

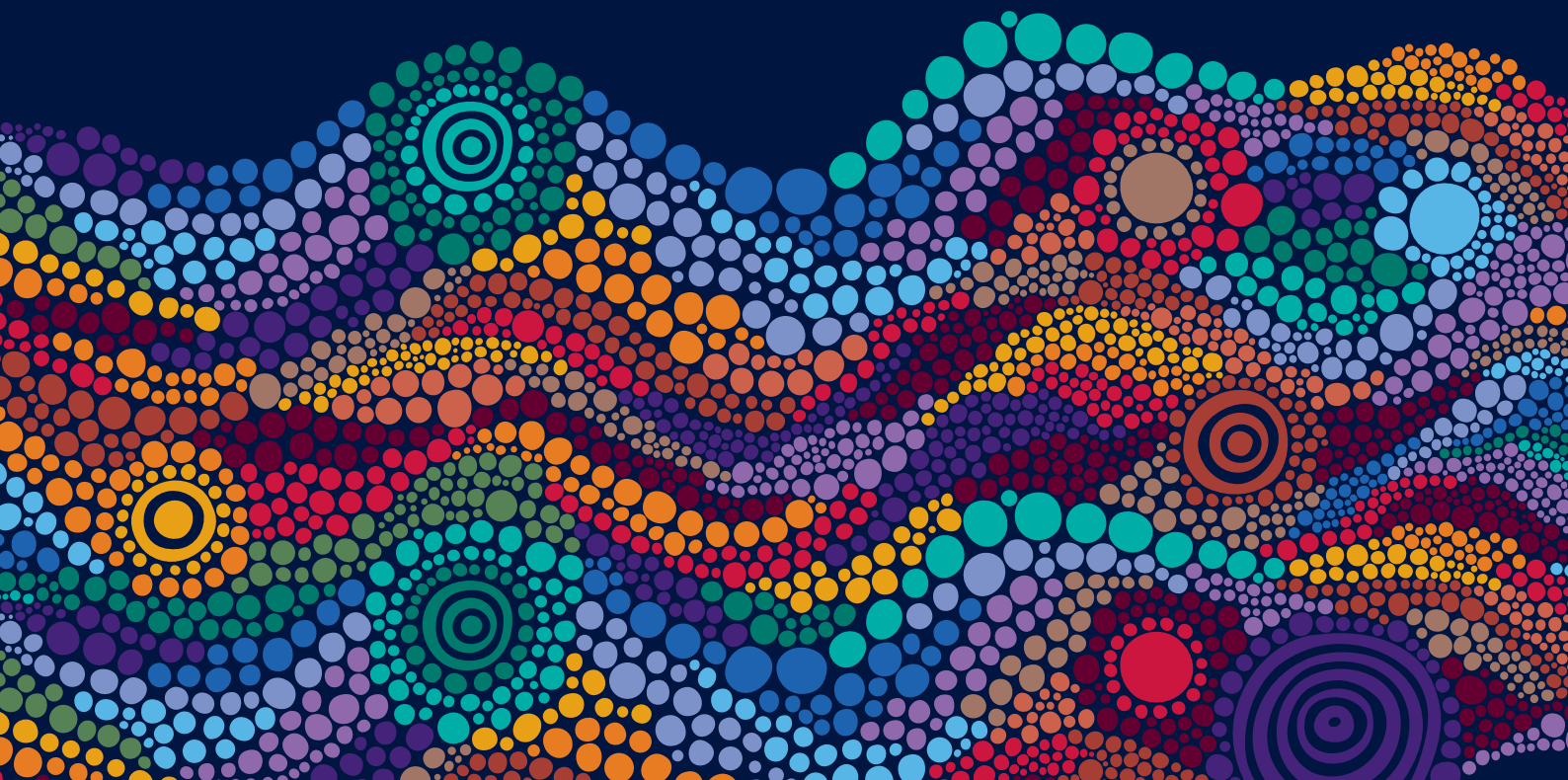


NACCHO

Environmental Health

Growing an Aboriginal and Torres Strait Islander Environmental Health Workforce

A Roadmap to establish a permanent, highly skilled and nationally credentialed Aboriginal and Torres Strait Islander Environmental Health Workforce



Acknowledgement of Country

NACCHO acknowledges Aboriginal and Torres Strait Islander people as the Traditional Owners of the lands where we live, where we work, and across Australia. NACCHO recognises and pays respect to Elders past, present and emerging across Australia and thanks them for their continuing care and custodianship of land, sea, culture and community.

Acknowledgement of Contributions

NACCHO acknowledges the expertise and time invested in this Roadmap by the members of the Aboriginal and Torres Strait Islander Environmental Health Workforce Roadmap Expert Steering Committee.

NACCHO acknowledges the financial support of the National Indigenous Australians Agency (NIAA) for this project.

Recommended Citation

National Aboriginal Community Controlled Health Organisation. *Growing an Aboriginal and Torres Strait Islander Environmental Health Workforce: A roadmap to establish a permanent, highly skilled and nationally credentialled Aboriginal and Torres Strait Islander Environmental Health Workforce*. Canberra: National Aboriginal Community Controlled Health Organisation; 2025.

Development Overview

This Roadmap has been prepared in response to decades of advocacy calling for systemic investment in environmental health as a cornerstone of disease prevention and health equity.

It acknowledges the essential role that, with proper investment in training and funding for secure and ongoing roles in Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ACCHOs), Aboriginal and Torres Strait Islander Environmental Health Workers will play in addressing the social and environmental determinants of health in communities.

The development of this plan has been comprehensive, with extensive input from Aboriginal and Torres Strait Islander leaders, organisations, and environmental health practitioners.





Contents

Foreword	2
Guiding Principles	4
Vision and Objectives	6
Introduction	7
Why is this Roadmap Needed?	7
Measuring the Impact of Environmental Conditions on the Health System	9
Shared Policy Foundations	10
The Health Consequences of Inadequate Housing	
ACCHO Led Environmental Health Services	16
What is Aboriginal and Torres Strait Islander Environmental Health?	16
What do Aboriginal and Torres Strait Islander Environmental Health Workers do?	18
Successful ACCHO-led Environmental Health Services	18
Creating an Environmental Health Training Pathway	24
Building Aboriginal Community Controlled Registered Health Training Organisations Capacity	
Increasing Completions of Certificate II in Indigenous Environmental Health	25
Creating an Aboriginal and Torres Strait Islander Environmental Health Worker Traineeship Program	26
Aboriginal and Torres Strait Islander Environmental Health Workforce Framework	26
Endorsed Skill Set Qualifications	27
Strategies to Grow the Workforce	28
Key Terms	29
References	34



Foreword

The launch of this Roadmap reflects a shared commitment to community-based leadership in Aboriginal and Torres Strait Islander environmental health, a field that is critical to the health, wellbeing and future of our communities.

In July 2023, the Aboriginal and Torres Strait Islander Environmental Health Workforce Expert Steering Committee held its first meeting in Canberra. We came together to develop a pathway for growing the Aboriginal and Torres Strait Islander environmental health workforce within Aboriginal Community Controlled Health Organisations (ACCHOs), addressing the inequitable burden of environmental determinants of health experienced by Aboriginal and Torres Strait Islander Communities.

As Chair, I started that first meeting with these powerful words of Sir Michael Marmot:

Why treat people and send them back to the conditions that made them sick?

Sir Michael Marmot

I must sincerely thank all members of the national Committee – the real experts – for their steadfast commitment to Aboriginal and Torres Strait Islander peoples’ health and to our holistic view of life’s interconnections. Their organisations generously released them to free up time to contribute, including my own organisation Miwatj Health, and their passion, deep knowledge, lived personal and professional experience and unyielding energy shaped this Roadmap.

Before colonisation, Aboriginal and Torres Strait Islander peoples lived in deep relationship with Country. Our traditional ways of knowing, doing and being ensured that environmental health risks were understood and managed through cultural law, practice and collective responsibility. Colonisation disrupted these systems, withdrawing agency and control.


Today, our communities face pervasive health inequities driven by the social and environmental determinants of health. These inequities impact not only health outcomes, but also education, employment and community wellbeing.

As this Roadmap makes clear, ACCHOs are best placed to deliver high-quality and culturally safe environmental health services that address the specific needs of Aboriginal and Torres Strait Islander communities. Investing in growing the Aboriginal and Torres Strait Islander environmental health workforce is the missing link to ‘close the gap’ through not only addressing the environmental determinants of health, but also by providing a meaningful entry-level employment and training pathway.

To conclude, I thank the National Indigenous Australians Agency (NIAA) for funding NACCHO to undertake this critical piece of work, respecting the priorities of Aboriginal and Torres Strait Islander peoples and their peak bodies in developing the Health Sector Strengthening Plan in which this action was first proposed. I also thank Dr Dawn Casey PSM FAHA, Deputy CEO and the NACCHO team, including Ms Claire O’Neill and Mr Samuel Harley and all the NACCHO staff who contributed to this publication throughout the development process.

Steve Rossingh

Kamilaroi
CEO, Miwatj Health and
Chair, Aboriginal and Torres Strait Islander
Environmental Health Workforce Expert
Steering Committee
December 2025



The launch of *Growing an Aboriginal and Torres Strait Islander Environmental Health Workforce: A Roadmap to establish a permanent, highly skilled and nationally credentialed Aboriginal and Torres Strait Islander Environmental Health Workforce* is a timely and necessary step toward strengthening the foundations of health in our communities. Environmental health is not a peripheral issue. Environmental health is central to disease prevention, health equity, and the wellbeing of all Aboriginal and Torres Strait Islander people.

This Roadmap builds on decades of advocacy and evidence that show the environmental determinants of health must be addressed if we are serious about Closing the Gap.

ACCHOs have long understood that health is shaped by the conditions in which people live. They are best placed to lead environmental health responses that are culturally safe, locally informed, and grounded in the lived realities of our communities.

This Roadmap provides a practical framework to grow and sustain a dedicated Aboriginal and Torres Strait Islander environmental health workforce within ACCHOs. This workforce will not only improve health outcomes but also create meaningful employment and training pathways for our people.

Importantly, this is not work that ACCHOs can do alone. Environmental health is everybody's business. We call on all levels of government, mainstream health services, infrastructure and housing sectors to work in genuine partnership with us, guided by the principles of self-determination, community control, and shared accountability.

I acknowledge the leadership of the Aboriginal and Torres Strait Islander Environmental Health Workforce Expert Steering Committee and thank all members for their contributions. I also thank the NIAA for supporting NACCHO to lead this work, and for recognising the importance of community-led solutions to the recommendations in the Health Sector Strengthening Plan.

This Roadmap is a call to action. It is an opportunity to invest in the health of our communities by investing in the people who protect it, our Aboriginal and Torres Strait Islander Environmental Health Workers.

Dr Dawn Casey, PSM FAHA

Tagalaka

Deputy CEO

NACCHO

December 2025

Guiding Principles

These strategic and operational principles set out the foundations for success in growing a permanent, highly skilled and nationally recognised Aboriginal and Torres Strait Islander environmental health workforce embedded within ACCHOs. They reflect the values, priorities and practical realities of community controlled service delivery, and provide a shared framework to guide investment, implementation and accountability.

Strategic	
Principles	Implementation Summary
Aboriginal and Torres Strait Islander environmental health is a technically advanced, culturally-based and scientifically supported discipline grounded in Aboriginal and Torres Strait Islander ways of knowing, doing and being.	Recognise and invest in Aboriginal and Torres Strait Islander environmental health as a legitimate and specialised field, led by Aboriginal and Torres Strait Islander knowledge systems and supported by scientific evidence.
Action on the environmental determinants of health is everyone's business.	Embed environmental health responsibilities across sectors — including health, housing, infrastructure, education and local government — through Formal Partnerships and shared accountability.
There is no one-size-fits-all solution to Aboriginal and Torres Strait Islander environmental health.	Support place-based approaches that reflect local conditions, cultural practices and community priorities, rather than applying standardised models.
ACCHOs are best equipped to deliver lasting, integrated, and effective environmental health services for Aboriginal and Torres Strait Islander communities.	Fund and enable ACCHOs to design, deliver and evaluate environmental health services as part of their comprehensive models of care.
Effective environmental health service delivery requires sustained and recurrent funding.	Establish recurrent funding streams to support workforce development, service delivery and infrastructure within ACCHOs.
Environmental health services must be integrated within ACCHOs' models of care supported by appropriate systems.	Integrate environmental health into clinical, social and cultural programs, supported by systems that enable coordination, data collection and quality improvement.



Operational	
Principles	Implementation Summary
Jobs first with access to training. Training without a job pathway leads to unutilised skills.	Establish employment-led training models that guarantee job pathways for Aboriginal and Torres Strait Islander environmental health workers.
Effective environmental health services require a well-resourced team of professionals with the required mix of technical, cultural and managerial skills, including a gender mix to ensure the provision of culturally safe service delivery.	Build teams with the right mix of technical, cultural and managerial skills, including gender diversity, to ensure culturally safe and effective service delivery.
Organisations delivering environmental health services must provide their workforce with supervision and support.	Ensure organisations provide structured supervision, mentoring and professional development for environmental health staff.
Environmental health services should implement a continuous quality improvement (CQI) methodology to continuously evaluate services using data-driven approaches.	Implement CQI frameworks that use data to monitor, evaluate and improve environmental health services over time.
Sustained transformational improvements to the environmental determinants of health require Formal Partnerships with multiple organisations (such as housing providers) to impact the environmental determinants of health.	Establish and maintain partnerships with housing providers, infrastructure agencies and other sectors to address environmental determinants collaboratively.
State, Territory and National community-controlled Peak Bodies should support ACCHOs to take action on the environmental determinants of health.	Resource and empower State, Territory and National community-controlled peak bodies to advocate, coordinate and support ACCHOs in environmental health leadership.



Vision and Objectives

Our Shared Vision

The ACCHO sector is leading community controlled, sustainable, holistic, and culturally safe approaches to reducing the inequitable burden of environmentally attributable diseases experienced by Aboriginal and Torres Strait Islander people.

Strategic Objective 1:
Develop a Stable Environmental Health Workforce that is based in the Aboriginal and Torres Strait Islander Community Controlled Health Sector.

1.1 Secure sustained funding for ACCHOs to employ qualified staff dedicated to delivering environmental health services.

1.2 Initiate and sustain place-based partnerships to maximise health impact and integration including Formal Partnerships with relevant organisations at community level.

1.3 Use epidemiological, health system and clinic data according to agreed standards to comply with Indigenous Data Sovereignty to plan, monitor and evaluate.

Strategic Objective 2:
Create a Clear and Culturally Grounded Environmental Health Training Pathway.

2.1 Raise awareness of Indigenous Environmental Health as a career pathway.

2.2 Extend the First Nations Health Workforce Traineeship Program to develop an environmental health training pathway towards Certificate II Indigenous Environmental Health that is tied to secure employment.

2.3 Support Aboriginal Community Controlled Health Registered Training Organisations (ACCHRTOs) to add Certificate II in Indigenous Environmental Health to their scope of delivery, including addressing the shortage of qualified trainers.

2.4 Develop a range of training models, such as endorsed skill sets, that meet the specific needs of ACCHOs.

Introduction

Why is this Roadmap needed?

Despite sustained commitments to overcome entrenched inequality, Aboriginal and Torres Strait Islander people continue to experience inequitable health outcomes that are unacceptable¹. On average, Aboriginal and Torres Strait Islander people live 8 years less than non-Indigenous people, and have a burden of disease 2.3 times higher². These health inequities are shaped by the physical and social conditions in which people are born, live, work and age, which are collectively referred to as the social, cultural, commercial and environmental determinants of health.

These inequities are the direct result of the ongoing experience of colonisation, and chronic underinvestment in culturally appropriate healthcare for Aboriginal and Torres Strait Islander people. These inequities represent an ongoing failure of governments and mainstream health systems to address:

- On-going colonisation
- Disempowerment
- Marginalisation
- Intergenerational trauma
- Chronic funding shortfalls

A significant proportion of the health inequity faced by Aboriginal and Torres Strait Islander people and their communities is driven by unjust and preventable environmental health conditions. Aboriginal and Torres Strait Islander people are more than twice as likely to be hospitalised, and one and a half times more likely to die from diseases caused by poor environmental conditions than non-Indigenous people³.

These risks are even greater for those living in remote and very remote communities, where access to safe water, effective waste management and healthy housing remains inadequate³. These same environmental circumstances have significantly improved outcomes for the broader population, yet improvements continue to fail to reach many Aboriginal and Torres Strait Islander communities. Table 1 illustrates the impact of environmental determinants on health and well-being.

Addressing the environmental determinants of health through investment in the Aboriginal and Torres Strait Islander Community Controlled Health Sector will have wide-ranging impacts across the determinants of health and is the missing link to ‘close the gap’.

Growing the Aboriginal and Torres Strait Islander environmental health workforce is a community-led strategy that aims to reduce preventable diseases and close the gap in life expectancy for Aboriginal and Torres Strait Islander people. Environmental health workers operate at the interface between the community, home and the health clinic, providing an opportunity to address the conditions that shape health long before a person seeks care. This workforce builds health literacy, strengthens culturally safe prevention, and supports early health-seeking behaviour. It plays a vital role in increasing awareness of routine but serious conditions, such as skin infections, and ensuring timely treatment that prevents escalation and long-term harm.

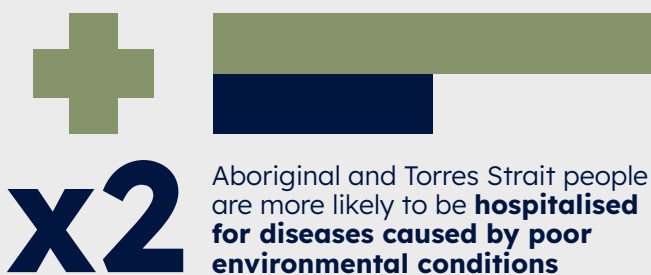


Table 1: Overview of the impact of environmental determinants of health on wellbeing

How the environmental determinants of health increase the risk of:

Communicable Diseases

Skin infections are associated with inadequate personal washing facilities and crowding. Repeated skin infections increase the risk of developing acute rheumatic fever.

Ear infections are associated with crowding, lack of functioning personal washing facilities, bedding, and sewage outflow. If untreated, repeated ear infections can cause lifelong hearing loss and impact a child’s development.

Gastrointestinal infections are associated with poorly maintained housing, inadequate water, sanitation and hygiene (WASH) services, and the state of food preparation and storage.

Trachoma is associated with inadequate WASH services and increased dust exposure. Repeated trachoma infections can lead to blindness.

Mosquitoes spread arboviruses such as Ross River Virus and Japanese Encephalitis. Stagnant water, due to inadequate drainage or waste management, increases the mosquito population.

Overcrowding and inadequate health hardware can increase the spread of respiratory infections, such as influenza, COVID-19 and Tuberculosis, due to insufficient ventilation and the inability to conduct appropriate hand hygiene. Repeated respiratory infections can lead to chronic respiratory diseases such as bronchitis and bronchiectasis.

Melioidosis is caused by exposure to a bacterium found in contaminated soil, water and mud. Melioidosis can lead to sepsis or pneumonia.

Non-communicable diseases

Lead exposure, associated with soil exposure and poorly maintained housing, can cause high blood pressure and kidney disease.

Inadequate housing infrastructure can exacerbate the impact of heatwaves or cold exposure.

Exposure to air pollutants both in- and outdoors can cause Chronic Obstructive Pulmonary Disease (COPD) and exacerbation of Asthma.

Exposure to UV radiation from sunlight significantly increases the risk of developing skin cancer.

Poorer wellbeing

Lead exposure can lead to developmental delays, impaired emotional regulation and learning difficulties.

Living in a crowded dwelling can increase exposure to violence and is associated with poorer well-being.

Poor environmental conditions, such as living in a crowded dwelling, can increase the risk of poorer mental health or suicide.

Measuring the Impact of Environmental Conditions on the Health System

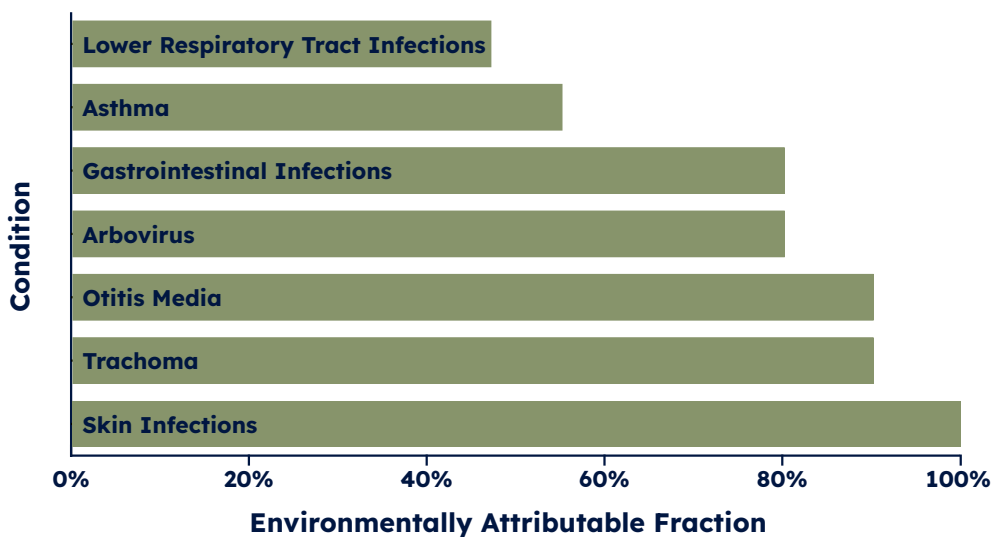
Environmentally attributable conditions make a significant contribution to the burden on the primary, secondary and tertiary healthcare systems.

A study of 150,357 consultations across 17 primary care clinics in the Kimberley region (2012 – 2014) found that 21% of consultations were linked to environmental health conditions⁴. The researchers estimated the proportion of each condition attributable to environmental factors, which ranged from 100% for skin infections to 5% for Sexually Transmitted Diseases. The environmentally attributable fraction for select common conditions is shown in Figure 1.

In 2016, an analysis of hospitalisation data estimated that the cost of hospitalisations directly due to the environment for Aboriginal people in the Kimberley was almost \$17 million⁵. In 2021-2022, environmentally attributable conditions were associated with \$72 million in inpatient hospital costs in the Northern Territory (NT) alone⁶. The cost of hospitalisations for conditions attributable to the environment are also available for Western Australia (WA) in the *Co-designed Aboriginal Environmental Health Model of Care* published in 2025⁷.

This work highlights the burden of environmentally attributed disease across the healthcare sector and hints at the potential impact of effective strategies for environmental health promotion that ACCHOs could deliver.

Figure 1: Environmentally Attributable Fraction of Select Conditions



Environmental determinants of health are closely interconnected with other health determinants. For example, without access to adequate health hardware such as functional toilets and showers, individuals may struggle to attend work or school, which in turn negatively affects social determinants such as educational attainment and workforce participation.

Despite environmental health being identified as a primary concern to Aboriginal and Torres Strait Islander communities in the consultations for the Aboriginal and Torres Strait Islander Health Plan 2021-2031⁸. There has not been sufficient investment to address inequities in the environmental determinants of health¹.

Addressing the environmental determinants of health through strategic investment in an Aboriginal and Torres Strait Islander environmental health workforce is an evidence-based opportunity to make a meaningful impact on the health and wellbeing of Aboriginal and Torres Strait Islander people and communities.

This Roadmap highlights the urgent need to invest in a place-based, community-led environmental health workforce in ACCHOs to deliver holistic initiatives that address the environmental determinants of health.

Shared Policy Foundations

Shared policy foundations are produced through co-design with Aboriginal and Torres Strait Islander communities. The Roadmap builds on the following national strategies and priorities:

National Agreement on Closing the Gap

Advocating for and securing the National Agreement on Closing the Gap⁹ is a historically significant act for Aboriginal and Torres Strait Islander self-determination. All Australian Governments agreed to the National Agreement, and efforts to improve health and well-being outcomes must be carried out in genuine partnership with Aboriginal and Torres Strait Islander people. The Roadmap strongly aligns with the four Priority Reforms of the National Agreement (Box 1). Implementation of the Roadmap must align with the commitments made by all signatories to the National Agreement.

National Aboriginal and Torres Strait Islander Health Plan 2021-2031

The vision of the National Aboriginal and Torres Strait Islander Health Plan⁸ is for Aboriginal and Torres Strait Islander people to enjoy long, healthy lives centred in culture, with access to services that are prevention-focused, culturally safe and responsive, equitable and free of racism. The Health Plan explicitly acknowledges environmental health as a key determinant of health for Aboriginal and Torres Strait Islander people. Investing in the environmental health workforce is critical to realising this prevention-focused vision.

National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031¹⁰ recognises that a locally qualified and skilled Aboriginal and Torres Strait Islander health workforce across the health system is required to achieve the vision of the National Aboriginal and Torres Strait Islander Health Plan 2021-2031. Action 1.7 identifies jurisdictional departments as responsible for growing and supporting the Aboriginal and Torres Strait Islander environmental health workforce with partners including:

- NACCHO and the affiliate peak bodies,
- Environmental Health Australia (EnHealth) and the Expert Reference Panel for Aboriginal and Torres Strait Islander Environmental Health (ERPATSIEH)
- State and territory governments

Health Sector Strengthening Plan

The Health Sector Strengthening Plan¹¹ outlines 17 actions to support and build the Aboriginal and Torres Strait Islander community controlled health sector. Action A4 of the Health Sector Strengthening Plan identifies the need to invest in a permanent, highly skilled, and nationally credentialed Aboriginal and Torres Strait Islander environmental health workforce. The Roadmap outlines the vision for this workforce.

NACCHO's Core Services and Outcomes Framework

The Core Services and Outcomes Framework¹² (CSOF, Figure 2) outlines the model by which the Aboriginal and Torres Strait Islander Community Controlled Health sector delivers comprehensive primary health care across Australia. The CSOF acknowledges the vital importance of peoples, culture, community control, cultural authority, and Aboriginal and Torres Strait Islander leadership to the success of the ACCHO sector, with needs assessments identifying priorities for action and strong evaluation processes monitoring outcomes.

Aboriginal and Torres Strait Islander Health and Care Traineeship Framework

The Aboriginal and Torres Strait Islander Health and Care Traineeship Framework¹³ describes and builds on the unique approach to workforce training delivered by Aboriginal and Torres Strait Islander Community Controlled Health Registered Training Organisations (ACCHRTOs). Detailing a holistic approach to training and development that meets the workforce needs of the ACCHO sector.

Figure 2: Model of needs-based community controlled comprehensive primary health care

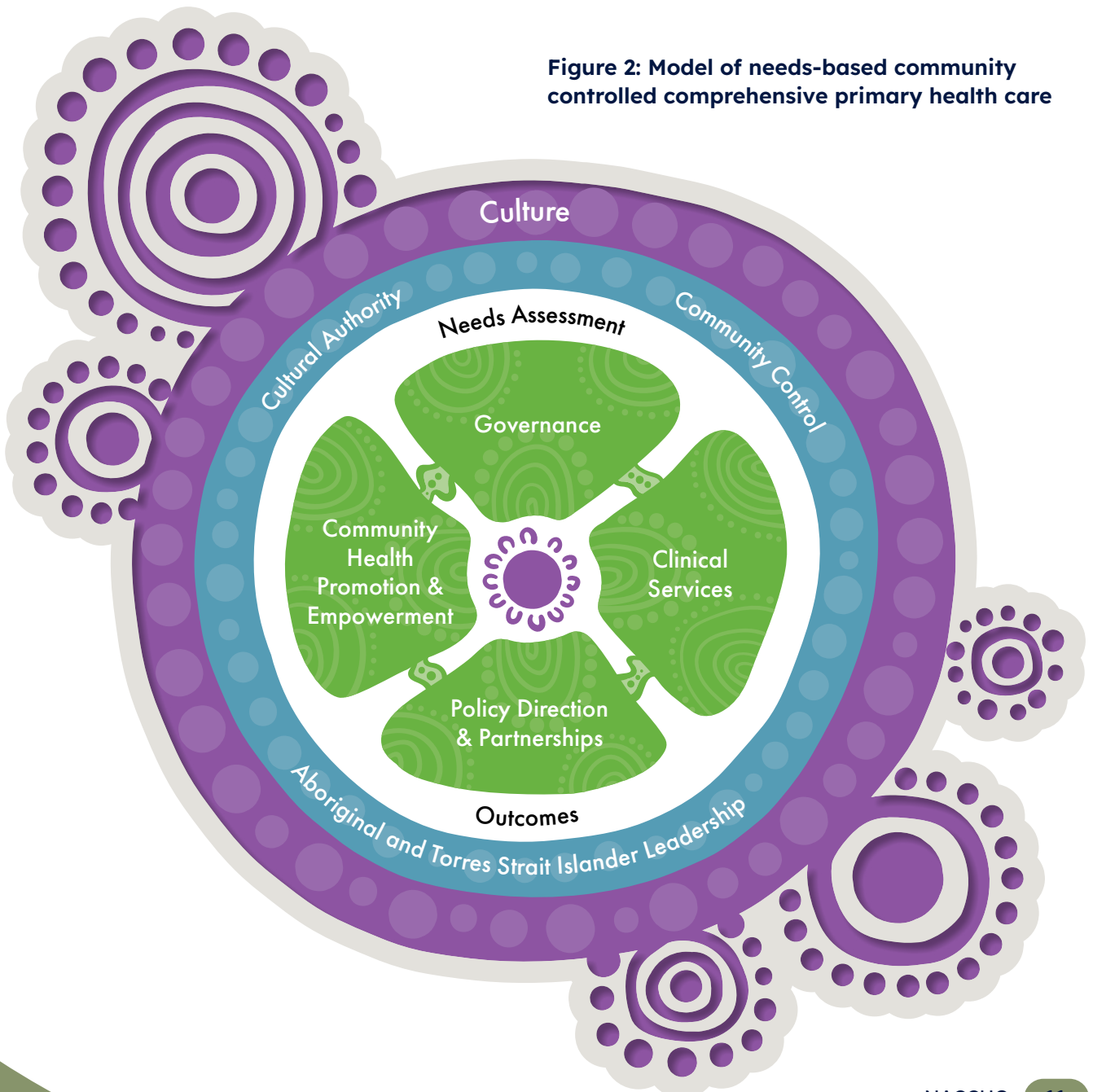


Table 2: How growing the Aboriginal and Torres Strait Environmental Health Workforce would drive progress towards achieving the Closing the Gap Targets⁹

Target	Role of the Aboriginal and Torres Strait Islander Environmental Health Workforce
<p>Target 1: Close the Gap in life expectancy within a generation, by 2031</p>	<p>Addressing the environmental determinants of health through coordinated action will reduce the burden of environmentally attributable diseases.</p>
<p>Target 6: Increase the proportion of Aboriginal and Torres Strait Islander people who have completed a tertiary qualification</p>	<p>Growing the Aboriginal and Torres Strait Islander environmental health workforce is an opportunity for entry-level access to the workforce and the tertiary education sector.</p>
<p>Target 7: Increase the proportion of Aboriginal and Torres Strait Islander youth who are employed, in education or training</p>	
<p>Target 9a: Increase the proportion of Aboriginal and Torres Strait Islander people living in an appropriately sized (not overcrowded) dwelling.</p>	<p>An improvement in the quality and appropriateness of housing for Aboriginal and Torres Strait Islander people will only occur through coordinated action across all levels of government.</p>
<p>Target 9b: All Aboriginal and Torres Strait Islander communities receive essential services that meet or exceed a jurisdictional standard.</p>	<p>Growing the Aboriginal and Torres Strait Islander workforce embedded in ACCHOs will inform place-based accountability of government agencies and non-government organisations through identifying defects that pose a risk to the health of the inhabitants.</p>



Box 1: Priority Reforms on Closing the Gap

1

Formal partnerships and shared decision making

2

Building the community-controlled sector

3

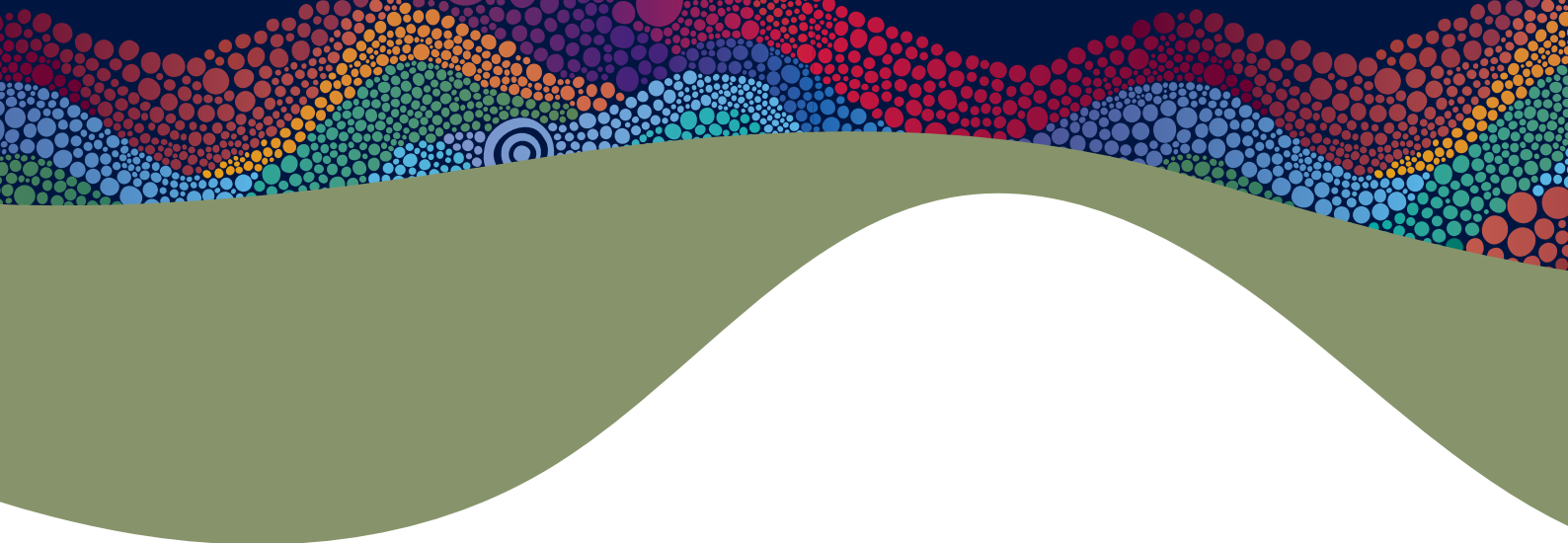
Transforming government organisation

4

Shared access to data and information at a regional level

Alignment with Closing the Gap targets

The overarching objective of the National Agreement on Closing the Gap as signed in July 2020 is to overcome the entrenched inequality faced by Aboriginal and Torres Strait Islander people so that their life outcomes are equal to all Australians⁹. The National Agreement outlined 19 national socio-economic targets across areas that have been prioritised as outcomes by Aboriginal and Torres Strait Islander people. By aligning with the National Agreement on Closing the Gap, this Roadmap also amplifies government actions to meet these commitments. Table 2 explores how growing the Aboriginal and Torres Strait environmental health workforce would drive progress towards achieving the Closing the Gap Targets.



The Health Consequences of Inadequate Housing

Housing is a critical environmental determinant of health. Our homes are the environment in which we all spend a significant amount of time. Aboriginal and Torres Strait Islander communities experience overcrowding at a rate three times greater than non-Indigenous people⁷. This gap increases with remoteness.

Overcrowding leads to increased use of and strain on health hardware, such as taps, showers and toilets, resulting in more frequent failures. This creates a feedback loop: overcrowding raises the risk of exposure to infectious diseases, faulty health hardware reduces the capacity to prevent infections by maintaining hygiene practices, such as regular handwashing, further increasing the risk of infection within the household.

Over the past two decades, there has been minimal progress on Closing the Gap target 9a, which is to increase the proportion of Aboriginal and Torres Strait Islander people living in appropriately sized (not overcrowded) housing to 88 per cent⁹. Target 9b, which is to ensure all Aboriginal and Torres Strait Islander communities receive essential services that meet or exceed a jurisdictional standard, is not being reported on due to a lack of data⁹. Across Australia, Aboriginal and Torres Strait Islander communities continue to experience electricity insecurity and lack access to safe drinking water.

Ensuring Aboriginal and Torres Strait Islander communities have access to safe, affordable and appropriate housing and sanitation will have social and economic benefits across health, mental health and social and emotional wellbeing, education, employment and justice outcomes. The economic benefits of effective supply and affordability will far outweigh the cost of government investment.



x3 Aboriginal and Torres Strait people are more likely to **experience overcrowding**

CASE STUDY

Test and Fix

NSW Health, in partnership with a large social housing provider, established the Test and Fix Program to enhance the health outcomes of Aboriginal people and communities across NSW by systematically improving their living environments.

Test and Fix is an extension of the “Housing for Health” process which, in turn, evolved from an Aboriginal-led project in the APY lands in the 1980s. Test and Fix identifies and repairs household items directly impacting health and is guided by nine evidence-based Healthy Living Practices (HLPs), developed by Yami Lester and the Nganampa Health Council Board. The program provides essential repair works targeting health hardware to ensure housing safety and enable residents to maintain a healthy lifestyle. Fixing these defects to health hardware has been neglected by the housing organisation funded to maintain the properties. Test and Fix is delivered by the housing provider in partnership with NSW Health’s Aboriginal Environmental Health Unit and regional Public Health Unit.

A comprehensive evaluation of the Housing for Health process published in 2010 demonstrated a 40% reduction in hospitalisations for environmentally attributable infectious diseases among individuals who received the Intervention^{14,15}. However, this impact was not maintained.

Investment in the environmental health workforce embedded within ACCHOs could increase opportunities for collaboration and strengthen projects run by state or territory governments through enabling co-designed projects to be delivered as part of a suite of environmental health services.

ACCHOs have a critical role in holding housing organisations to account, ensuring that health hardware is functional and that basic maintenance is conducted.

ACCHO Led Environmental Health Services

What is Aboriginal and Torres Strait Islander Environmental Health?

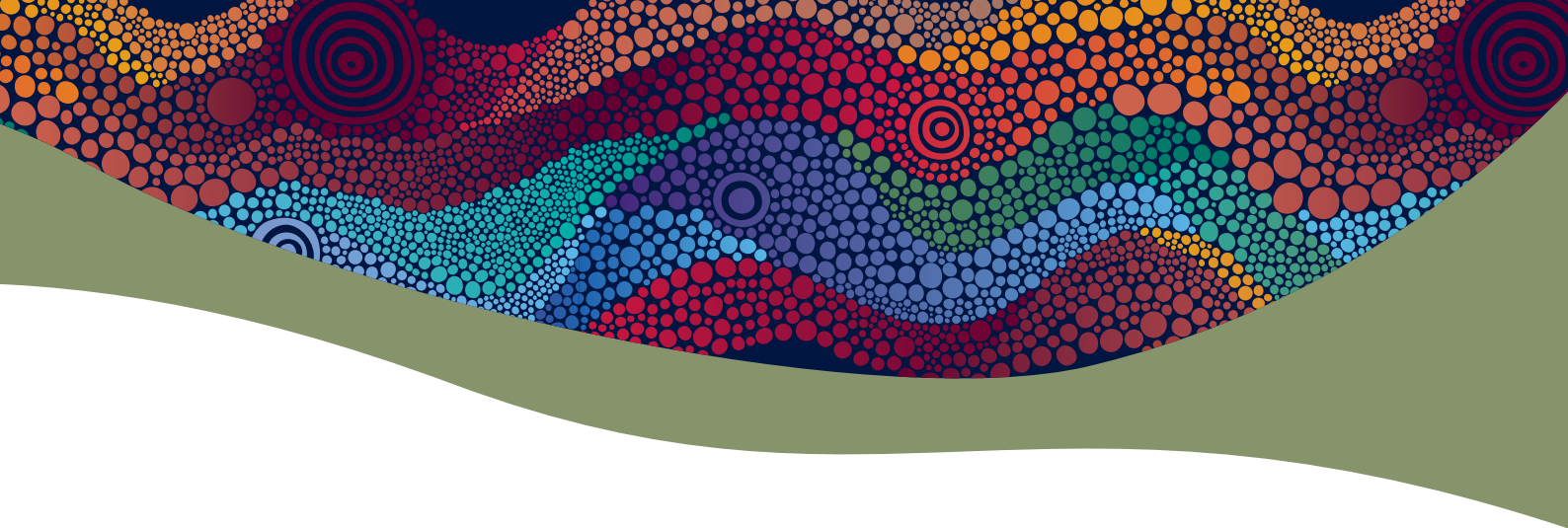
Long before colonisation, Aboriginal and Torres Strait Islander peoples maintained sophisticated systems of knowledge and practice that safeguarded environmental health. These traditional ways of knowing, doing, and being ensured that environmental health risks were mitigated for Aboriginal and Torres Strait Islander people and communities. The modern discipline of Aboriginal and Torres Strait Islander environmental health has emerged in response to the disruption caused by colonisation. It integrates cultural knowledge, obligations and principles of cultural safety with Western scientific approaches, creating a holistic community led model for primordial prevention.

Aboriginal and Torres Strait Islander environmental health is a technically advanced, culturally and scientifically based discipline grounded in Aboriginal and Torres Strait Islander ways of knowing, doing and being. An effective Aboriginal and Torres Strait Islander environmental health team balances cultural and technical skills across all aspects of service delivery and requires a range of qualified environmental health professionals working together as a team. Understanding the effects of the environmental determinants on community health is necessary to work

effectively in Aboriginal and Torres Strait Islander primary health care services.

In contrast, Western environmental health is grounded in a biomedical model that focuses on identifying and managing individual risks through evidence-based interventions and regulatory enforcement. While this approach has improved outcomes in the general population, it often adopts a reductionist lens — treating diseases in isolation and overlooking the complex, interconnected impacts of environmental factors on health and wellbeing. For Aboriginal and Torres Strait Islander communities, this model fails to account for holistic, cultural understandings of health. Most environmental health services are still delivered to communities, not with them — often by mainstream organisations such as local councils and state or territory governments. The persistently high rates of environmentally attributable disease make clear that these services are not meeting the needs of Aboriginal and Torres Strait Islander people, and that a shift toward community-led, culturally safe models is urgently needed.

ACCHOs have a proven track record of delivering effective, culturally safe primary health care tailored to the needs of their local communities¹². This Roadmap affirms that ACCHOs are best placed to deliver environmental health services to Aboriginal and Torres Strait Islander communities (Box 2).



Adequately resourcing ACCHOs to lead environmental health service delivery will strengthen the impact of other preventative care they provide, reduce the burden of preventable disease, and help close the gap in health outcomes. It will also reduce avoidable hospitalisations and associated health system costs, delivering both equity and economic benefit.

Box 2: Why ACCHOs are best placed to deliver services to address the environmental determinants of health:

1. ACCHOs have demonstrated that they can most effectively deliver services to Aboriginal and Torres Strait Islander communities.
2. When delivered as part of comprehensive primary health care services, environmental health services are effectively integrated services, easy to navigate and cost-efficient.
3. ACCHOs understand the needs of their communities so they can implement projects that are targeted and effective.
4. ACCHOs have a deep knowledge of their community and are uniquely able to provide culturally safe services, particularly when primary healthcare or environmental health services are provided within the home.

Increasing the capacity for ACCHOs to deliver environmental health services has been identified as critical to addressing the health inequities faced by Aboriginal and Torres Strait Islander people in several key documents, including the *Health Sector Strengthening Plan*¹¹ and the *National Aboriginal and Torres Strait Islander Health Plan 2021 – 2031*⁸.

NACCHO's CSOF (Box 3) outlines the foundational role of environmental health within Aboriginal and Torres Strait Islander community controlled primary health care¹². Since the release of the CSOF, a small number of ACCHOs have expanded into direct environmental health service provision. Further expansion of environmental health services by all ACCHOs has been limited due to the lack of stable funding for environmental health services and a lack of a suitably skilled workforce.

Box 3: Selected role of ACCHOs to deliver environmental health services as outlined in the Core Services and Outcomes Framework¹²

- Assess the burden of preventable illness in the community due to environmental conditions
- Respond to environmental threats and mobilise communities
- Inform community decisions about environmental determinants with data and technical expertise
- Organise environmental health education and sustained family-centred support for behavioural change in the home to reduce disease transmission

What do Aboriginal and Torres Strait Islander Environmental Health Workers do?

The Aboriginal and Torres Strait Islander environmental health workforce referred to within this Roadmap focuses on addressing the environmental determinants of health that are defined and prioritised by the community. Initially, this will include environmental health education, environmental health promotion, home assessments and, where the jurisdictional legislation permits, conducting minor repairs to health hardware. Some ACCHOs' boards may elect to deliver a broader range of services, such as pest and animal control or water quality assessments that address unmet needs in their communities. This may include delivering services under contract from a local or state government in a fee-for-service model.

This workforce, as referred to in the Roadmap, also will not be immediately tasked with maintaining legislative requirements or statutory responsibilities at the level of an Environmental Health Officer (EHO). There are currently very few qualified and credentialed EHOs who identify as an Aboriginal and/or Torres Strait Islander person.

To clarify these distinctions, Table 3 compares the focus and key tasks based on training and qualifications completed for an Aboriginal Environmental Health Worker (AEHW), an Aboriginal Health Worker (AHW) with additional environmental health training, and an EHO.

Successful ACCHO-led Environmental Health Services

In keeping with principles of sovereignty and self-determination in community control, every ACCHO is encouraged to develop a model of care for Aboriginal and Torres Strait Islander environmental health that is suited to their community context and priorities. The Roadmap features NACCHO Affiliates in the NT and WA who have developed co-designed Aboriginal and Torres Strait Islander environmental health models of care, which address specific requirements unique to their contexts. Identifying the tasks and qualifications required is an essential part of introducing this workforce into communities who may not have had environmental service provided in this way before. Establishing a formalised process for clinics to provide environmental health referrals, such as the Kimberley Regional Environmental Health Referral featured in the case study below, is also recommended. The *National Guide to Preventive Health Care for Aboriginal and Torres Strait Islander People*¹⁶, developed in partnership between NACCHO and the Royal Australian College of General Practitioners, outlines the key practice implications for clinicians when addressing the impact of environmental determinants of health (Box 4).

Box 4: Key practice points for clinicians from the National guide to preventive healthcare for Aboriginal and Torres Strait Islander people¹⁷

- Know about diseases with a high environmental attribution.
- Develop a safe clinical relationship in order to ask sensitively about housing and living conditions (inadequate housing facilities, access to health hardware, such as working plumbing for clean drinking water and washing facilities, access to hygiene and sanitation supplies).
- Know about local arrangements for environmental health referral.
- Offer an environmental health referral according to local arrangements, ensuring consent is obtained when a home visit is involved.
- Advocate with Aboriginal and Torres Strait Islander leaders for adequate housing, facilities for washing and general living conditions.
- Provide community-based health promotion about environmentally attributable diseases.


Kimberley Regional Environmental Health Referral Form

In response to an increase in presentations of environmentally attributable conditions, the Kimberley Aboriginal Health Planning Forum (KAHPF) developed an environmental health referral pathway¹⁸. This initiative connects ACCHOs in the Kimberley with environmental health service providers, including Aboriginal Community Controlled Organisations (ACCOs) and local government agencies.

The referral process begins when a client presents with an environmentally attributable condition, such as scabies or recurrent skin infections (Figure 3). A primary health care worker offers a referral to an AEHW, who then conducts a home visit to assess health hardware and co-design a tailored plan with the client. AEHWs provide ongoing support for up to six months following the initial visit and tenants in advocating for housing repairs and maintenance, while also delivering health education.

The model highlights the value of strong, integrated links between primary health care and environmental health services to prevent environmentally attributable conditions and improve health outcomes.

Figure 3: Excerpt from the Kimberley Regional Environmental Health Referral Form¹⁸



**Kimberley
Aboriginal
Health
Planning Forum**
Po Box 1377,
Broome, WA 6725
kahpf@kamsc.org.au

Kimberley Region Environmental Health Referral Form (April 24)

Explain as below to patient / parent / carer:

- *The condition you have can sometimes be linked back to the home or community environment.*
- *Environmental health knowledge can help you prevent this type of sickness.*
- *If you agree, we can connect you with the local EH team, who will work with you to stop this kind of sickness in your home.*
- *This service is voluntary. When you sign this form, the Clinic will send it to the EH team who will visit you at your home.*

Presenting health concern (select by ticking below):

<input type="checkbox"/> Gastro symptoms	<input type="checkbox"/> Skin infection / Impetigo	<input type="checkbox"/> ARF
<input type="checkbox"/> Worms	<input type="checkbox"/> Scabies	<input type="checkbox"/> RHD
<input type="checkbox"/> Arboviruses	<input type="checkbox"/> Respiratory conditions	<input type="checkbox"/> APSGN
<input type="checkbox"/> Injury (eg dog bite)	<input type="checkbox"/> Otitis Media	<input type="checkbox"/> Trachoma
<input type="checkbox"/> Dialysis home visit	<input type="checkbox"/> Pharyngitis/sore throat	<input type="checkbox"/> Other:
<input type="checkbox"/> Relevant treatment information (eg topical Lyclear; oral antibiotics etc):		

Table 3: Overview of key environmental health-related tasks completed by role based on training and qualifications completed

	Aboriginal Health Worker	Aboriginal Environmental Health Worker	Environmental Health Officer
Scope based on credentials	Community-based health education and health promotion on the environmental determinants of health	Deliver environmental health services that identify and respond to the environmental determinants of health within their community	Broader public health scope, policy development, ensuring compliance with public health acts, complex investigations, and enforcement of regulations
Qualification	Certificate III or IV in Aboriginal and Torres Strait Islander Primary Health Care and completion of an endorsed skill set for environmental health*	Minimum Certificate II in Indigenous Environmental Health Progressions through Certificates III or IV in Indigenous Environmental Health	Bachelor's degree, Graduate Certificate in Environmental Health or qualification as recognised by States and Territories in legislation and EHO regulations
Typical Employer	ACCHO, state or territory governments	ACCHO or ACCO, state or territory government	Local council, state or territory government
Key Tasks	Provide culturally safe environmental health education and health promotion	Identify environmental health risks within the community	Ensuring compliance with state and territory legislation, particularly the public health acts
	Facilitate environmental health referrals from primary health care services	Identify and implement pest control strategies. Including conducting waste and housing audits~	Monitor water quality and manage hazardous waste
	Conduct Healthy Homes assessments to identify environmental health risks within the home	Provide culturally safe environmental health education and health promotion	Monitor environmental pollutants

	Aboriginal Health Worker	Aboriginal Environmental Health Worker	Environmental Health Officer
Key Tasks <i>continued</i>	Support community members to raise repairs affecting health with their housing providers	<p>Respond to environmental health referrals from primary health care services</p> <hr/> <p>Conduct Healthy Homes assessments to identify environmental health risks within the home and respond to those in scope</p> <hr/> <p>Complete minor plumbing works to reduce health risks[^]</p> <hr/> <p>Collaborate with comprehensive primary health care providers</p> <hr/> <p>Collaborate with households to obtain their rights as public housing tenants for maintenance, repairs, and hold providers accountable</p>	<p>Inspect workplaces for compliance with health and safety regulations</p> <hr/> <p>Conduct food safety inspections and respond to outbreaks of foodborne illness</p>
Out of scope tasks	Implementing pest control or animal management strategies. Conducting minor plumbing works	Enforcing legislation or regulations	Providing primary health care, including health advice beyond environmental factors

* Endorsed skills sets are explored in page 27 of this document

[^] For AEHWs who hold a restricted plumbing licence and where state legislation and regulations allow

~ With additional training

System Support

Environmental health services cannot operate in isolation. Addressing the environmental determinants of health requires a new expectation of collaboration and partnership between ACCHOs, local councils, state and territory governments, and the Commonwealth government. Figure 4 explores the interrelated roles in each of these groups in addressing the environmental determinants of health.

Despite examples of excellent environmental health service provision by ACCHOs, few ACCHOs currently provide environmental health services. Significant financial and capability support will be required to enable ACCHOs to deliver environmental health services that can adequately respond to the needs of their communities. Due to varying legislative frameworks and established workforce structures, each jurisdiction will require tailored

approaches to support investment in the environmental health workforce.

To establish an effective environmental health workforce within ACCHOs, funding must be stable and proportionate with need. Current funding for environmental health services is short-term and piecemeal. This does not provide services with the security to employ and adequately train AEHWs. Incorporating environmental health service provision into an ACCHOs model of care requires stable funding in a similar manner to how ACCHO's receive stable funding to employ primary care staff. Funding must support AEHWs to receive on-the-job and formal training.

Consultations revealed that secure AEHW positions provide much-needed entry-level jobs that enable Aboriginal and Torres Strait Islander people to work within their communities and take meaningful action to address the environmental determinants of health.

Figure 4: How ACCHOs, local, state or territory governments, and the Commonwealth Government influence the environmental health of communities



The Priority Reforms underpin the Roadmap. Priority Reform three calls for a fundamental change in how governments engage with community controlled organisations⁹. This requires government agencies to form Formal Partnerships with community controlled organisations, participating in joint strategic planning, and ensuring that funding is secure and matches the identified needs.

To enable ACCHO's to expand their environmental health service delivery, partnerships with jurisdictional peak bodies or governments that employ EHOs or highly experienced and qualified AEHWs are essential to facilitate the safe and effective delivery of services by AEHWs.

Environmental health services must be holistically incorporated into each ACCHO's model of care. They cannot be tacked on to routine business. Incorporating environmental health services may include:

- Integrating the pathway for environmental health referrals alongside referral pathways for health professionals, such as non-GP medical specialists or occupational therapists.

- Educating clinicians and other staff on the role of the environmental determinants of health in causing disease and how environmental health services provided by ACCHOs can impact these determinants.
- Embedding an assessment of the environmental determinants of health in routine practices, such as during Aboriginal and Torres Strait Islander health checks (MBS item 715).

Understanding each community's environmental health service needs, planning service delivery, and evaluating impact requires investment in appropriate data systems. These systems must be embedded within ACCHO's existing data practices and uphold the principles of Indigenous Data Sovereignty, ensuring that Aboriginal and Torres Strait Islander communities retain control over how their data is collected, stored, accessed and used. To support effective planning and continuous improvement, ACCHOs must be supported to collect and analyse clinical and environmental data. This will enable services to monitor changes in the environmental determinants of health and track reductions in preventable disease.

CASE STUDY

AMSANT and Northern Territory Government's Aboriginal Community-Based Environmental Health Workforce Initiative

In partnership with the Northern Territory Government's Department of Health (NT Health), Aboriginal Medical Services Alliance Northern Territory (AMSANT) have developed an environmental health workforce program designed to be trialled in both an ACCHO and an NT Health clinic.

The design process defined the scope of the AEHW role and considered how the role could be integrated into both health services and community environmental health systems. Through shared responsibility and collaborative action between AEHWs, the community, government, and municipal services, the program seeks to prevent health conditions linked to environmental factors in both the home and the broader community.

The project will ensure AEHWs are well-supported through workplace orientation, supervision, and technical mentoring. The design offers a flexible framework for participating health services to develop activity plans that are responsive to local environmental health priorities. A collection of resources is included within the design to support environmental health teams in understanding community needs and offers a range of practical options for AEHW actions.

The trial of the program design is expected to commence soon, pending implementation funding, and serves as a strong example of how ACCHOs and jurisdictional governments can collaborate to embed and support AEHWs in community settings.



Creating an Environmental Health Training Pathway

A stable and well-resourced workforce is required to deliver the services that will meaningfully change the environmental determinants of health. The current Aboriginal and Torres Strait Islander environmental health workforce remains insufficient to meet the needs of communities and requires significant investment to establish a secure clear and culturally grounded training pathway for AEHWs.

Building Aboriginal Community Controlled Health Registered Training Organisation Capacity

The infrastructure required to train and support the Aboriginal and Torres Strait Islander environmental health workforce is significantly lacking, including an insufficient number of training providers. ACCHRTOs are critical to building the environmental health workforce as they have demonstrated the ability to support Aboriginal and Torres Strait Islander trainees in a culturally safe manner, increase their completion rates and ensure that graduates have the skills required to deliver services in their communities. An independent study showed that due to the supports provided by ACCHRTOs, completion rates for Aboriginal and Torres Strait Islander students studying a Certificate III or IV increased from less than 30% to 96.8%¹⁹.

The low numbers of individuals graduating from Vocational Education and Training (VET) organisations with qualifications in Indigenous Environmental Health demonstrate that, without secure employment, there is very little demand for Indigenous Environmental Health training courses (Box 5). Without adequate and culturally

safe training, the workforce will not have the skills to effectively deliver environmental health services¹⁹.

Box 5: Overview of the number of completions of Indigenous Environmental Health qualifications delivered through Vocational Education and Training organisations.

The number of graduates in Indigenous environmental health is not sufficient to meet the need. In 2021, there were 983,700 Aboriginal and Torres Strait Islander people. However, across Australia over an eight-year period (2016-2023)²⁰:

- 221 people graduated with the Certificate II in Indigenous Environmental Health
- 15 people graduated with the Certificate III
- No student graduated with the Certificate IV.



There is a lack of suitably skilled individuals to teach a variety of VET qualifications, including the qualifications in Indigenous Environmental Health. Within the VET sector, trainers and assessors must hold subject matter-specific qualifications. In partnership with the Department of Employment and Workplace Relations (DEWR), NACCHO is bolstering the ACCHRTO network by supporting individuals to complete a Certificate IV in Training and Assessment through the National Aboriginal & Torres Strait Islander Trainer & Assessor Program. To enable the delivery of Certificates in Indigenous Environmental Health, this program should be expanded to increase the pool of potential trainers with Aboriginal and Torres Strait Islander environmental health expertise.

In 2025, only one ACCHRTO is delivering any Certificate in Indigenous Environmental Health²⁰. Whilst ACCHRTOs are the preferred provider to deliver training within ACCHOs it may not be feasible to utilise ACCHRTOs in every jurisdiction. If ACCHRTOs are not available, ACCHOs should work with preferred VET providers to ensure that culturally safe training is delivered. As additional ACCHRTOs are supported to deliver the

Certificates in Indigenous Environmental Health, further investment will be required to validate course content to ensure standardised delivery across the country.

Increasing Completions of Certificate II in Indigenous Environmental Health

Increasing the number of Aboriginal and Torres Strait Islander people completing their Certificate II in Indigenous Environmental Health (HLT26120) with permanent employment is the highest priority for investment by governments to develop the Aboriginal and Torres Strait Islander environmental health workforce. A Certificate II in Indigenous Environmental Health is the minimum qualification required by an AEHW⁷. This course includes nine units of competency and ensures:²¹

- Core knowledge of the transmission pathways of environmentally attributable diseases.
- An understanding of the impacts of the environmental determinants of health.
- Competencies in home assessments and community development.

Creating an Aboriginal and Torres Strait Islander Environmental Health Worker Traineeship Program

The First Nations Health Worker Traineeship Program (FNHWTP) has a proven track record of building the Aboriginal and Torres Strait Islander health workforce. NACCHO recommends that this model is expanded upon to include a Certificate II in Indigenous Environmental Health to grow the AEHW workforce and enable ACCHOs to deliver culturally safe and effective environmental health services.

This model provides secure entry-level employment for trainee AEHWs, where trainees are supported to complete a Certificate II in Indigenous Environmental Health. ACCHOs would support trainees to receive on-the-job and formal training delivered by the ACCHRTO. The duration of the traineeship would be flexible to accommodate trainees' needs, including being supported to complete Language, Literacy, and Numeracy (LLN) skill development before or while commencing the Certificate.

Aboriginal and Torres Strait Islander Environmental Health Workforce Framework

Growing the environmental health workforce within ACCHOs will enhance the capacity of existing public health teams by increasing their ability to address the environmental determinants of health. Table 4 outlines a proposed environmental health workforce framework that can be adapted and embedded within ACCHOs. Recognising the diversity of ACCHOs across Australia, this framework is intended to be flexible, allowing each organisation and jurisdiction to tailor roles to meet the unique needs of their community and organisational structure.

Community of Practice

Establishing a national Community of Practice for AEHWs is critical to support this growing workforce. A Community of Practice provides a network to support the continuous professional development of a specific workforce and promotes the exchange of emerging best practices.

Table 4: Framework for roles within the environmental health workforce.

Role	Purpose	Qualification
Trainee Aboriginal Environmental Health Worker	Assist in the delivery of environmental health services.	No prior experience required.
Aboriginal Environmental Health Worker	Deliver environmental health services that identify and respond to the environmental determinants of health within their community.	Certificate II in Indigenous Environmental Health (HLT26120).
Environmental Health Technical Supervisor	Provide technical environmental health advice and oversight to AEHWs, ensuring that environmental health services delivered by ACCHOs align with best practice standards.	Certificate IV in Indigenous Environmental Health (HLT46115), diploma or bachelor's degree in environmental health.
Manager	Lead and support AEHWs to deliver culturally safe services that are aligned with the community's needs and the ACCHO's priorities.	Certificate III (HLT36115) in Indigenous Environmental Health, public health qualification.

Endorsed Skill Set Qualifications

Training programs must address the needs of both employees and ACCHOs. In some instances, completing the full Certificate II in Indigenous Environmental Health may not be the most suitable option for AHWs or AHPs who already hold a Certificate III or IV in Aboriginal and Torres Strait Islander Primary Health Care. Instead, completion of agreed skill sets to acquire the relevant knowledge and skills for specific responsibilities is recommended. The development of flexible training pathways for skills acquisition should also be considered.

Delivery of an endorsed skills set by ACCHRTOs would enable Aboriginal and Torres Strait Islander people to complete specific units of competency that align with the unique needs of their communities. A skill set is defined as a

nationally endorsed Training Package, which is shorter than a qualification, usually comprising several units of competency that link to a defined industry need²⁶. Other than the Certificate courses in Indigenous Environmental Health, there are currently no endorsed skill sets for the workforce in ACCHOs to contribute effectively to environmental health. Further development is needed to identify such skill sets for national consistency and service standards. Availability of endorsed skill sets as training packages through ACCHRTOs would broaden participation, allowing a wider range of professionals, such as AHWs, to contribute to environmental health alongside AEHWs. AHW or AHPs who have completed the endorsed skill set would have a more limited scope and require more supervision than an AEHW with a Certificate in Indigenous Environmental Health.

CASE STUDY

First Nations Health Worker Traineeship Program

NACCHO's First Nations Health Worker Traineeship Program is designed to address the critical shortage of AHWs and AHPs within the community controlled sector¹². This program is essential for growing a skilled, job-ready workforce that can provide culturally safe and holistic health care to Aboriginal and Torres Strait Islander communities. The FNHWTP supports 500 Aboriginal and Torres Strait Islander trainees to achieve Certificate III or Certificate IV qualifications in the Aboriginal and Torres Strait Islander Primary Health Care training package. These qualifications are uniquely tailored to meet the specific cultural and clinical needs of the communities they serve, ensuring that the trainees are well-prepared for their roles.

The program includes funding for ACCHOs to provide supervision and workplace supports which allow for better, more structured support for trainees, ensuring they understand the organisation and their place in it. Funding also supports ACCHRTOs to deliver wrap-around cultural and educational supports to trainees, and structured support and training to ACCHO-based supervisors to ensure a streamlined and positive student experience.

Strategies to Grow the Workforce

Improving ACCHOs' capacity to deliver services that address the environmental determinants of health relies on growing the environmental health workforce.

To increase the number of AEHWs, NACCHO recommends:

1

ACCHOs receive secure funding to employ AEHWs to deliver services that address the environmental determinants of health.

2

The Aboriginal and Torres Strait Islander Environmental Health Worker Traineeship Program is established to support Aboriginal and Torres Strait Islander people to complete a Certificate II in Indigenous Environmental Health.

3

A national Aboriginal and Torres Strait Islander Environmental Health Community of Practice is established by NACCHO to support the growing AEHW workforce.

4

The National Aboriginal and Torres Strait Islander Trainer and Assessor Program receives sustained and increased funding to enable existing AEHWs to become qualified trainers, capable of delivering accredited Indigenous Environmental Health units of competency.

5

Invest in building the ACCHRTO capacity, especially in areas without ACCHRTO coverage, such as the Northern Territory.

6

Support ACCHOs to develop environmental health data collection systems that adhere to principles of Indigenous Data Sovereignty to evaluate the impact of the Aboriginal and Torres Strait Islander environmental health workforce.

Key Terms

Organisations

Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ACCHOs)

Primary health care services initiated and operated by its local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it. Each Aboriginal and Torres Strait Islander ACCHO must have a locally elected Board of Directors. Varying jurisdictions use different terms, such as Aboriginal Community Controlled Health Service (ACCHS), Aboriginal Community Controlled Organisation (ACCO), and Aboriginal and Torres Strait Islander Community Controlled Health Organisation (ATSICCHO). For consistency in this national document, the term ACCHO has been used inclusively.

Aboriginal and Torres Strait Islander Community Controlled Registered Training Organisations (ACCHRTO)

Community-controlled registered training organisations that deliver approved Vocational, Education and Training (VET) qualifications.

Affiliates

Community-controlled peak bodies at state and territory level, playing a key role in supporting their member ACCHOs through the provision of support and practical advice in the areas of organisational governance and services, CQI, accreditation, program implementation and work health and safety. Affiliates lead jurisdictional cooperation between the ACCHOs, government and the public health sector, working to improve the responsiveness, quality and access to culturally appropriate public health services. Each provides input on a wide range of health and social policies as each is informed by their grass-roots connectivity to community through the ACCHOs.

National Aboriginal Community Controlled Health Organisation (NACCHO)

The national peak body representing 148 Aboriginal Community Controlled Health Organisations (ACCHOs) and assisting a number of other community-controlled organisations serving their communities in diverse ways. NACCHO liaises with its thriving membership body to lead Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues. NACCHO is assisted in its leadership of the sector by the eight Affiliate organisations across all States and Territories of Australia (see Affiliates).

Key concepts

Aboriginal and Torres Strait Islander Health

Aboriginal and Torres Strait Islander health means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their community. It is a whole of life view and includes the cyclical concept of life-death-life.²²

Aboriginal and Torres Strait Islander Model of Care

The Aboriginal and Torres Strait Islander Model of Care is a holistic, community-controlled approach to healthcare. It provides culturally safe and comprehensive primary care that addresses not only physical health but also the social, emotional, and cultural well-being of individuals, families, and communities.

Aboriginal Environmental Health Worker (AEHW)

An Aboriginal and Torres Strait Islander person who has completed a minimum qualification of a Certificate II in Indigenous Environmental Health. The term Aboriginal Environmental Health Worker is inclusive of Torres Strait Islander people. Unlike Aboriginal Health Workers and Practitioners which are clearly distinguished with the latter registerable with the Australian Health Practitioners Regulation Agency (AHPRA), the terms Aboriginal Environmental Health Workers and Aboriginal Environmental Health Practitioners continue to be used interchangeably.

Co-design

Requires a sequence of deliberate steps to be negotiated and agreed before embarking on further actions. In all circumstances, a framework for meaningful engagement is recommended as a first step to define the foundations of an effective working relationship between Aboriginal and Torres Strait Islander people, their community-controlled organisations and non-Indigenous or mainstream institutions. Co-design requires shifting power and the development of reciprocal relationships. Powerful co-design will embrace activities to 'co-produce' and 'co-decide'. Much more transparency and self-disclosure is required as a foundation for co-design than in usual government, non-government mainstream or academic partnerships. Examples can be found in the annual Partnership Health Checks undertaken by the Joint Council as part of the National Agreement on Closing the Gap.

Community control

Community-control is a process which allows the local Aboriginal and Torres Strait Islander Community to be involved in its affairs in accordance with whatever protocols or procedures are determined by the Community²³

Cultural competence

Cultural competence usually refers to the ability of an individual health professional to establish effective relationships that overcome any cultural differences by recognising the importance of social and cultural influences on patients, considering how these factors interact, and devising interventions that take these issues into account. While a valuable first step, an approach to cultural competency that focuses on acquiring knowledge, skills and attitudes is problematic because it suggests that competency can be fully achieved through this static process. Cultural competency does not have an endpoint. It rests with the health professional to improve their cultural competency. Cultural competency is not interchangeable as a term with cultural safety.

Cultural safety

Determined as an outcome only by Aboriginal and Torres Strait Islander individuals, families and communities. Cultural safety is their experience. Culturally safe practice requires ongoing critical reflection by health practitioners, but these health practitioners cannot judge cultural safety. Changing attitudes, practicing behaviours, and power imbalances in delivering safe, accessible and responsive healthcare will achieve a health system free of racism. Cultural safety requires healthcare professionals and healthcare organisations to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery. This requires individual healthcare professionals and healthcare organisations to acknowledge and address their own biases, attitudes, assumptions, stereotypes, structures and characteristics that may affect the quality of care provided. Cultural safety requires healthcare professionals and their organisations to influence healthcare to reduce bias and achieve equity within the workforce and working environment. Cultural safety includes ensuring that environments and workforces are free from lateral violence.

Formal Partnership

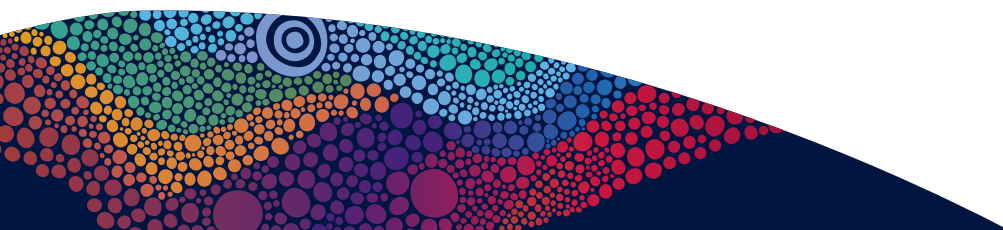
Agreed arrangements (policy and place-based) between governments and Aboriginal and Torres Strait Islander people that set out who makes decisions, how decisions are made, and what decisions will be made⁹.

Health education

Aims to improve health literacy.

Health promotion

Aims to alter behaviour either at an individual level or at a population level through altering health policies or practices.



Indigenous Data Sovereignty

Indigenous Data Sovereignty refers to the right of Indigenous people and communities to exercise ownership over their data. The Maiam nayri Wingara Indigenous Data Sovereignty Principles²⁴ assert that people have the right to:

1. Exercise control of the data ecosystem including creation, development, stewardship, analysis, dissemination and infrastructure.
2. Data that are contextual and disaggregated (available and accessible at individual, community and First Nations levels).
3. Data that are relevant and empowers sustainable self-determination and effective self-governance.
4. Data structures that are accountable to Indigenous peoples and First Nations.
5. Data that are protective and respects our individual and collective interests.

Model of care

A broad term that defines the way health services are provided. It outlines what best practice care looks like for a person or a population, as they progress through stages of a condition, injury, or other event. Models of care aim to ensure that people get the right care, at the right time, by the right team, and in the right place.²⁵

National Agreement on Closing the Gap

A formal commitment by all levels of Australian government and the Coalition of Aboriginal and Torres Strait Islander Peak Organisations to work together to improve life outcomes for Aboriginal and Torres Strait Islander people.

Place-based approach

Policy, program, and service approaches that recognise and respond to the characteristics of the Community in which they operate. For place-based approaches to be successful, the Community and its needs must be at the centre of development and its priorities respected. This includes planning, selecting, designing and governing physical and social infrastructure, as well as for the facilities and services themselves.

Priority Reforms of the National Agreement on Closing the Gap

The National Agreement on Closing the Gap⁹ commits Commonwealth, State, Territory and Local Governments, and the Coalition of Aboriginal and Torres Strait Islander Peak Bodies to the following four Priority Reforms:

1. Developing and strengthening structures so that Aboriginal and Torres Strait Islander people share in decision making with governments on Closing the Gap.
2. Building formal Aboriginal and Torres Strait Islander community-controlled service sectors to deliver closing the gap services.
3. Ensuring mainstream government agencies and institutions that deliver services and programs to Aboriginal and Torres Strait Islander people undertake systemic and structural transformation to contribute to Closing the Gap.
4. Ensuring Aboriginal and Torres Strait Islander people have access to, and the capability to use, locally relevant data and information to monitor the implementation of the Priority Reforms, the closing the gap targets, and drive their own development.

Self-determination

The right of all people to freely determine their political status and freely pursue their economic, social and cultural development.

Skill Set

Skill Sets are nationally endorsed Training Packages, and are shorter than a Certificate qualification, usually comprising a couple of units of competency that link to a licence or regulatory requirement, or defined industry need²⁶

Strengths-based approach

Focuses on the unique strengths, capabilities and resources of people, places and communities, and looks for opportunities to capitalise on, complement and support existing strengths. Strengths-based approaches work in opposition to deficit-based discourse and approaches, which focus on areas of problem or concern, and can perpetuate negative stereotyping.

References

1. Productivity Commission. Review of the National Agreement on Closing the Gap, Study report, Supporting paper, Canberra; 2024.
2. Australian Institute of Health and Welfare. Aboriginal and Torres Strait Islander Health Performance Framework: summary report. AIHW: Australian Government; 2024. Available from: https://www.indigenoushpf.gov.au/getattachment/79e5f9c5-f5b9-4a1f-8df6-187f267f6817/hpf_summary-report-aug-2024.pdf
3. Steering Committee for the Review of Government Service Provision. Overcoming Indigenous Disadvantage: Key Indicators 2020. Canberra: Productivity Commission; 2020.
4. McMullen C, Eastwood A, Ward J. Environmental attributable fractions in remote Australia: the potential of a new approach for local public health action. *Aust N Z J Public Health*. 2016 Apr;40(2):174–80.
5. Kimberley Aboriginal Health Planning Forum Environmental Health SubCommittee. Hospitalisations in 2016 of Aboriginal people due to their environment: Demand, costs and Kimberley solutions. Endorsed by KAHF in August 2018. 2018.
6. Lamba G, Esler D, Zhao Y, Ward T, Connors C, Spry (Marranunggu) M. A retrospective cross-sectional analysis of the economic impact of environmental risk factors on inpatient hospital separations in the Northern Territory. *Med J Aust*. [cited 2025 Nov 6]. Available from: <https://onlinelibrary.wiley.com/doi/abs/10.5694/mja2.70053>
7. Aboriginal Health Council of Western Australia, Department of Health. Aboriginal Environmental Health Co-designed Model of Care. Government of Western Australia; 2025.
8. Department of Health and Aged Care. National Aboriginal and Torres Strait Islander Health Plan 2021–2031. Australian Government; 2021. Available from: <https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031>
9. Australian Government. Closing the Gap. 2020. National Agreement on Closing the Gap.
10. Department of Health and Aged Care. National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework. Australian Government; 2022. Available from: <https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-workforce-strategic-framework-and-implementation-plan-2021-2031>
11. Department of Health and Aged Care. Health Sector Strengthening Plan. Australian Government; 2021. Available from: https://www.closingthegap.gov.au/sites/default/files/2021-12/sector-strengthening-plan-health_2.pdf
12. NACCHO. Core Services and Outcomes Framework: The Model of Aboriginal and Torres Strait Islander Community-Controlled Comprehensive Primary Health Care. National Aboriginal Community Controlled Health Organisation; 2021.

13. NACCHO. Aboriginal & Torres Strait Islander Health and Care Traineeship Framework. 2024. Available from: <https://www.naccho.org.au/wp-content/uploads/2024/11/FNHWTP-Traineeship-Framework-March-2024.pdf>
14. Standen JC, Morgan GG, Sowerbutts T, Blazek K, Gugusheff J, Puntsag O, et al. Prioritising Housing Maintenance to Improve Health in Indigenous Communities in NSW over 20 years. *Int J Environ Res Public Health*. 2020 Jan;17(16):5946.
15. NSW Health. Closing the gap: 10 Years of Housing for Health in NSW. NSW Health; 2010. Available from: <https://www.health.nsw.gov.au/environment/aboriginal/Pages/housing-health.aspx>
16. National Aboriginal Community Controlled Health Organisation and The Royal Australian College of General Practitioners. National guide to preventive healthcare for Aboriginal and Torres Strait Islander people: Recommendations. East Melbourne, Vic: RACGP; 2024. Report No.: 4th edition.
17. Kimberley Aboriginal Health Planning Forum. Kimberley Region Environmental Health Referral Form. 2024. Available from: https://static1.squarespace.com/static/5b5fbd5b9772ae6ed988525c/t/661c4c24ee6928588adafad7/1713130532904/KAHPF_Environmental_Health_Referral_Form_15042024.pdf
18. Gwynne K, Rojas J, Hines M, Bulkeley K, Irving M, McCowen D, et al. Customised approaches to vocational education can dramatically improve completion rates of Australian Aboriginal students. *Aust Health Rev*. 2019 Mar 14;44(1):7-14.
19. NCVER. DataBuilder. 2025. Available from: <https://www.ncver.edu.au/research-and-statistics/data/databuilder#>
20. Australian Government. National Training Register – HLT26120 Certificate II in Indigenous Environmental Health. 2021 [cited 2025 Mar 24]. Available from: <https://training.gov.au/Training/Details/HLT26120/qualdetails>
21. National Aboriginal Community Controlled Health Organisation. Aboriginal Community Controlled Health Organisations (ACCHOs). 2022. Available from: <https://www.naccho.org.au/acchos/>.
22. National Aboriginal Community Controlled Health Organisation. Constitution. 2025 Apr. Available from: https://www.naccho.org.au/wp-content/uploads/2025/04/5-New-NACCHO-Constitution-2025-EGM_UPDATED.pdf
23. Maïam nayri Wingara. Indigenous Data Sovereignty Communique Indigenous Data Sovereignty Summit 20th June 2018. Canberra, ACT; 2018.
24. Agency for Clinical Innovation. Understanding the process to develop a Model of Care: An ACI Framework Sydney. Sydney: ACI; 2013. Available from: https://aci.health.nsw.gov.au/_data/assets/pdf_file/0009/181935/HS13-034_Framework-DevelopMoC_D7.pdf.
25. Skills and Workforce Ministerial Council. Training Package Organising Framework. Australian Government; 2025. Available from: <https://www.dewr.gov.au/download/16680/training-package-organising-framework-effective-1-july-2025/39042/training-package-organising-framework/pdf>





**National Aboriginal
Community
Controlled Health
Organisation**

Level 5, 2 Constitution Avenue
Canberra City ACT 2601

GPO Box 299
Canberra ACT 2601

T (02) 6246 9300

E reception@naccho.org.au

W www.naccho.org.au



NACCHO

Environmental Health

