

## Summary:

Each KAHPF Sub-committee is responsible for developing a three-year action plan for endorsement by KAHPF. These Action Plans align with the key priorities of the [KAHPF Strategic Plan 2018-2028](#) and consider a life-course approach:

### Key priorities of the KAHPF Strategic Plan 2018-2028

1. Promoting circumstances where individuals, families and communities can be healthy
2. Strengthening prevention, early identification and management of chronic disease
3. Improving the patient journey through the health system by ensuring seamless continuity of comprehensive, culturally responsive primary health care
4. Supporting, developing and growing a strong Aboriginal health workforce
5. Ensuring health research, evaluation and evidence transfer is designed, collected and utilised in a culturally secure manner
6. Planning, coordinating and advocating for positive change for Aboriginal people in the Kimberley

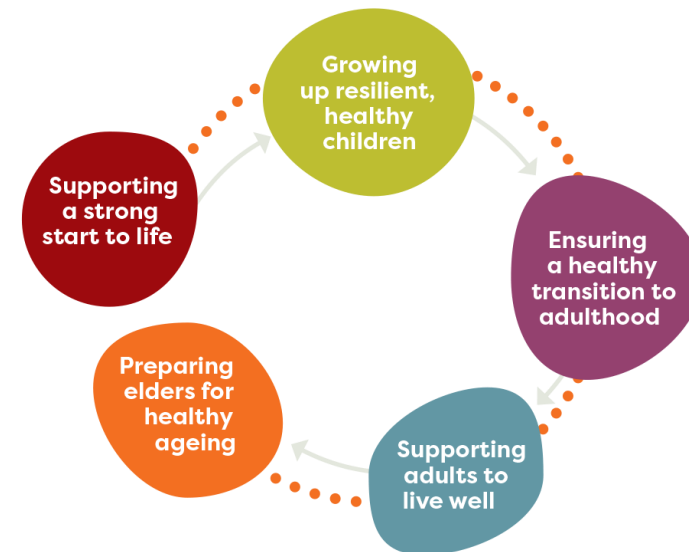


Figure 1: Life-course approach of the KAHPF Strategic Plan 2018-2028

## Reporting:

Each Sub-committee will provide a regular progress update to KAHPF by submitting an updated copy of their action plan to the KAHPF Secretariat prior to each KAHPF meeting. In addition, sub-committee chairs will meet annually with the KAHPF to discuss key achievements and identify areas requiring further focus and support.

## Environmental Health Sub-committee Action Plan 2022 – 2024



**Sub-committee purpose:**

The Environmental Health Sub-committee (EHSC) aims to benefit all members and the communities they serve by working together to identify strategies and activities to deepen understanding across the Kimberley of the link between environmental conditions and health, and to further the Kimberley Aboriginal Health Planning Forum Strategic Plan.

The Kimberley Aboriginal Health Planning Forum Environmental Health Sub-Committee Action Plan will further Aboriginal Health outcomes in the Kimberley Region through shared voice and advocacy. This Sub-Committee brings together primary health care and environmental health to further shared outcomes and interests across the Region.

The Environmental Health Sub-Committee recognises and asserts the autonomy of each of its members as service providers in their own right, operating in the distinct and different localities of the Kimberley Region. Each locality has its own circumstance, need and place-based service response that is under its own auspice.

This Action Plan was endorsed by the EH Sub-Committee at its meeting in November 2021, reconsidered in December 2022, and endorsed February 2023.

Strategies	Key Priority	Life course	Sub-committee collaboration	Timeframe	Progress
Build greater partnership between primary health care and environmental health services through Kimberley-wide, strategic initiatives that facilitate change and improvement.	All	All	Potential SC partners include: <ul style="list-style-type: none"> <li>- Maternal, Child, Youth &amp; Family Health</li> <li>- Chronic Disease</li> </ul>	On-going	These initiatives will be supportive of the local service provider differences in their distinct, respective locations. Potential action areas identified: <ul style="list-style-type: none"> <li>- Kimberley-wide EH initiatives to address EH disease outbreaks e.g. increasing Kimberley-wide awareness, accessible information and support on Shigella prevention</li> </ul>

## Environmental Health Sub-committee Action Plan 2022 – 2024



Strategies	Key Priority	Life course	Sub-committee collaboration	Timeframe	Progress
Take Kimberley-wide action to increase Environmental Health Referral from Primary Health Care Practitioners	All	All	Evidence and Data Research	On-going	<p>KAHPF EH Referral Pathway complete. May 2019 All KAHPF members signed Statement of Commitment Nov 2021.</p> <p>Actions identified to date:</p> <ol style="list-style-type: none"> <li>1. Develop a resource for clinicians to demonstrate “how to have the conversation”, regarding EH referrals and the importance of Aboriginal staff (eg AHW/AHP/ALO) taking lead roles in EH Referral process.</li> <li>2. Explore potential to include pop-up/trigger reminders in CHIS and Mmex</li> <li>3. Explore potential for common data management options for AEH Service Providers e.g. currently xcel spreadsheets used in non-local govt. Local govt use options such as Health Manager.</li> <li>4. Workshops with clinical/primary health partners i.e. AEH Service Providers lead within own sub-Regions. Advocacy through KAHPF-EHSC to key PHC providers if required.</li> <li>5. Training – PHC providers. Shared roles and workload across EHSC membership.</li> <li>6. Support regional implementation of the clinical environmental health referral pathway</li> <li>7. Consider different examples of accessible training, information &amp; education resources for modelling shared Kimberley tools.</li> </ol>

## Environmental Health Sub-committee Action Plan 2022 – 2024



Strategies	Key Priority	Life course	Sub-committee collaboration	Timeframe	Progress
Establish and maintain key relationships that increase EHSC ability to achieve goals and align with Closing the Gap Reforms in sharing data and knowledge i.e. Housing, Water, PLB, Trachoma Reference Group	All	All	Variable, topic dependent	On-going.	Actions identified to date: <ol style="list-style-type: none"> <li>1. Invite key agencies and representatives to present to KAHPF on critical change agenda identified by EHSC and supported by KAHPF.</li> <li>2. Draft information requests via KAHPF to address EH Service Provider knowledge gaps in govt implementation of matters that impact Kimberley Health and EH outcomes.</li> <li>3. Noted, the lack of funding to community that supports office administration continues to have a significant impact on community outcomes including those related to EH and Health.</li> <li>4. Access to adequate and consistent rubbish disposal must be established for all Aboriginal community members across the Kimberley. Variability across local govt areas create and exacerbate disadvantage and contribute to poor health outcomes for most vulnerable families.</li> <li>5. Seek feedback from DPC on outcomes of funding EH essential works identified as part of pandemic preparedness.</li> </ol>

## Environmental Health Sub-committee Action Plan 2022 – 2024



Strategies	Key Priority	Life course	Sub-committee collaboration	Timeframe	Progress
Strengthen knowledge of the environmental determinants of health and the mechanism of environmental health referrals in Aboriginal Health Worker training.	1 ,3,4,	All	Workforce	On-going	<p>KAMS &amp; NEHS present on EH Referrals at AHW training.</p> <p>EHSC and PHC partners to identify other opportunities to increase workforce knowledge in the Kimberley e.g. WACHS training and development locally and regionally.</p> <p>WACHS will look at how best to reach Doctors and promote EH Referral within their workforce</p>
Develop a KAHPF strategic position to advocate and secure improvements in water quality for all Aboriginal communities in the Kimberley.	1, 2, 6	All	Chronic Disease Communicable Disease	TBA	<p>Actions identified to date:</p> <ol style="list-style-type: none"> <li>1. Establish an KAHPF EHSC Working Party</li> <li>2. Identify specific need and change advocacy, including consideration across region and specific location examples for action.</li> <li>3. Request outcomes of Murdoch University Water working group.</li> </ol>
Identify EH Research opportunities and potential to build evidence base to further awareness, knowledge, understanding and investment in the KAHPF EHSC key priorities.	All	All	Research	On-going	<ol style="list-style-type: none"> <li>1. List of current EH related research being undertaken in the Kimberley</li> <li>2. Maintain connection with Research sub-committee</li> </ol>

## Environmental Health Sub-committee Action Plan 2022 – 2024



Strategies	Key Priority	Life course	Sub-committee collaboration	Timeframe	Progress
Promote positive partnership and working relationship with the Plumbers Licence Board	1, 2, 6	All	NA	TBA	<p>Actions identified to date:</p> <ol style="list-style-type: none"> <li>1. Secure feedback process from PLB on progress of EHW Restricted Plumbers Licence i.e. how well is this work going? No insight or knowledge received by service providers.</li> <li>2. Develop a Kimberley Regional response or actions required based on PLB feedback</li> <li>3. Formal request for outcomes of PLB review, noting request for 2 additional items to be included in restricted licence.</li> <li>4. Explore potential for traineeships and/or apprenticeships that have connection to the AEH Program outcomes.</li> </ol>
Advocate to Dept Education for Environmental Health Service Providers to be included as a regular guest to classrooms in schools across the Kimberley (for a range of relevant topics regarding disease prevention, including “healthy house”)	1, 2, 6	Growing up resilient healthy children Ensuring a healthy transition to adulthood	NA	TBA	<p>Catherine (SDWK) preparing first draft position paper and project outline for EHSC.</p> <p>Previous EHSC Action Plan included actions to:</p> <ol style="list-style-type: none"> <li>1. Review school curriculum to align EH outcomes and lesson delivery.</li> <li>2. Meet with regional principals</li> <li>3. Pursue a curriculum amendment if needed</li> </ol> <p>Partner with non-school based services such as Kimberley Girl</p>

## Environmental Health Sub-committee Action Plan 2022 – 2024



Strategies	Key Priority	Life course	Sub-committee collaboration	Timeframe	Progress
Develop strategic advocacy position of KAHPF for improvements to the state of Housing occupied by Aboriginal community members.	1, 2, 6	All	NA	TBA	<p>High priority action area for EHSC</p> <p>Actions identified to date:</p> <ol style="list-style-type: none"> <li>1. Establish a KAHPF EHSC Working Party to address failure of maintenance and repairs in reducing EH risks and providing safe living environments (considering priority repairs, urgency, timeframes, job completion etc.)</li> <li>2. Establish a Kimberley-wide standard for Housing and EH reporting of EH-related housing needs e.g. Standard Operating Procedure and shared understanding of escalation. It was noted that the previous system of reporting to Alana Collins (Maintenance Contract Mgmt within Dept Communities:Housing) worked very well. A similar system to be developed, with earlier steps that formally link to Regional Offices.</li> <li>3. If required, EH service providers have countless examples that can be used as evidence of need for change. EHSC agreed to collate these where greater advocacy and voice is required.</li> <li>4. Need for reduced administration and greater partnership between Housing and EH in resourcing supplies and materials for EHW restricted plumbing repairs</li> </ol>