision of adequate and appropriate housing, adequate water supplies and relevant infrastructure must also consider Indigenous cultural and social requirements.

In order to achieve a multifaceted and intersectorial approach at local and state levels, Queensland Health needs to effectively influence the agendas of all partnerships in order to reinforce the importance of health considerations in housing and infrastructure development.

To enable recognition of the cultural and social requirements for each specific Indigenous community, community management and decision-making must be encouraged in the design, construction and maintenance of housing, water supplies and infrastructure.

Key Action Area 5:

Information networks

Goal

To enhance information networks for Aboriginal and Torres Strait Islander communities.

Objectives

- **To facilitate sustainable mechanisms for providing greater access to and sharing of environmental health information to be used by Indigenous communities**
- **To encourage the identification of appropriate technology for use by Indigenous communities**

Progress requires knowledge, therefore good information systems need to be available to enhance the knowledge base supporting environmental health decision-making. Relevant and timely information needs to be available to the community, environmental health practitioners and decision-makers in other agencies.

Information on the environmental health status of Indigenous communities, including health surveillance, is essential. This information will identify environmental health issues and enable their prioritisation.

The Strategy will also seek to improve access to culturally appropriate information on environmental health issues and solutions through a range of mechanisms including environmental health publications, training networks and the Indigenous environmental health worker video to enable informed decision-making.

Key Action Area 6:

Optimal environmental health programs

Goal

To initiate and enhance Indigenous environmental health programs that ensure the standard of environmental health in Indigenous communities is equal to that of the broader community.

Objectives

- **To evaluate and facilitate the improvement of environmental health programs in Indigenous communities**
- **To ensure ongoing assessment of future program requirements based on community defined needs**

The costs associated with failure to address environmental health standards are considerable. By investing in the development of good environmental health programs, Queensland Health will be able to provide better support and assistance to Indigenous communities seeking to manage local issues.

Queensland Health has been involved in the development of various environmental health promotion initiatives for example 'Mr Germ', a school-based project which aims to increase hygiene knowledge and skills. Queensland Health Environmental Health Services also intends to conduct housing audits, with local community involvement, to identify environmental health issues which need addressing to improve the health of Indigenous community members.

The effectiveness of environmental health programs in Queensland can only be assured if effectively evaluated, and continually improved. Subsequently, continuous program review and improvement is an ongoing component of this Strategy and a goal of Public Health Services statewide.

Implementation and Resources

Completion of the strategic actions outlined in the Strategy is dependent on the availability of adequate and timely resources, and should be completed over a five year period.

Some strategic actions will require specific funding, while others should be completed by using or reorienting existing resources.

Actions which have been agreed to be most important to improving the health and well-being of Aboriginal and Torres Strait Islander people in Queensland, have been awarded highest priority and should be completed by 30 June 2003.

Actions with medium priority status are expected to be completed by 30 June 2005, and those with low priority, by 2006. At the end of the five year period, all strategic actions should have been completed. It is anticipated that many actions once implemented will be ongoing and these actions have been identified.

Monitoring and Review

Monitoring and review are essential processes to ensure achievement of Strategy goals, objectives and strategic direction.

Indicators of improvements to environmental health are reliant on the involvement and input from other agencies. Some key indicators include:

Risk indicators

- Number of Indigenous communities that experience a significant public health hazard from inadequate environmental health standards and infrastructure.

Process and quality indicators

- Appropriate and relevant environmental health baseline data established
- The number of Indigenous communities with an adequate supply of potable water
- The number of sewered areas in Indigenous communities
- The number of Indigenous communities undertaking recycling projects
- The number and frequency of 'yard to yard' inspections
- The number of culturally appropriate environmental health educational programs available to Indigenous communities
- The number of Indigenous peoples undertaking environmental health courses
- The number of Indigenous peoples in the environmental health workforce
- The number of visits by veterinary professionals to Indigenous communities

As mentioned previously, the rate of progress for some strategic actions will be dependent on the availability of appropriate resources. However the progress of all strategic actions outlined in this Strategy will be reviewed annually by the Environmental Health Unit. Reports will be available to the State Manager, Public Health Services. Information provided in monthly reports by Managers of the three Public Health Unit Networks will be analysed. Matters arising from this information will be discussed at Network Managers meetings and will form part of an Annual Review.

Depending on the availability of resources, a final implementation review report will be developed and disseminated to stakeholders following completion of the Aboriginal and Torres Strait Islander Environmental Health Strategy 2001-2006. A table outlining the monitoring and review process is included in Appendix 1.

Conclusion

The Aboriginal and Torres Strait Islander Environmental Health Strategy 2001-2006 presents a strategic framework to ensure Indigenous peoples in Queensland live in an environment which is safe and which supports and promotes health and well-being. Regardless of the availability of specific funding allocation, the Strategy document aims to coordinate the development and implementation of culturally appropriate and flexible programs across urban, rural and remote settings.

Strategic actions outlined in this document provide the basis for a determined effort to enable Indigenous peoples in Queensland to enjoy environmental health standards equal to that of other people throughout this State.

Action Plan

**Implementation of the Queensland Health
Aboriginal and Torres Strait Islander
Environmental Health Strategy 2001-2006**

KEY ACTION AREA 1. Community participation

1.0. Goal: To foster and support the active participation of Aboriginal and Torres Strait Islander people in the management of their environmental health needs within communities.

Objective 1.1. To increase knowledge and awareness of environmental health in communities.

Performance Indicators

Strategic actions	Priority	Responsibility for action	Implementation Schedule	Implementation Comments
1.1.1. Support the development of relevant, culturally appropriate and accessible environmental health resources and training for Indigenous peoples.	Medium	Development – PHUNs, RHTUs, SHPU and EHU Co-ordination – EHU	by 30 June 2005 ongoing	Work commenced with PHUNs and EHU. These types of activities could be used by other jurisdictions across the State to share knowledge and costs. Evaluated successful programs should be adopted as models.
1.1.2. Facilitate training for community council members on environmental health and its link with diseases.	Medium	PHUNs and HSDs	by 30 June 2005 ongoing	Should be primarily accomplished by EHCs and EHWs at the local level.

Note: Please see Page 41 for abbreviations

Objective 1.2. To encourage and facilitate community participation in the development, implementation and evaluation of environmental health programs.

Performance Indicators

Strategic actions	Priority	Responsibility for action	Implementation Schedule	Implementation Comments
1.2.1. Assist and encourage community identification of environmental health needs and development of local solutions and environmental health programs.	High	PHUNs and HSDs	by 30 June 2003 ongoing	Should be accomplished through EHWs and EHCs and is an ongoing action of PHS. This has been done to an extent in some jurisdictions and where conducted successfully should be used as a guide for further action or pilot initiatives, for example the Cherbourg Community Plan.
1.2.2. Develop a database of environmental health information that is accessible to all communities.	Low	EHU	by 30 June 2006	Other databases may be used and QHEPS could be used as a vehicle for ensuring information is available to communities. Access by EHWs liaising with Queensland Health staff.
1.2.3. Develop mechanisms and assistance schemes to enable communities to participate in program development.	Low	PHUNs, HSDs and EHU	by 30 June 2006	Need to identify where this has occurred and evaluate processes to establish models for use. Advocate for specific environmental health programs within representing organisations eg ICC, ACC and TSRA.

Objective 1.3. To support community development and implementation of environmental health programs and strategies.

Performance Indicators

Strategic actions	Priority	Responsibility for action	Implementation Schedule	Implementation Comments
1.3.1. Encourage and provide support for community development of locally relevant policies, programs and decision-making.	Medium	PHUNs and HSDs	by 30 June 2005 ongoing	Predominantly EHCs and EHWs to support local identification of issues and programs in which PHUNs can be involved.
1.3.2. Provide resource support to facilitate development and implementation of community initiatives.	Medium	PHUNs and CO units	by 30 June 2005 ongoing	Would be done predominantly by PHUNs, however there is a role for CO units providing resources and assistance for PHUNs in executing this strategic action.
1.3.3. Assist communities in the dissemination and sharing of local information to other government and non-government agencies.	Low	PHUNs, HSD and CO units	By 30 June 2006 ongoing	This role is most effective at the local level. However, at the State and National levels, Directors of Environmental Health Services and CO units also play a role. Also facilitate the sharing of information between communities.

KEY ACTION AREA 2. Coordination and collaboration between agencies

2.0. Goal: To foster coordination and collaboration between relevant organisations active in Indigenous environmental health and infrastructure related management.

Objective 2.1. To define the roles of Queensland Health and other agencies in providing environmental health programs and services to communities.

Performance Indicators				
Strategic actions	Priority	Responsibility for action	Implementation Schedule	Implementation Comments
2.1.1. Work with other relevant agencies to clearly establish the roles and responsibilities of Queensland Health and other agencies in providing environmental health programs or services.	High	EHU, EHOAT and PHUNs	by 30 June 2003	Accomplished by a Queensland Health working group and the establishment of an Interdepartmental Environmental Health Group. It will be necessary to identify possibilities for linking with other agencies, and building on these partnerships.
2.1.2. Conduct a mapping exercise to acknowledge current partnerships and identify existing decision-making structures and mechanisms to increase communication, collaboration and partnerships.	High	EHU and PHUNs	by 30 June 2003	Document existing partnerships and decision-making mechanisms/forums (local, State, National). Need to liaise with enHealth Council to identify their progress on this issue.

Performance Indicators

Strategic actions	Priority	Responsibility for action	Implementation Schedule	Implementation Comments
2.1.3. Collaborate with other agencies to identify their roles and responsibilities in providing housing and health infrastructure to Indigenous communities.	High	EHU and PHUNs	by 30 June 2003	Links with 2.1.1. Document roles and responsibilities of various agencies. More difficult with non-community specific situations, eg. urban setting.
2.1.4. Establish networks and consult with local agencies to have ongoing input into the development of statewide programs and policies.	Medium	PHUNs, EHU, CDU and other units of PHSs	by 30 June 2005 ongoing	PHUNs at local and regional level to develop consultative role. Requires a contribution to both statewide programs and policies developed with other agencies. CO units should seek local input on issues and policies.

Objective 2.2. To ensure Queensland Health is represented at housing, health infrastructure management and other relevant forums in Queensland and Australia.

Performance Indicators

Strategic action	Priority	Responsibility for action	Implementation Schedule	Implementation Comments
2.2.1. Ensure representation of Public Health Services at local, State and national environmental health infrastructure, housing and other relevant forums.	High	EHU and PHUNs	by 30 June 2003 ongoing	Includes commitment to ensuring EHW/EHC representation at these forums, eg. enHealth Council's National Indigenous Environmental Health Forum. Representation must include regular liaison and feedback regarding forum outcomes and activities.
2.2.2. Raise housing and infrastructure issues at Regional Managers Forums.	High	Mgrs PHS, PHUNs, EHU and ATSIHU	by 30 June 2003 ongoing	Ongoing commitment from all areas to provide information.
2.2.3. Encourage other agencies to involve Public Health Services in collaboration on relevant environmental health issues.	Medium	EHU, PHUNs and ATSIHU	by 30 June 2005	Identify relevant areas/forums where Public Health Services does not have the lead role and ensure appropriate representation and collaboration.

Objective 2.3. To ensure active consultation with communities and where necessary, consult on behalf of communities.

Performance Indicators

Strategic actions	Priority	Responsibility for action	Implementation Schedule	Implementation Comments
2.3.1. Identify available information resources on environmental health issues and where necessary, modify/develop these resources to enable informed decision-making by communities on local environmental health matters.	High	EHU, SHPU and other PHS units with PHUNs	by 30 June 2003 ongoing	CO PHS and SHPU resources could be used for this. Electronic and other formats should be researched. All portfolios could contribute.
2.3.2. Encourage and facilitate attendance of local Public Health Service representatives in consultations.	Medium	PHUNs and EHU	by 30 June 2005 Ongoing	Predominant role for PHUNs with limited role for CO. Identification of contacts would be an initial step.
2.3.3. Ensure open and effective communication to and from communities and Public Health Unit Networks.	Medium	PHUNs	by 30 June 2005 ongoing	Build on existing links established by PHUNs with communities – identify and use community representatives. Identify appropriate forums for this to take place.

KEY ACTION AREA 3. A sustainable environmental health workforce

3.0. Goal: To develop and maintain a sustainable and effective environmental health workforce.

Objective 3.1. To encourage a defined career structure for environmental health workers and support opportunities for Indigenous workers to take up a range of environmental health positions.

Performance Indicators

Strategic actions	Priority	Responsibility for action	Implementation Schedule	Implementation Comments
3.1.1. Increase Indigenous staff working on environmental health issues in Public Health Unit Networks.	High	PHUNs and EHU	by 30 June 2003 ongoing	Investigate the feasibility of permanent EHW/EHC positions for each environmental health service especially Townsville, Wide Bay and Brisbane areas.
3.1.2. Identify opportunities for and support the employment of environmental health workers in a greater number of Aboriginal and Torres Strait Islander communities.	High	PHUNs and HSDs	by 30 June 2003 ongoing	Ongoing commitment needed. Prioritise communities with greatest need. Coordinators are located within HSDs on Thursday Island and Weipa. A target number and locations need to be identified for structured creation of positions. Assess if cadetships or traineeships could be used.

Performance Indicators

Strategic actions	Priority	Responsibility for action	Implementation Schedule	Implementation Comments
3.1.3. Promote environmental health worker recognition through advocating for membership to professional associations.	Medium	EHU	by 30 June 2005	Australian Institute of Environmental Health offering discounted membership for EHWs. Other organisations, eg. Public Health Association and Australian Health Promotion Association have Indigenous Special Interest Groups.
3.1.4. Identify mechanisms to facilitate career progression of environmental health workers.	Medium	PHUNs and EHU	by 30 June 2005	Maintain contributions to national initiatives. Should consider career structure and position descriptions. Refer to and contribute to enHealth Council strategies.
3.1.5. Advocate for the employment of environmental health workers in urban centres.	Medium	PHUNs and HSDs	by 30 June 2005 ongoing	Work is being progressed in some PHUNs with urban EH issues. Rotation into urban areas for work experience should be considered for EHWs. Also work with the LGAQ regarding employment of EHWs by local government.

Performance Indicators

Strategic actions	Priority	Responsibility for action	Implementation Schedule	Implementation Comments
3.1.6. Advocate for uniform and equitable award structures for environmental health workers reflective of qualifications, training and work responsibilities.	Medium	PHUNs, EHU and other CO units	by 30 June 2005	Assess career structures in conjunction with National initiatives and Queensland Health Indigenous Workforce Management Strategy 1999-2002. Investigate CO positions for EHW/EHC either in ATSIHU, CDU or EHU or rotating throughout. Refer to and contribute to enHealth Council strategies.

Objective 3.2. To achieve sustainable, relevant and culturally appropriate environmental health training and education programs that are accessible to all Indigenous peoples in Queensland.

Performance Indicators

Strategic action	Priority	Responsibility for action	Implementation Schedule	Implementation Comments
3.2.1. Participate in the identification, development and review of environmental health worker training and education courses.	High	PHUNs, RHTUs and EHU	by 30 June 2003 ongoing	PHUNs involvement and commitment to National initiatives is required. Consider development of additional courses – pest control, seafood handling and safety, food safety and hygiene generally, and poison safety. Will require a training needs assessment to be undertaken in conjunction with PHUNs. Training plan to be developed from the assessment process.
3.2.2. Develop mechanisms to increase the accessibility of environmental health training and education courses for Indigenous peoples living in rural and remote communities.	Medium	PHUNs, RHTUs and EHU	by 30 June 2005 ongoing	Research possibilities for electronic delivery of training and other delivery modes suitable for remote communities. Collaborate with organisations that have provided successful service delivery of distance education, eg. Cape York Apunipima Health Council.

Performance Indicators

Strategic actions	Priority	Responsibility for action	Implementation Schedule	Implementation Comments
3.2.3. Identify technological options for bringing training to communities.	Low	EHU, PHUNs and RHTUs	by 30 June 2006 ongoing	Consider CD-Rom training aids, online computer access and other technological options. Links with 3.2.2.
3.2.4. Work with the Australian Institute of Environmental Health and training providers to ensure nationally consistent training courses and professional development is provided for environmental health workers.	Medium	EHU and PHUNs	by 30 June 2005	TAFE as major player with EH diploma course. Could be extended to QUT and Griffith University Environmental Health Degree courses at undergraduate and post-graduate levels. Work with enHealth Council and AIEH.
3.2.5. Develop and implement environmental health worker competency standards.	Medium	EHU and PHUNs	by 30 June 2005	Being developed at National level through the enHealth's National Indigenous Environmental Health Forum. Role for PHUNs is to participate with the development of the standards.
3.2.6. Provide operational and policy support mechanisms for the community environmental health work force.	Medium	PHUNs, HSDs and EHU	by 30 June 2005 ongoing	Co-ordination of policy support by CO PHS with operational and policy support predominantly from PHUNs.

Objective 3.3. To encourage opportunities to increase the skills and capacity of environmental health practitioners in the area of Indigenous health.

Performance Indicators

Strategic actions	Priority	Responsibility for action	Implementation Schedule	Implementation Comments
3.3.1. Advocate for the inclusion of Indigenous environmental health content in relevant tertiary environmental health courses.	Medium	EHU	by 30 June 2005	Requires negotiation with Universities offering environmental health courses, eg Griffith University and QUT, for possible inclusion in the undergraduate and post-graduate programs. Also negotiation with AIEH regarding accreditation of environmental health degree courses.
3.3.2. Ensure a culturally aware workforce.	Medium	EHU, PHUNs and RHTUs	by 30 June 2005 ongoing	All relevant Queensland Health staff attend cross cultural awareness training.

Objective 3.4. To facilitate effective and sustainable ongoing professional development for environmental health workers, based on emerging community needs.

Performance Indicators

Strategic actions	Priority	Responsibility for action	Implementation Schedule	Implementation Comments
3.4.1. Support environmental health workers in the definition and promotion of roles and responsibilities.	High	EHU and PHUNs	by 30 June 2003	Involves defining the roles of the EHW/EHC particularly in Indigenous communities. Requires provision of resources to promote the role and value of environmental health and EHWs.
3.4.2. Establish and sustain an effective environmental health worker network.	High	EHU and PHUNs	by 30 June 2003 ongoing	This may be promoted through funded workshops and teleconferences, newsletters, etc.
3.4.3. Encourage multi-skilling, work exchange, mentoring and on the job training programs for environmental health workers.	Medium	PHUNs	by 30 June 2005 ongoing	Appropriate for EHWs and EHCs in urban centres, laboratories, local governments, CO (EHU, CDU). This has been successfully trialled by the Cairns office.
3.4.4. Identify opportunities for ongoing professional development, in-service training, work exchange and being mentor for environmental health workers.	Medium	EHU and PHUNs	by 30 June 2005 ongoing	Teleconferences, EHC/EHW visits to CO and PHUNs. This has been trialled by the some PHUNs. Also opportunities for information exchange on strategic and operational issues.

KEY ACTION AREA 4. Healthy housing and infrastructure

4.0. Goal: To ensure adequate and appropriate quality housing is provided and environmental health infrastructure is developed and maintained to support and promote health.

Objective 4.1 To ensure environmental health is considered in the development of housing and infrastructure policies and programs.

Performance Indicators

Strategic actions	Priority	Responsibility for action	Implementation Schedule	Implementation Comments
4.1.1. Participate in the development of guidelines and standards for design, construction and maintenance of housing and infrastructure in communities in conjunction with research organisations and other environmental health groups.	High	EHU, PHUNs and ATSIHU	by 30 June 2003	Use urban, rural and remote State and National models where available in conjunction with housing bodies/government agencies eg. National Indigenous Housing Guide (Commonwealth Department of family and Community Services). Needs a combined EHU/PHUNs working commitment. Include assessment of recommendations from research, eg. ABS, CHINS.
4.1.2. Advocate for adequate monitoring of inspection and certification processes for building works and services in Indigenous communities.	High	PHS	by 30 June 2003	Identify and collaborate with agencies, which monitor and contract building works. Use audit frameworks and housing standards as the basis for identification and reporting of issues.

Performance Indicators

Strategic actions	Priority	Responsibility for action	Implementation Schedule	Implementation Comments
4.1.3. Identify and participate in relevant local and statewide housing and infrastructure forums, decision-making processes and delivery programs.	Medium	EHU and PHUNs	by 30 June 2005	Identify forums and encourage participation by EHU and PHUNs.

Objective 4.2. To encourage community management and decision-making, together with appropriate standard setting in the design, construction and maintenance of housing and infrastructure.

Performance Indicators

Strategic action	Priority	Responsibility for action	Implementation Schedule	Implementation Comments
4.2.1. Advocate for Indigenous peoples to adopt management of environmental health issues by the community.	High	PHUNs and HSD	by 30 June 2003 ongoing	Identify suitable jurisdictional models, eg. Marlba, WA and Old Mapoon, Pt Stuart, Qld. Relates primarily to community council setting, but also to Indigenous community groups within the urban setting.
4.2.2. Establish an Interdepartmental Environmental Health Group and develop sustainable working relationships.	High	EHU and PHS	by 30 June 2001	Liaison must occur with community groups and other government agencies. Should be progressed through the Regional Managers Forum.
4.2.3. Support the participation of communities in design, construction and maintenance programs for housing and infrastructure.	High	PHUNs and EHU	by 30 June 2003 ongoing	Key component of PHS work. Key focus with community councils. Identify areas for input in the urban setting. EHU support at the State level.

Performance Indicators

Strategic actions	Priority	Responsibility for action	Implementation Schedule	Implementation Comments
4.2.4. Participate in the delivery of local training programs for the use of standards and guidelines for the design, construction and maintenance of housing and infrastructure in Indigenous communities.	Medium	PHUNs	by 30 June 2005 ongoing	PHUNs responsibility with primary focus being community councils. The role in the urban setting needs to be researched further. (refer 4.1.1.)
4.2.5. Develop reliable and accurate information and indicators on housing quality and infrastructure provision in Indigenous communities.	Low	EHU and PHUNs	by 30 June 2006	Analysis of CHINS and other data. Identify other measures of housing quality other than cost to repair. Also need to assess indicators for various settings.

Objective 4.3. To improve the provision of quality water supplies and other essential infrastructure services in Indigenous communities.

Performance Indicators

Strategic actions	Priority	Responsibility for action	Implementation Schedule	Implementation Comments
4.3.1. Participate in and support the development of national guidelines for the provision of water supplies in remote Indigenous communities.	Medium	EHU, CDU and PHUNs	by 30 June 2005	Ensure PHS identifies opportunities for involvement in guideline development. Initiate research to identify what exists and determine if it is applicable across all Queensland settings.
4.3.2. Support communities to develop skills necessary to manage local water supplies and other infrastructure.	Medium	CDU and PHUNs	by 30 June 2005	A key role exists for EHWs and EHCs. Link with Qld Govt departments, eg. Department of Natural Resources and Mines. Identify issues specific to urban, remote and rural communities.

KEY ACTION AREA 5. Information networks

5.0. Goal: To enhance information networks for Aboriginal and Torres Strait Islander communities.

Objective 5.1 To facilitate sustainable mechanisms for providing greater access to and sharing of environmental health information to be used by Indigenous communities.

Performance Indicators

Strategic actions	Priority	Responsibility for action	Implementation Schedule	Implementation Comments
5.1.1. Increase the profile of Indigenous environmental health workers.	High	EHU	by 30 June 2001 ongoing	Indigenous environmental health worker video developed and distributed to stakeholders.
5.1.2. Obtain environmental health information from other States and Territories, and compile a list of resources.	High	EHU and PHS	by 31 Jan 2002	Establish effective communication and collaboration between all States and Territories.
5.1.3. Ensure that culturally appropriate, relevant and contemporary information on environmental health is available for Indigenous communities.	Medium	EHU, SHPU and other units of PHS	by 30 June 2005	Environmental health information is required for communities. CHINS reports are a source of relevant information.

Performance Indicators

Strategic actions	Priority	Responsibility for action	Implementation Schedule	Implementation Comments
5.1.4. Develop a reporting and communication framework to expand areas of potential Public Health Services participation in Indigenous environmental health.	Medium	EHU, PHUNs and Units of PHS	by 30 June 2005	Links to be further developed between CO and PHUNs and within PHS to share information on programs and achievements in environmental health. The Indigenous Public Health Forum is an opportunity for communication between agencies.

Objective 5.2. To encourage the identification of appropriate technology for use by Indigenous communities.

Performance Indicators

Strategic actions	Priority	Responsibility for action	Implementation Schedule	Implementation Comments
5.2.1. Encourage research by relevant research bodies into the development of appropriate and economical, low maintenance options for housing and infrastructure provision.	Low	EHU and units of PHS	by 30 June 2006	Centre for Appropriate Technology, research grants, etc. Consult housing organisations. All planning evaluation or community consultation must obtain community acceptance and endorsement. Identify and become involved in the research.
5.2.2. Identify opportunities for funding for appropriate technology for use in remote Indigenous communities.	Low	EHU and units of PHS	by 30 June 2006	Identify funding bodies and means of sourcing funding.

KEY ACTION AREA 6. Optimal environmental health programs

6.0. Goal: To initiate and enhance Indigenous environmental health programs that ensure the standard of environmental health in Indigenous communities is equal to that of the broader community.

Objective 6.1. To evaluate and facilitate the improvement of environmental health programs in Indigenous communities.

Performance Indicators				
Strategic action	Priority	Responsibility for action	Implementation Schedule	Implementation Comments
6.1.1. Develop auditing and reporting tools to be used by communities to assess environmental health conditions and set priorities for zonal action.	High	PHUNs and EHU	by 30 June 2003	Establish suitable models for local community settings. Assess and evaluate previous PHUN work as possible Statewide models.
6.1.2. Ensure continuous quality improvement includes an evaluation process in existing programs and implement improvements as need is identified.	Low	PHUNs	by 30 June 2006 ongoing	Reporting and reviewing through PHUNs business planning and OAP processes. Evaluation should be a key component of all activities undertaken. Make modifications as identified.

Objective 6.2. To ensure ongoing assessment of future program requirements based on community defined needs.

Performance Indicators

Strategic actions	Priority	Responsibility for action	Implementation Schedule	Implementation Comments
6.2.1. Identify areas where most gain can be made through re-orienting and refocussing existing programs.	Low	EHU	by 30 June 2006	Conduct stocktake of existing programs. Identify areas where better methods/examples exist. Include best practice in existing programs.
6.2.2. Undertake research on environmental health issues to ensure appropriate information is available for all settings including urban, rural and remote.	Medium	PHSs and HSDs	by 30 June 2005 ongoing	Conduct relevant research on identified needs (limited information may be available to support the need, eg. environmental health needs in an urban setting). Should also consider health economic analysis, eg. The benefits of quality food versus the cost to provide it.
6.2.3. Develop systems for locally managed needs assessment programs and support the implementation of these in Indigenous communities.	Low	PHUNs, EHU and HSDs	by 30 June 2006	Ensure community involvement in all aspects of program development and implementation.

APPENDIX 1

Table - The monitoring and review process

	Actions	Responsibility for action	Timeframe	Implementation Comments
1.	Monthly reports for discussion at the Network Managers monthly meetings.	Managers PHUNs	monthly	Details to be provided within the monthly D-G reporting process and reported against the performance indicators that relate. Information to be analysed and matters arising to be discussed at Network Managers monthly meetings. This information will form part of an Annual Review.
2.	Status reports to be provided on projects and work in progress, in accordance with IPMRS processes.	Managers PHUNs	by 30 June and 31 December each year (2001-2006)	Use baseline data, eg. CHINS, ABS. Status reports to be made available to State Manager, Public Health Services for all projects completed and work in progress. Communicate and collaborate with relevant internal and external stakeholders identified in the strategic action section.
3.	Annual report on progress towards achievement of high, medium and low strategic actions.	EHU	by 30 June each year (2001-2006)	High priority actions should be completed by June 2003, medium priority actions should be completed by June 2005 and low priority actions should be completed by June 2006.
4.	Assessment of the annual progress review against the EHU Business Plan.	EHOAT	Annual EHU Business Plan Review	Progress report to be made available to EHOAT members. Progress report available to internal and external stakeholders, on request.
5.	Completion of a final five year report which is disseminated to all stakeholders	EHU	by 31 December 2006	Use baseline data, eg. CHINS, ABS. May be subject to a project proposal and an independent review.

Abbreviations:

ABS - Australian Bureau of Statistics

ACC - Aboriginal Coordinating Council

AIEH - Australian Institute of Environmental Health

ATSIHU - Aboriginal and Torres Strait Islander Health Unit

CDU - Communicable Diseases Unit

CHINS - Community Housing Information and Needs Survey

CO - Corporate Office

EHC - Environmental Health Coordinator

EHO – Environmental Health Officer

EHOAT - Environmental Health Outcome Area Team

EHS - Environmental Health Service

EHU - Environmental Health Unit

EHW - Environmental Health Worker

HSD - Health Service District

ICC - Island Coordinating Council

IPMRS – Integrated, Planning, Monitoring and Reporting System

LGAQ – Local Government Association of Queensland Inc.

OAP - Outcome Area Plan

PHS - Public Health Services

PHUN - Public Health Unit Network

QHEPS - Queensland Health Electronic Publishing Service

QUT - Queensland University of Technology

RHTU - Rural Health Training Unit

SHPU - Statewide Health Promotion Unit

TAFE - Technical and Further Education

TSRA - Torres Strait Regional Authority

KEY PLAYERS IN ENVIRONMENTAL HEALTH

Australian Institute of Environmental Health:

Is a professional body of environmental health practitioners, represented by a State Council. The Institute aims to improve environmental health practice and is responsible for many activities. These include the provision of continuing professional development for environmental health practitioners, advocating for environmental and public health policy, and informing the community about environmental health risks.

enHealth Council:*

Australia's National Environmental Health Council is the peak environmental health advisory group for Australia. The primary task of this Council is to provide national leadership and a focal point for cooperation on all environmental health issues.

Environmental health coordinators:*

Are environmental health practitioners employed by Queensland Health. Their role is to provide support, management and professional development for environmental health workers employed by community councils, to identify and progress environmental health needs within the Indigenous community and to support the role of environmental health officers.

Environmental health officers:*

Are required to have completed qualifications acceptable to the Australian Institute of Environmental Health and are mostly employed by Queensland Health and local government. They are involved in the development and evaluation of environmental health policies, strategies and initiatives. Environmental health officers also have legislative responsibilities and may investigate, enforce and monitor laws and regulations governing public health, and aim to manage factors of the environment which impact on the health of the population.

Environmental health practitioners:*

Many different disciplines contribute to environmental health. Basic sciences – such as chemistry, microbiology, engineering, statistics, physiology, epidemiology, toxicology, virology and sociology - form the skill base upon which environmental health is built. Multi-skilled practitioners incorporate skills from the communication, health promotion, law, management, planning and finance sectors to design and implement comprehensive community based programs.

Environmental health workforce:*

Includes environmental health officers, environmental health workers, researchers, academics, policy officers, urban planners, engineers, administrators, allied health professionals, other professionals and managers.

Environmental health workers:*

Environmental health practitioners from an Indigenous community and employed primarily by community councils, but are also employed by other organisations. Their role is to promote and enhance environmental health in communities. However few communities have the services of a full time environmental health worker. They identify and manage environmental health needs at the local level, particularly those associated with housing, water quality, mosquitoes and other vectors, refuse, food safety and sewage. An environmental health worker has the minimum qualification of Diploma of Aboriginal and Torres Strait Islander Primary Health Care (Environmental Health).

*Information compiled from enHealth Council documents.

STAKEHOLDER CONSULTATION

Consultation conducted to develop the draft Queensland Health Aboriginal and Torres Strait Islander Environmental Health Strategy 2001-2006

- Aboriginal and Torres Strait Islander Commission (Housing and Infrastructure Management Section)
- Aboriginal and Torres Strait Islander Commission (Queensland State Manager)
- Aboriginal Coordinating Council
- Apunipima Cape York Health Council
- Australian Institute of Environmental Health
- Commonwealth Department of Health and Aged Care (Environmental Health Section)
- Department of Aboriginal and Torres Strait Islander Policy and Development (Infrastructure and Environmental Health Branch)
- Department of Communication , Information, Local Government Planning and Sport (Rural Communities)
- Department of Housing (Aboriginal and Torres Strait Islander Housing Program)
- Department of Natural Resources (Regional Infrastructure Resources)
- Department of the Premier and Cabinet (Cairns)
- Environmental Health Services – Public Health Unit Networks
- Environmental Protection Agency
- Indigenous Environmental Health Workers
- Island Coordinating Council
- Mt Isa Centre for Rural and Remote Health
- Network Managers – Public Health Unit Networks
- Queensland Aboriginal and Torres Strait Islander Advisory Board
- Queensland Health (Aboriginal and Torres Strait Islander Health Unit)
- Queensland Health (Communicable Diseases Unit)
- Queensland Health (Environmental Health Unit)
- Queensland Health (Public Health Planning and Research Unit)
- Queensland Health (Statewide and Non-government Health Services)
- Queensland Health (Statewide Health Promotion Unit)
- Queensland Health (Zonal Health Units)
- Torres and Northern Peninsula Area District Health Council
- Torres and Northern Peninsula Area District Health Service
- Torres Strait Regional Authority

