



# **Kimberley Aboriginal Health Planning Forum Environmental Health Sub-committee (EHSC)**

## **Terms of Reference**

ENDORSED BY EHSC ON 2 FEBRUARY 2023

### **Background**

The Kimberley Aboriginal Health Planning Forum (KAHPF), originally called the Kimberley Aboriginal Health Plan Steering Committee, was formed in 1998 with the task of developing a Kimberley Regional Aboriginal Health Plan. Over time, the role of the KAHPF has subsequently expanded. The KAHPF is now the peak regional health forum for improving health outcomes for Aboriginal people in the Kimberley.

Primary health care services across the Kimberley are delivered by a range of Aboriginal community controlled, government and non-government services and agencies. While these services each play a pivotal role in contributing to improved and sustainable health outcomes for Aboriginal people in the Kimberley, KAHPF has always acknowledged the importance of collective investment, partnerships and accountability to each other. Accordingly, KAHPF strives towards being the collective voice for the regional planning, coordination and advocacy of key actions required to deliver high quality comprehensive, culturally responsive primary health care services to Aboriginal people in the Kimberley. In addition, a unifying view about the role of social determinants in health is needed. The Aboriginal Community Controlled model of care utilised in the Kimberley considers the importance of culture, spirit, country, family, community and language on the physical health and social and emotional wellbeing of Aboriginal people.

In 2018, the KAHPF Strategic Plan 2018-2028 was developed and endorsed by the KAHPF. This Plan outlines the key priorities to drive improvements in health outcomes for Aboriginal people in the Kimberley and was developed by KAHPF members in consultation with sub-committees and a time-limited working group of KAHPF. KAHPF takes ultimate responsibility for overseeing its implementation through its members and sub-committees. Twenty-one regional indicators were also endorsed by KAPHF.

### **Sub-committees**

KAHPF may identify and establish sub-committees and working groups to support and progress key activities to improve Aboriginal health in the Kimberley region. Sub-committees are the engine room of KAHPF and focus on issues requiring co-ordinated planning and action. They are established by KAHPF as needed, in consideration of regional health need and aligned to KAHPF key priorities. Each subcommittee has Terms of Reference, membership reflecting KAHPF members and is responsible for the development a three year action plan for endorsement by KAHPF. These action plans enable KAHPF to monitor progress and provide feedback to advance its key priorities. Sub-committee reports will form a standing agenda item at KAHPF meetings, reporting on progress against the endorsed action plans. In addition, KAHPF will review sub-committees' progress, results and barriers annually. Sub-committees may not speak or act on behalf of KAHPF without prior permission of the KAHPF.

### **Rationale of the Environmental Health Sub-committee**

The Environmental Health Sub-committee has a collaborative purpose that 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. Creation of the Sub-committee

also recognises 'environmental health services' as a specific field with expert knowledge of environmental determinants of health, disease transmission routes and risk reduction, and the link with specific human diseases and strategies to address these determinants. Deep understanding of this connection between 'environment and health' will mean that:

- EH services play a more effective role in improving health in the Kimberley;
- PHC has a more effective response when seeing patients with diseases due to environmental conditions which is more than clinical management on the day;
- Community engagement will be more meaningful and holistic;
- Governments and other funding agencies allocate resources more effectively to address determinants of health

Eventually, there will be better health outcomes in the Kimberley and reduced demand on PHC as well as hospital services. Environmental health services will be established, embedded and reliable in the Kimberley. This goal will benefit all members of KAHPF and the communities they serve.

### **Guiding Principles regarding cultural safety and security**

1. Strengths and histories of each community will be respected and utilised and understanding will be given regarding the impact of history, trauma and loss. This principle supports self-determination to encourage ongoing participation by Aboriginal people and organisations in decision-making to take back care, control and responsibility of their environmental health and overall wellbeing.
2. Every member of the Sub Committee will develop cultural understanding and recognition of cultural diversity and Aboriginal people's holistic view of health and wellbeing. This principle extends beyond conventional understandings of health. Environmental health is viewed as one component of holistic health that is deeply linked to the social, emotional, physical, cultural and spiritual dimensions of wellbeing within families and to work within a holistic framework that recognises the importance of connection to country, culture, spirituality, family and community
3. Ongoing collaboration with Aboriginal communities to encourage sustainable transfer of skills and ensure that Aboriginal people's cultural rights, beliefs and values are respected in the development of environmental health responses. This principle ensures a coordinated approach to service delivery through community engagement and knowledge exchange, information sharing and the pooling of resources, where possible.

### **Objectives of Environmental Health Sub-committee**

The Environmental Health Sub-committee objectives are to improve the capacity of KAHPF member services to address Environmental Health by

- Setting a strategic direction to strengthen the links between Environmental Health services and Primary Health Care (PHC) services in the Kimberley;
- Creating more opportunities for dialogue about these links
- Supporting KAHPF member services particularly by consulting often; offering and monitoring training opportunities; sharing resources and successful innovations; and maintaining a proactive outlook
- Supporting 'best practice' across the Kimberley and learning from disease outbreaks and other epidemiological observations that require better action in EH
- Providing expert advice to KAHPF about Key Performance Indicators (KPIs) in Environmental Health and other performance-related information about Environmental Health action;

- Promoting evidence-based advocacy for Environmental Health issues in the Kimberley; and
- Providing expert advice to KAHPF about resource allocation, funding opportunities, surveillance, data collection, partnerships and KAHPF's response to any requests for letters of support.
- Responding to feedback and directives from KAHPF
- Developing and implementing a 3-year Action Plan to achieve the key priorities of the SubCommittee and KAHPF Strategic Plan
- Identifying key barriers and promoting enablers to progress the agreed Action Plan
- Providing regular reports to the KAHPF on progress against the agreed Action Plan
- Meeting face-to-face with the KAHPF annually, via the Co-Chairs, to seek feedback and discuss progress, challenges, results and barriers to progressing Action Plans

## **Role of the Environmental Health Subcommittee**

Under the auspices of the KAHPF, the role of the Subcommittee is to:

- Establish stronger links to allow flow of Environmental Health information across government and non-government Kimberley health sectors as well as non-health services such as local government, EH specialist service providers and philanthropic organisations.
- Regularly review regional Environmental Health information, including prevalence and distribution of overcrowding, health hardware, sewerage and other aspects of public utilities and infrastructure as well as data from relevant disease surveillance reports, clinic data and other sources to meet its goals and objectives
- Identify strategies to enhance ongoing development and up-skilling in environmental health of relevant workforce
- Identify opportunities for strengthening community participation in environmental health related activities including home-maker programs, community clean-ups and local employment opportunities
- Develop Kimberley protocols and guidelines if required to promote and submit these to KAHPF for consideration and sharing across the Kimberley
- Share environmental health resources, research findings or success stories developed by Kimberley services and others (NOTE: the subcommittee has no authority to impose or mandate use of specific resources other than ratified Kimberley protocols)
- Develop and support linkages with other KAHPF subcommittees
- Develop and support linkages with relevant services in the Kimberley through specific projects and working groups where required.
- Work with the Data SubCommittee to measure and respond to the regional indicator "Proportion of presentations in primary health care directly attributable to the environment using KEAFs"

## **Membership**

The Environmental Health sub-committee is comprised of up to four representatives from each KAHPF member organisation who have a key role in environmental health. The Chair is responsible for maintaining an up to date member list and providing a copy to the KAHPF secretariat as changes occur. Membership of the Subcommittee is by nomination from core members of the KAHPF and subcommittee members will include Aboriginal environmental health services:

### ***Aboriginal Environmental Health services sector:***

- Nirrumbuk Environmental Health & Services
- Nindilingarri Cultural Health Services
- Shire of Halls Creek
- Shire of Derby West Kimberley

### ***Primary Health care services sector***

- KAMS
- Kimberley Population Health Unit

On occasion the sub-committee by consensus may invite a limited number of officers, observers or guests relevant to the agenda items being discussed.

### **Chair and secretariat**

The sub-committee will be chaired by one member of the sub-committee for a period of 12 months. The role of secretariat will be provided through one member of the sub-committee for a period of 12 months. The responsibilities of the chair and secretariat includes development of agendas and meeting papers, minute taking, following up outstanding actions, communication with KAHPF and other key stakeholders, meeting venue booking and other functions as required.

### **Attendance and participation**

Members are encouraged to attend meetings in person whenever possible. Where this is not possible video conference or teleconference link ups will be available. A quorum requires attendance by a minimum of 51% core members, including a representative from WACHS and one from the ACCHS sector.

KAHPF values consistent agency representation across the sub-committees. If the usual delegate is unable to attend, members are encouraged to send proxy representatives with authority to discuss, endorse and make decisions on behalf of their organisation to the meeting. If a member fails to attend or to send a nominated delegate to three consecutive meetings without an apology the Secretariat will enquire into the reasons for their non-attendance. This will be reported back to KAHPF and continuing organisational membership will be considered.

Sub-committees may not speak or act on behalf of KAHPF without prior permission of the KAHPF.

### **Frequency of meetings**

The sub-committee will meet a minimum of 4 times a year, with at least one (1) meeting held in a location other than Broome. Sub-committees should align their meetings so that they occur in the month between each KAHPF meeting to ensure work flow and reporting between KAHPF and sub-committees.

All members are responsible for covering their own costs to attend meetings.

### **Review of Terms of Reference**

The terms of reference will be reviewed and ratified every 12 months at the last meeting of each year and a copy provided to the KAHPF Secretariat for endorsement by KAHPF.

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Date endorsed by KAHPF: 31 August 2023