ENHEALTH

**Environmental Health Standing Committee (enHealth) of the**

**Australian Health Protection Principal Committee**

Environmental  
Health  
Standing

Committee (enHealth)

of the Australian Health Protection Principal Committee

Work Plan   
2020-2023

# Overview

This work plan has been developed to be read in conjunction with the *enHealth Strategic Plan 2020-2023*. The strategic plan identifies three strategic priorities from the *AHPPC Strategic Plan 2019-2023* that enHealth’s work will contribute to, and crossover with, as defined below:

## *Environmental health (EH)*

Environmental health encompasses the assessment and control of physical, chemical and biological factors in the environment that potentially or currently have an impact on health. Improvements in environmental determinants of health such as water quality and food safety, and control of other environmentally-determined diseases are critical to reducing morbidity and mortality. Australia has a robust system for the management of environmental health, however, must continue to be responsive as globalisation, varying land-use patterns and changing environmental conditions all have the potential to accelerate the emergence or re-emergence of threats and risks.

## *Antimicrobial resistance (AMR)*

The rise of antimicrobial resistance (AMR) represents a serious threat to population health in Australia and globally. In 2018, the COAG Health Council reaffirmed AMR as a significant population health and patient safety issue that requires a coordinated national response across all levels of government. Australia has one of the highest antibiotic prescribing rates in the world and despite concerted effort, AMR rates are continuing to increase. The emergence of multi-drug resistant organisms also represents a significant challenge in health care, aged care, community, and environmental settings.

## *Climate change (CC)*

The AHPPC has identified climate change as an emerging priority, noting the intersection between health protection risk factors and climate change. Increasing numbers of natural disasters, rising temperatures, sea-level rises and altered rainfall patterns all have the potential to adversely impact health. The direct impacts of climate change on health include heat related morbidity and mortality, increased respiratory illnesses and rising injuries and fatalities due to extreme weather events. Changing patterns of vectors, water or food borne infectious diseases and reduced nutritional value of foods may also indirectly impact population health outcomes.

The principles, objectives and enablers developed in the *enHealth Strategic Plan 2020-23* follow:

**Principles**

**All hazards approach** – health protection work led by the AHPPC and aided in delivery by enHealth needs to account for all health protection threats and hazards.

**Risk based approach** – management of health protection issues follows a standardised approach to the classification, identification and management of environmental health risks, with clear delineation of risk mitigation responsibilities.

**Principle of prevention** – to the extent possible, emergent environmental health risks and threats are better mitigated through hazard minimisation and exposure reduction strategies – requiring a commensurate focus on prevention as well as preparedness, response and recovery.

**Shared responsibility** – environmental health is managed across jurisdictions, other agencies, and between the state and national division of responsibility, with an emphasis on the importance of inter‑dependencies to deliver improved environmental health protection outcomes for all Australians.

**Improving Aboriginal and Torres Strait Islander health** – this principle highlights a focus of enHealth on promoting improved environmental health conditions and outcomes for Aboriginal and Torres Strait Islander communities within the scope of enHealth’s Terms of Reference, including through the Expert Reference Panel on Aboriginal and Torres Strait Islander Environmental Health (ERPATSIEH).

**Objectives**

enHealth seeks to provide strategic direction to the management of environmental health matters in Australia across the spectrum of prevention, preparedness, response and recovery (the ‘PPRR’ framework). In doing so, enHealth leads and promotes coordination across jurisdictions to deliver national consistency in approaches to environmental health matters.

**Enablers**

1. **Strong governance and leadership** – enHealth will support strengthening the alignment of planning through AHPPC and its standing committees, and between the Commonwealth and jurisdictions to facilitate nationally consistent approaches to environmental health threats and risks.
2. **Collaborative partnerships** – enHealth will focus on strengthening engagement with environmental health stakeholders, both within and outside of government, to facilitate the timely sharing of information and resources.
3. **Effective communications** – enHealth will support national coordination of messaging to ensure consistent, timely and evidence-informed communication around environmental health issues, tailored to diverse community and professional groups. In addition, enHealth will support effective communication between jurisdictions and with non-government stakeholders, including multilateral agencies.
4. **Coordinated and timely response** –enHealth will work with the Commonwealth and jurisdictions to strengthen procedures and protocols for responding to environmental health threats and risks, for known and unknown issues. This will include horizon scanning to identify emerging risks and regular review and updating of existing advice and publications.
5. **Strengthening research capacity** – enHealth will contribute to research on environmental health through the provision of advice and guidance on the direction of research and data needs.
6. **Skilled workforce** – enHealth will focus on addressing critical gaps in the environmental health workforce including but not limited to, access to expertise, training opportunities and workforce capability and capacity.

# KEY FOCUS AREAS

The strategic priorities and enablers have been used to develop eight key focus areas for enHealth. The work directly contributes to the AHPPC’s objectives and strategic priorities, through actions across the following key focus areas:

1. Timely, coordinated, and evidence-based response to emerging environmental health issues of national concern.
2. Nationally consistent evidence base for risk assessment, communication and management of significant environmental health issues of concern to the community.
3. National science policy and practice frameworks for environmental health.
4. Sufficient and appropriately skilled workforce to address future environmental health challenges.
5. Promoting improved environmental health conditions and outcomes for Aboriginal and Torres Strait Islander communities (refer also to the ERPATSIEH Action Plan 2019-2023).
6. Nationally consistent frameworks for public and environmental health regulation.
7. Effective networking and partnerships with stakeholders to ensure a coordinated approach to addressing environmental risks to health.
8. Strengthened research and data capacity, to assist translation of research and data to environmental health policy and interventions.

These Key Focus Areas have associated strategies, including ‘how we do this’ and ‘how we measure success’ as shown in the table on the following pages.

| **Key focus area** | **How we do this** | **How we measure success** |
| --- | --- | --- |
| 1. **Timely, coordinated, and evidence-based response to emerging environmental health issues of national concern.** | | |
| **A.1 Ensure that enHealth and AHPPC governance mechanisms are flexible enough to allow for enHealth's advice to be developed and approved rapidly to ensure relevance.** | * Develop and implement the *Environmental Health Incident Management Framework*, including formalising the mechanism for establishing a Rapid Assessment Team. * Develop timely advice on hot topics in environmental health via AHPPC mechanisms. | * Mechanisms for advice development, peer review and approval for public release are developed and implemented. |
| **A.2 Ensure that enHealth and AHPPC are seen as Australia’s definitive source of information on environmental health issues.** | * Rapid development of advice on health risks associated with emerging environmental health issues of concern across Australia for use by AHPPC and jurisdictions, other agencies, industry and the community. * Ensure that information and advice developed by enHealth is readily understood by, and accessible to, the jurisdictions, other agencies, industry and the Australian community. * Provide inter-jurisdictional assistance to assess human health risks and provide guidance to AHPPC, governments and the community on how to manage them. * Develop and strengthen the capability of environmental health testing in laboratories. | * Adoption of advice on specific risks and issues by AHPPC. * Resource sharing arrangements are established to support response to incidents. * Availability and use of AHPPC and enHealth developed guidelines, publications and communications. * Coordination with Public Health Laboratories Network (PHLN) regarding the capability for environmental health related testing in laboratories. |
| **A.3 Maintain timely, coordinated and evidence-based responses to environmental health issues of national relevance and concern.** | * Along with provision of the guidelines for *Disaster and Emergency Management for Environmental Health Practitioners*, enHealth maintains timely, coordinated and evidence-based responses to environmental health issues of national concern such as chemical contamination and air, soil and water quality. * This may include review of updated evidence and national coordination of revised responses and updated guidance, publications and communications. | * Advice from AHPPC, enHealth and health agencies is adopted when managing critical environmental issues. * Development and uptake of revised national guidance, publications and communications where needed. * enHealth is consistently identified as a key source of authoritative advice in environmental health incidents and issues |
| **A.4 Ensure that enHealth is involved in meeting international obligations related to environmental health issues.** | * Maintain enHealth as a key stakeholder, as appropriate, in work and projects related to addressing the recommendation of the Joint External Evaluation (JEE) via the National Action Plan for Health Security 2019-2023 (NAPHS). | * NAPHS related work and projects involving enHealth as a key stakeholder are progressed in coordination with other stakeholders and leads. |
| **B. Nationally consistent evidence base for risk assessment, communication and management of significant environmental health issues of concern to the community.** | | |
| **B.1 Develop and maintain a suite of practical and evidence-based guidelines to support nationally consistent risk assessment, communication and management of common and significant environmental health issues of concern.** | * Develop an annual program for development and review of evidence based practice guidelines on specific environmental hazards. Such guidelines include: * Australian Guidelines for Water Recycling * Guidance on the use of Rainwater Tanks * Clandestine laboratories and methamphetamine contaminated homes * Managing risks associated with vapour intrusion * National air quality framework * Managing risks associated with tattoo inks * Reducing exposure to metals in drinking water | * New and updated enHealth guidelines are developed. * The number, currency and uptake of enHealth guidelines. * Best practice and transparent processes for evidence evaluation and guideline development are undertaken. |
| **B.2 Regular review of enHealth publications to ensure an up-to-date and relevant evidence base.** | * Reviewing publications listed on the enHealth website annually to ensure they are up-to-date and relevant. * Sharing lessons learned in responding to various incidents. | * Publications are identified for review and updating. * Successful sharing of case studies. |
| **C. National science policy and practice frameworks for environmental health.** | | |
| **C.1 Promote valid and consistent environmental health decision making on novel risks.** | * Development and maintenance of a suite of documents to guide nationally consistent approaches to risk assessment and risk management decision making. Such documents include the Environmental Health Risk Assessment Guidelines. | * These documents are developed, maintained, up-to-date and widely used. |
| **C.2 Support effective management of community engagement and risk communication due to environmental health incidents, issues and community concerns.** | * Update and enhance enHealth guidance on community engagement and risk communication. | * enHealth guidance on community engagement and risk communication is developed, maintained, up-to-date and widely used. |
| **D. Sufficient and appropriately skilled workforce to address future environmental health challenges.** | | |
| **D.1 Protect the health of the Australian community by building the capacity of a sufficient and appropriately skilled environmental health workforce.** | * Assess the competencies, demand for and supply of the regulatory science workforce. * Develop strategies to address regulatory science supply challenges. * Agree on and promote the essential skills and knowledge required by the Australian environmental health workforce. * Supporting education and industry bodies to promote and develop the environmental health workforce capacity. * Maintain national expertise and experience in environmental health risk assessment and management. * Develop a strategic approach to strengthen contemporary environmental health functions in Australia and support jurisdictional representation and expertise. | * Needs, supply and demand assessment of regulatory science roles completed. * Opportunities to address supply issues identified. * Maintenance of the environmental health practitioner guidelines and skills and knowledge matrix. * Relevant guidance to support the addressing of key strategic priorities. * Workforce demand and supply determined based on needs assessment. * Broad jurisdictional representation on Expert Reference Panel on Environmental Health (ERPEH), Water Quality Expert Reference Panel (WQERP) and Radiation Health Expert Reference Panel (RHERP). |
| **D.2 Support the effective deployment of environmental health technical capacity across Australia to protect the health of the community.** | * Facilitating the sharing of expertise to respond to environmental health incidents and emergencies. * Assisting with surge capacity or where a jurisdiction’s resources are overwhelmed. | * Broad jurisdictional representation on the Expert Reference Panel on Environmental Health (ERPEH), Water Quality Expert Reference Panel (WQERP) and Radiation Health Expert Reference Panel (RHERP). * Instigation of the Environmental Health Incident Management Framework and Rapid Assessment Teams, if necessary. |
| **E. Promoting improved environmental health conditions and outcomes for Aboriginal and Torres Strait Islander communities** | | |
| **E.1 Improve networking and professional development of the indigenous environmental health workforce.** | * Biennial National Aboriginal and Torres Strait Islander Environmental Health (NATSIEH) Conference. * Sponsorship of the Indigenous Environmental Health Practitioners (IEHPs) Portal and Yarning Place of HealthInfoNet. | * Participation and success of the biennial NATSIEH Conferences. * Uptake of the Health*Info*Net Indigenous Environmental Health Practitioners Portal and Yarning Place. |
| **E.2 Enhance environmental health conditions for Aboriginal and Torres Strait Islander communities.** | * Provide advice on management of environmental health risks relevant to national Aboriginal and Torres Strait Islander initiatives. This includes linking with primary health care and related programs including acute rheumatic fever, rheumatic heart disease, trachoma and healthy living programs. | * Uptake of advice and programs aimed at the management of environmental health risks in communities as part of primary health care initiatives. |
| **E.3 Provide intelligence on environmental health conditions in communities.** | * Develop national report(s) based on data generated by jurisdictions using HCAT and other similar tools. | * Uptake and use of national report(s) to provide data on environmental health conditions in communities and analyse the success of programs/initiatives. |
| **F. Nationally consistent frameworks for public and environmental health regulation.** | | |
| **F.1 Setting best practice standards in key environmental health areas.** | * Promoting consistency across regulations in states and territories on recycled water, aquatic facilities, metals in drinking water and other areas identified. | * Best practice standards are consistently applied across jurisdictions. |
| **F.2 Nationally consistent regulation of key environmental health matters across jurisdictions.** | * Liaising with agricultural agencies to promote national consistency in licensing of pest management technicians. * Assessing current limitations and opportunities for improvements in national consistency of chemical regulation in Australia, including poisons information centres. * Reviewing current arrangements for regulating the beauty/personal services industry in Australia, including ongoing tattoo inks work. | * Improved national consistency in regulation of key environmental health matters is achieved. |
| **F.3 Development of national uniformity in radiation protection and nuclear safety in Australia.** | * Develop a national strategy for radiation protection and nuclear safety in Australia to achieve consistency in regulatory outcomes. | * A national strategy is agreed and implementation steps are taken to address inconsistency in radiation protection and nuclear safety in Australia. |
| **F.4 Improve public health regulatory practice and build capacity.** | Develop guidance documents on the effective implementation of public health regulation:   * National framework for response and recovery from bushfire smoke and other events impacting air quality, including health advice in response to bushfire smoke * Managing risks associated with vapour intrusions * Managing risks associated with certain sports events and mass gatherings.   Update existing guidelines/regulatory practice to reflect current evidence. Priorities include:   * Australian guidelines on water recycling. * Regulation of lead in plumbing products. * Heat stress and building codes. * Qualifications of assessors for clandestine laboratories and methamphetamine contaminated homes. | * Guidance documents and regulatory practice are developed or updated to improve effective implementation of public health regulatory practice and build capacity. |
| **G. Effective networking and partnerships with stakeholders to ensure a coordinated approach to addressing environmental risks to health.** | | |
| **G.1 Support local government’s role as a key provider of environmental health services.** | * Engagement with local government authorities through the Australian Local Government Association and State and Territory Local Government Associations on environmental health issues, particularly workforce. | * Local government participation in the development of and use of enHealth and expert reference panel projects affecting them. |
| **G.2 Improve links with other key committees and agencies, including strategic policy bodies and research institutions.** | * Invite external experts to participate, present or observe at enHealth meetings. * Establish mechanisms for liaison with other key committees and agencies, including the Communicable Disease Network of Australia (CDNA), the National Health Emergency Management Standing Committee (NHEMS). * Broker relationships with environment agencies, water agencies, utility companies and any other agencies, departments or institutions that have an interest in environmental health issues. | * The number of external experts invited to participate, present or observe at enHealth or expert reference panel meetings. * Joint annual enHealth and other AHPPC standing committees meetings are held. * The level of coordination of environmental health related work with other agencies and departments that have an interest in particular linked issues. |
| **G.3 Evaluate effectiveness and use of guidelines by stakeholders.** | * Follow up with relevant stakeholders on the effectiveness and use of guidelines. | * Guidelines are widely used and effective for stakeholders or reviewed and updated if not. |
| **G.4 Contribute and link to climate change and health work and priorities from an environmental health perspective.** | * Work with other stakeholders to provide up to date guidance on the health implications of climate change. * Provide guidance on the management of public health risks associated with natural disasters, heat and food safety. * Build workforce capacity to manage incidents, the frequency of which is increasing due to climate change. * Link to energy efficiency measures and environmental health research related to climate change. | * enHealth have contributed to and established links to climate change and health work priorities providing and developing guidance on related issues, workforce capacity, mitigation, adaptation and co-design measures from an environmental health perspective. |
| **G.5 Identify and exploit opportunities for national leadership of stakeholders in areas of environmental health importance.** | * Establish relationships with existing non-health bodies tasked with managing key environmental health issues. * Identify opportunities for more formalised connection with entities responsible for water regulation, operation and research. | * Links to water regulators, operation and research are established via the Water Quality Expert Reference Panel (WQERP). |
| 1. **Strengthened research and data capacity, to assist translation of research and data to environmental health policy and interventions.** | | |
| **H.1 Contribute to the setting of the national agenda in applied environmental health research.** | * Identifying environmental health research priorities. * Advocating for and influencing the research agenda. * Building relationships and identifying opportunities to partner with key research institutions and funding bodies. | * Number of priority environmental health research projects commenced. * Publication of a national environmental health research priority list and research into key issues is undertaken. * Established partnerships with key research institutions and funding mechanisms. |
| **H.2 Facilitating the collection of data and analysis to support environmental health decision making.** | * Development of a national human biomonitoring program. The recently completed *Feasibility Study of an Australian National Biomonitoring Program* will be used to inform and progress this work. * Establishing other mechanisms to collect environmental health data and build the evidence base, such as a national environmental health tracking and surveillance system. | * Progress is made on a national human biomonitoring program. * Other mechanisms for collecting data are established, such as environmental health tracking and surveillance systems. |
| **H.3 Advocate for necessary funding to support the development and implementation of big data projects in environmental health nationally.** | * Provide evidence-based, convincing and needs-based assessment of programs, initiatives and costs/funding options through cost shared arrangements and linkages to other potential funding sources to support the development of big data projects. | * Necessary funding and resource support for big data projects in environmental health is obtained from Government and/or other stakeholders. |

# WORK PRIORITIES, LEADS AND TIMEFRAMES

enHealth has identified tasks, activities and projects of strategic significance and prioritised these into three tiers, linking them to the enablers and key focus areas, to outline the ambitious work plan of activities to be undertaken with specific leads and timeframes. These key tasks set a forward work plan, which will be reviewed and amended as necessary, particularly to account for emerging priorities. This is tabled below:

| Task / Activity / Project | Tier\* | Enabler/s^ | Key Focus Area/s# | Lead/s | Timeframe |
| --- | --- | --- | --- | --- | --- |
| Highest Priorities:  Climate Change and Health Protection (e.g. drought, water security and quality, food security, heat waves, building and city design, disease vectors etc.)   * Work related to heatwaves, climate and other weather events/natural disasters | 1  1 | 1, 2, 3, 4  1, 2, 3, 4 | A, F, G  B, F, G | AHPPC, enHealth, NHEMS, CDNA, and ERPs enHealth, NHEMS, AHPPC | Ongoing, 2020-2023  Ongoing, 2020-2023 |
| Australian National Human Biomonitoring Program | 1 | 1, 2, 3, 4, 5 | A, C, H | C’wealth, enHealth | Ongoing, 2020-2023 |
| Nationally Consistent Radiation Protection and Nuclear Safety | 1 | 1, 2, 3, 4 | C, F, G | RHERP, enHealth | Ongoing, 2020-2023 |
| Australian Guidelines for Water Recycling | 1 | 1, 2, 3, 4 | B, F, G | WQERP, enHealth | 2020 |
| Responding to enHealth related Joint External Evaluation Recommendations through the National Action Plan for Health Security 2019-2023 | 1 | 1, 2, 3, 4, 5, 6 | A and others depending on recommendation | Global Health Security, C’wealth, enHealth | Ongoing 2020-2023 |
| National Guidelines Needed:  National air quality framework | 1 | 1, 2, 3, 4 | A, B, F | ERPEH, enHealth | 2020-2021 |
| Reducing exposure to metals in drinking water from plumbing products | 1 | 1, 2, 3, 4 | B, F | WQERP, enHealth | 2020 |
| Illicit drug contamination in clandestine laboratories and smoke houses and qualifications for assessors of illicit drug contamination | 2 | 1, 2, 3, 4, 6 | B, F | ERPEH, enHealth | 2020-2021 |
| Vapour intrusion public health risk assessment | 2 | 1, 2, 3, 4 | B, F | ERPEH, enHealth | 2020-2021 |
| National process approach for tattoo inks | 2 | 1, 2, 3, 4 | B, F | ERPEH, enHealth | Ongoing, 2020-2023 |
| Updating Publications: |  |  |  |  |  |
| Environmental Health Incident Management Framework | 1 | 1, 3, 4 | A, B, D | enHealth, NHEMS | Early 2021 |
| Environmental Health Risk Assessment | 1 | 1, 2, 3, 4, 6 | B, C, D, G | enHealth, ERPEH, Consultant/s | 2021-2022 |
| Australian Exposure Factor Guide | 2 | 1, 2, 3, 4, 6 | B, C, D, G | enHealth, ERPEH, Consultant/s | 2021-2022 |
| Responding to Environmental Health Incidents – Community Involvement Handbook | 2 | 1, 2, 3, 4, 6 | B, C, D, G | enHealth, Consultant/s | 2021-2022 |
| Guidance on the use of Rainwater Tanks | 2 | 2, 3, 4 | B, C, G | WQERP, enHealth | 2020-2021 |
| Asbestos: A guide for householders and general public | 3 | 2, 3, 4 | B, C, G | enHealth, ASEA | 2020-2021 |
| Other Projects and Activities:  Community Engagement and Risk Communication Project | 2 | 1, 2, 3, 4, 6 | B, C, G | enHealth, Consultant/s | 2020-2021 |
| Aboriginal and Torres Strait Islander Environmental Health and Clinical Referrals | 2 | 1, 2, 3, 4, 6 | D, E, G, H | ERPATSIEH, enHealth | Ongoing, 2020-2023 |
| Publications and Communications Policy | 2 | 1, 2, 3 | All | enHealth | Ongoing, 2020-2023 |
| Understanding the environmental health burden of disease | 2 | 2, 3, 4, 5 | F, G | enHealth | Ongoing, 2020-2023 |
| Environmental health factors related to communicable diseases and antimicrobial resistance | 2 | 1, 2, 3, 4, 6 | A, F, G | enHealth, CDNA, AHPPC | Ongoing, 2020-2023 |
|  |  |  |  |  |  |
| Per- and poly-fluoroalkyl substances (PFAS) in various exposure settings | 2-3 | 1, 2, 3, 4 | B, C, F, G | enHealth and stakeholders | Ongoing, 2020-2023 |
| Lead in plumbing products regulation | 3 | 1, 2, 3, 4 | B, F, G | ABCB | Ongoing |
| Heat stress and building codes | 3 | 1, 2, 3, 4 | B, F, G | ABCB | Ongoing |
| Pesticides, agricultural chemicals including nationally consistent licensing of pest management professionals | 3 | 1, 2, 3, 4 | B, F, G | enHealth, Agriculture, APVMA | Ongoing, 2020-2023 |
| Medicines and poisons regulation/legislation including national poison information centres | 3 | 1, 2, 3 | A, F, G | enHealth, C’wealth, TGA | Ongoing, 2020-2023 |

\* Priority: Tier 1 – Issues of national significance requiring collaborative action and cooperation from all jurisdictions Tier 2 – Longer term ongoing work or work which has entered its implementation phase Tier 3 – Ongoing core business or work in progress requested by AHPPC or other stakeholders ^ Enablers: 1. Strong governance and leadership 2. Collaborative partnerships 3. Effective communications 4. Coordinated and timely response 5. Strengthening research capacity 6. Skilled workforce # Key focus areas: A. Timely, coordinated and evidence-based response B. Nationally consistent evidence and management C. National policy and practice frameworks D. Sufficient and skilled workforce E. Improved conditions and outcomes for ATSI communities F. Nationally consistent frameworks G. Effective and coordinated partnerships with stakeholders H. Strengthened research and data capacity

**Publications and Completed Projects**

In line with its strategic and work plans, enHealth produces a variety of publications of different types and these can be found on the following webpage:

https://www1.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-publicat-environ.htm

The publications listed on this page also include those produced by the National Environmental Health Forum, as the predecessor of enHealth.

Accessible versions of recent publications can be downloaded online, while electronic copies of older publications are obtained from the enHealth Secretariat at [enHealth.Secretariat@health.gov.au](mailto:enHealth.Secretariat@health.gov.au).