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QQSR
Qualitative & Quantitative Social Research

Review of the National Environmental Health Strategy

Summary Report

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for the Commonwealth Department of Health and Ageing

July 2004

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Introduction

This summary report condenses material from the full report and falls into three sections.

The first section—on research and findings—reproduces and slightly extends the executive summary of the five chapters that dealt with methods, the research, most of the literature review and the findings from these endeavours. These matters are dealt with relatively briefly, for two reasons.

First, the detailed findings take considerable space and a matching dedication of time and effort is called for on the part of a reader to wade through them. Many readers may not wish to make that commitment, but anyone who is interested in the fine detail of the research and the findings from it, is able to contact the Dept of Health & Ageing and request the full report.

Second, in the discussions that followed circulation of the drafts of the report, while there was active discussion about what might need to follow from the findings, the broad findings themselves did not attract much comment other than agreement. That is, it seemed that there was widespread consensus that the findings were accurate. The interesting question, and the one that this summary devotes the greater weighting to, is the question of interpretation and action.

The second section is one part of the literature review—which dealt with Democracy, Knowledge and Governance. This has been reproduced in detail. In addition, some material that had a similar character but appeared elsewhere in the full report has been consolidated here.

In this section the report argues that it is critical to future management of environmental health that there is an understanding of the broad contextual issues of politics and administrative form. Two critical ways in which the broader context is of immediate relevance are:

1. There is a tension evident throughout the literature survey. On the one hand there are claims about the directions in which governments are moving and the outcomes that such moves are expected to bring. On the other hand, there is evidence about the real success (or lack of it) in making progress in these directions. As the full report argues, for example in relation to knowledge management and evidence based policy, it is not only the 'technical' aspects of government that count. It is the people who manage the relationships who count, from ministers and bureaucrats through to service providers, researchers, industry and so on. There is a need for 'cultural change' to provide those involved with the relevant skills, social capital and trust necessary to making those relationships work effectively. In the absence of an understanding of these needs for real cultural change, desired outcomes may not occur.

2. More specifically, it is clear that moving to a more open and 'catalytic' model of government can facilitate a critical change without which effective work in

environmental health is difficult. The critical change is the creation of the free flow of information, upward as well as downward, that is vital to genuinely improving environmental health practice. Without this flow, important knowledge is not effectively managed (since, as the review shows, knowledge cannot be conscripted but only volunteered). Without this flow of information and knowledge, it is hard to base practice on the best evidence.

Many of the readers of this report will have greater expertise in environmental health and related fields than in the social and political sciences, so despite the fact that this review is relatively brief, it will be helpful for such readers to deal with the points covered.

It should also be noted that the material covered in the second section of the report leads relatively directly into the third and final section and helps to make sense of it.

The third and final section is entitled ‘Conclusions and Future Directions’. This is, with very minor editing, the full version of Chapter 7 of the report.

The research and findings

Methods

A variety of methods were used to gather data for this report. The main methods were:

1. An on-line survey, in which a large availability sample with in-built snowballing was used to collect answers to both quantitative (fixed choice) and qualitative (open ended) questions. Using (and up-dating) a list of emails originally supplied by the Department, 192 people were contacted. Three rounds of requests were emailed over 4 weeks. At the end of the process when the survey was closed the full data set of *126 respondents had answered the survey*.

2. 'WorldCafé' consultations (in Perth, Canberra, Melbourne, Wollongong, Cairns) with groups of around 20-40 people using an open format, small group discussion examined 'how to take the National Environmental Health Strategy forward'. The WorldCafé method is outlined briefly in the Appendix.

3. A visit to Batchelor Institute in Darwin, with in-depth interviews and brief site visits to some indigenous communities.

4. A variety of informal interviews and email exchanges with interested parties, some conducted from Canberra, others while on visits to inter-state locations.

5. Responses to an email based distribution of the interim report for comment to over 600 addressees.

The Survey

A number of key findings emerged from the survey. Highlight points were:

1. The most 'typical' respondent was a middle aged, female EHO working for local government, based in a Capital city with background training in environmental health. However, a wide variety of other combinations of background are also represented and this 'pen picture' completely fits only a minority of respondents.

2. A small minority of respondents know the elements of the Strategy 'very well'.

3. There was a strong view, held by the majority, that the Strategy had been expected to provide leadership: defining the field, providing policy frameworks, guidance, and coordination.

4. Just under half did not know enough about the Strategy to be able to say if it met current needs. For the minority who *did* know, more thought that it met their

needs to some extent than not and felt that, at very least, progress is occurring.

5. With regards to acceptance of the Strategy the largest group of respondents—over two- fifths—simply did not know if it was accepted. Of those who did have a view, the answers saying it had widespread or moderate acceptance slightly outweighed those that said it had little or no acceptance.

6. Asked if they were employing elements of the Strategy at a practical level, almost one third (32.5%) said yes and the remainder (67.5%) said no. This varied considerably by role. Three role areas—environmental health policy, research and other policy—all have a majority who say they use it, while for all other areas majorities say they do *not*. Strikingly, this is the case for over 80% of those who are in direct environmental health fieldwork.

7. Over 40% didn't know if the priority areas of the Strategy are current, but for those that have an opinion, the large majority of them feel that the priority areas are largely or fully current.

8. Only 8 (6%) said that the performance and impact of the Strategy was being measured.

9. Well under 10% consider that the Strategy has fully or largely achieved 'mainstreaming' of environmental health concerns, while one-third think it has not been achieved at all.

10. The very large bulk of respondents (over three-quarters) found the Implementation Plan to be of little or no use and less than one in six consider the IP to have been appropriate and effective.

Overall, it seems that there is a 'knowledge bubble' effect with respect to the Strategy. Inside the 'bubble' some people are well informed about the Strategy and in a position to reflect critically upon it. Outside, especially at grass roots level in State and Local government, others know very little and can comment only in variations of "don't know, haven't heard of it, thus it seems to have no relevance or impact".

The WorldCafés

Five WorldCafé consultations were held in, respectively, Perth, Canberra, Melbourne, Wollongong and Cairns. The same method was employed in all locations, but the mix of people varied, as did the main focus of groups discussions. Combining the five consultations, seventeen items were identified, in five main clusters. These are:

1) Big Picture Issues

- It seems vital to shift to a 'wellness' perspective from an 'illness' perspective. Concerns were expressed in many of the interviews and focus groups that indigenous communities, in particular, have a structural focus that emphasises sickness. **Until the focus of the community members is on ensuring wellness then the cycle will not be broken.**

- The core difficulties with respect to implementation of the NEHS seem to be more to do with issues of institutional form, communication, governance and public administration than to do with the content of the Strategy or any of the specific elements of the Implementation Plan or the products produced to date. A wide range of governance issues needs to be explored and efforts need to be made to ensure that barriers to good governance are overcome.
- Making a better link to sustainability issues, to triple bottom line reporting and State of the Environment reporting were widely seen as ways forward for the National Environmental Health Strategy.
- Industry is conspicuous by its absence in much of what was talked about and in many of our consultations. Yet there is evidence that industry, especially in the form of very large international corporations, is beginning to become a positive player in the environment field and more needs to be done to involve industry as a major partner.

2) Coordination and Silos

- Coordination is critical. This means getting plans, mission statements, standards and so on at all levels of government clearly linked to the NEHS. This will help to drive daily operations and ensure that the Strategy is more visible and something to orient people towards on a day to day basis.
- A strong argument in favour of a national approach to environmental health (for example a 'national best practice model' or 'national guidelines') is the fragmentation of standards and practices that occurs both between and within state boundaries, between aspects of environmental health and other fields such as planning, public health, housing, heritage etc. Some standards contradict others, leading to infighting.
- The NEHS is not widely known outside the 'health field'. While people outside were sympathetic to NEHS objectives, specific information about the Strategy had often not penetrated to them. This reinforced the idea that information and policy 'silos' go all the way down to the Local Government level and that breaking out of this would be crucial to advancing NEHS further.
- It may be worthwhile to explore a link to the NOHSC and develop this to ensure that NEHS and NOHSC objectives and methods are in harmony.

3) Resources and getting practical action

- Many stakeholders thought that more resources must be committed if the NEHS is to have some real capacity to deliver.
- They also thought that better support infrastructure and 'carrots' (such as environmental health grant system or competition) are needed to encourage implementation of the Strategy.
- The National Environmental Health Strategy was seen to need a powerful 'champion' to ensure the future development of the Strategy.
- It was thought to be very useful to establish pilot/demonstration projects. These would point the way forward, create motivation and give stories to tell, etc.

4) Local Government, legislation and the role of the environmental health officer

- Much Local Government (LG) work—not just that of the EHOs—is embedded in the day to day realities of "roads, rates and rubbish' and it is thus a challenge for them to look at the big picture.
- There is a large legislative overburden that impacts on LG and on EHOs.

- Environmental health officers are the 'coal face' of much environmental health. Thus it would be helpful to have high level EHO involvement. However, what EHOs do is driven by a number of practical concerns, especially legislation and finances.

5) Community involvement and communication

- Stakeholders feel it is imperative to get the community level involved and make spaces for innovation.
- They also see it as important to improve the enHealth Council website which currently seen as not user friendly.

Consultations in Darwin and Perth

Visits were made to Perth (in addition to the WorldCafé) with interviews and site visits and to Darwin. The Perth visit was followed up by receiving a draft paper on the WA Aboriginal environmental health worker Program. These two visits and the paper gave considerable insight into the work of environmental health workers generally and indigenous workers in particular.

It became clear that (at least in WA) the average environmental health worker, who might otherwise be expected to be a major driver of implementing the National Environmental Health Strategy remains 'down in the weeds', partly as a result of tradition but more because of the weight of daily tasks arising from legislative based accountability requirements imposed on local government through State legislation. This means that grass roots enthusiasm and implementation is lacking.

Where indigenous environmental health is concerned, it became clear that the Strategy was having less impact than it might. This is especially problematic as it is clear that properly managed, the environmental health contribution to indigenous health generally could be considerable.

Where indigenous environmental health workers were concerned, it was clear in the NT that major issues of status impeded their influence and impact. However, the WA and Queensland programs speak in part to these concerns indicating ways in which IEHW education and impact can be improved.

Based on the Darwin visit, it was concluded that it may well be appropriate to begin by funding a small number of communities, both isolated and urban, where there is already an educated EHW to test systems and to provide models of service/health delivery. A careful (although not overly academic) evaluation of such a system would then assist in determining whether this hypothesis delivers the significantly improved health outcomes that are predicted.

Responses to the Interim Report

As noted above, just over 600 interim reports were emailed out to people in the environmental health area. About 50 were either returned as undeliverable or with 'out of office' autoreply messages. Only a small number of detailed responses were received to the invitation to comment on the interim report—about 14 gave

substantive comments while another 4 sent in one line answers where three said the report was good, one said ‘ no comment’.

Of the longer responses, all were favourable, suggesting that:

- the report was accurate in its assessment of the current state of play with the Strategy; and
- all who responded expected the National Environmental Health Strategy to continue, offering positive suggestions for change that would enhance it.

Feedback was also obtained from National Environmental Health Council on May 11, 2004. A variety of issues were raised:

- *Initial Progress.* The initial period of the enHealth council had been difficult but it was now finding its feet. There was a strong belief that the final report needs to acknowledge the progress that has been made so far.

- *Local Councils/government and the burden of legislation.* With regard to the type of legislative barriers and burden that were outlined in the interim report, it was reported that South Australia was tackling this in a practical and positive way. The trend towards more demanding legislation and the concomitant need for more and more accountability had been recognised, but instead of allowing the number of detailed requirements to proliferate, leading to the creation of numerous ‘boxes to tick’, the emphasis had been placed upon defining a few core legislated requirements and accompanying guidelines. The link to environmental health is clear. When the message is sold appropriately, when the local communities understand the importance of environmental health, local councils will respond on the issues because of community demand. It is critical, therefore, for environmental health to be understood and to have a higher profile.

- *The Role of Environmental Health within State bureaucracies.* Although the role of local councils and the interface with the State and Territory governments was important, enHealth Council members felt that there was another set of key roles at the second tier of government.

- *Indigenous Health.* There was a vigorous debate over the role of environmental health with the broader context of indigenous health. The concept of structural change to support wellness rather than an illness (or clinico-centric) model was explained to those enHealth Council Members who were from the environment sector. The National Public Health Partnership had been working on models of this sort of approach.

- *Health Impact Assessment.* Health Impact Assessments (HIAs) were favoured by most as they could provide a series of advantages for improving environmental health. These advantages included the accountability issues, risk management and problem prevention.

- *Collaboration and partnerships.* The emphasis on collaboration and partnership is such a fundamental part of delivering environmental health that it must be recognised within the report.

The response received from VicHealth strongly endorsed two related findings in the review—the need to broaden the strategy to include links between ecology and health and the benefit of shifting from an illness focus to a wellbeing focus.

This response suggested several specific amendments to assist in consolidating these broader philosophical shifts—particularly a cross-government approach to the environment and health and the redefinition of the environmental health workforce. They are:

- Ecological approach to health
- Focus on wellbeing
- Co-ordinating cross government operations
- Wider definition of the environmental health sector and workforce

Literature Review

The literature reviewed fell into two main categories: the broader conceptual understanding of environmental health issues (including some management issues) and specific case studies

It was noted that environmental health literature is somewhat “noisy”, requiring care to separate the chaff from the grain.

Some areas of focus that were identified that might need examining in future strategies include the impact of climate change and the growing perception of fear in the community.

The literature review found that the academic foundations of the NEHS are sound, both nationally and internationally.

Research and findings: a summary

Three major things stood out from everything that was collected. The first was that the National Environmental Health Strategy is an intellectually respectable initiative that was welcomed and of which high hopes were held.

The second is that, as noted above, there seems to be a ‘knowledge bubble’ effect with respect to the Strategy: inside the ‘bubble’ some people are well informed about the Strategy and in a position to reflect critically upon it, while outside, especially at grass roots level in State and Local government, others know very little and can comment only in variations of “don’t know, haven’t heard of it”, thus it seems to have no relevance or impact”.

This 'bubble effect' suggests that penetration and effect of the Strategy is less than it might have been and less than was hoped for.

Nonetheless, the third finding is that high hopes are held for the future, since there was a clear finding that, across the board, stakeholders expected that the National Environmental Health Strategy would continue and wished to see this continuity occur.

Democracy, Knowledge and Governance

As noted earlier, this section of the report is vital for linking the specifics of environmental health and environmental health management to wider processes occurring in society and in government and administrative arrangements.

If the latter issues are not well understood, environmental health efforts can under deliver compared to their intrinsic merit.

The enHealth Council and the way it operates should be the most immediate link between form and environmental health content. However, the key findings from the Review, in particular the frustrations and perceived lack of action in Indigenous environmental health, indicate that something more effective is needed.

The thrust of this report is that the need for participatory democracy is central. This is well supported in the literature where the need for participatory democracy at all levels of government comes through very clearly.

Indeed, the literature is strongest on the issue of participatory democracy with regard to indigenous health where misunderstandings and misconceptions have exacerbated the poor health outcomes of aboriginal people (Taylor 2001), (Browne 2002), (Cass 2002). Successful examples of environmental health initiatives are most likely to occur where participatory processes and partnerships are in place and provide an opportunity for the Commonwealth and the enHealth Council to play a significant facilitation role. When handled correctly, this will not disempower or remove the responsibility of other jurisdictions.

This section, therefore, outlines some key elements that are relevant to better managing environmental health.

Effective Knowledge Management

The environmental health field has a track record of quality research and evaluation stretching back into the nineteenth century which is now evolving into newer fields than the more ‘traditional’ concerns with water, sanitation and so forth. In addition to the formal research, there is also a vast body of practical knowledge stored, as it were, in the heads of the varied practitioners and researchers who work in the field, directly or indirectly (the latter including a range of people such as urban planners, engineers and architects).

Clearly, there is a need to use this information to best effect. What is less clear is how this knowledge can be managed with greatest effectiveness to ensure that practice is always *best* practice based on the *best evidence* and this requires examination of what

is known to work with regard to knowledge management (KM) and what structural arrangements soundly underpin good KM.

There is good evidence that successful KM requires specific forms of institutional arrangement, governance and culture if they are to be met fully and the following sections look briefly at some key issues.

Effective knowledge management (KM) is a key to making 'wise' decisions about future directions in environmental health. KM has been defined as 'getting the right knowledge to the right people at the right time'. It is not only about obtaining and organising knowledge but about sharing it. This requires more than technical solutions for capture, manipulation, storage and dissemination; it also requires a policy and process infrastructure that encourages sharing and communication of information through "communities of interest". 'Knowledge pools', as they are known, dynamically allow policy-makers, practitioners and researchers to add to, and derive value from, the knowledge base at all stages in program targeting, design, implementation and evaluation.

It is clearly essential for governments pursuing the concepts of 'joined up government' and 'cross cutting policy' for 'evidence based practice' to be fully functional. However, it is not 'evidence' alone that counts, but also its dissemination. The concept of knowledge pools combines both aspects and emphasises the importance of getting the right information to people at the right time.

The current state of research based knowledge is not sufficient to inform all areas of policy and practice. Furthermore, the barriers to effective KM and evidence-based practice tend to lie beyond the technicalities of information databases. They are often located within the very structures that seek the innovation potential offered by such knowledge diffusion strategies–-for example, there is a tension between a desire for innovation at the local level but the presence of centralised models of knowledge diffusion; a capacity for continuous organisational learning and problem solving that is hampered by top-down detailed guidelines and protocols; and project selection that sometimes appears to be disconnected from any policy thrust based on available evidence. The solutions lie in improved strategies for uptake and utilisation of evidence, which means 'winning over the hearts and minds' in order to encourage the relevant people and organisations to adopt a frame of reference that values research evidence.

If information is to be used wisely 'taking control of the knowledge explosion' (Edwards, 2000) is essential.

Good management of information and knowledge underpins, according to Edwards, capacity for innovation (which may offer a 'competitive edge' or greater 'effectiveness'). Effective KM may also guide decisions such as when to discontinue ineffective practices, discourage adoption of inappropriate solutions or, on the other hand, push ahead with programs that have shown promise in pilot or prototype forms.

Stephens (cited in Edwards, 2000) has defined KM as "getting the right knowledge to the right people at the right time to serve the right objectives". It is not only about getting and organising knowledge but about sharing it.

Edwards (2000) and Tilley (2002) both argue in favour of the development of 'knowledge pools'. Note here the contrast with other terms such as knowledge "banks", which imply collection and storage rather than sharing of knowledge. As expressed by Edwards, "Setting up of effective 'knowledge pools' is dependent upon people and what they do with the information as much as it is about communications technology" (p.55).

Moreover, as Snowden (2002) has pointed out, we need to change how we think about knowledge if we are going manage it successfully:

Three heuristics illustrate the change in thinking required to manage knowledge:

1. **Knowledge can only be volunteered** – *it cannot be conscripted for the very simple reason that I can never truly know if someone is using his or her knowledge. I can know they have complied with a process or a quality standard. But, we have trained managers to manage conscripts not volunteers.*
2. **We can always know more than we can tell, and we will always tell more than we can write down**. The nature of knowledge is such that we always know, or are capable of knowing *more than we have the physical time or the conceptual ability to say. I can speak in five minutes what it will otherwise take me two weeks to get round to spend a couple of hours writing it down. The process of writing something down is reflective knowledge – it involves both adding and taking away from the actual experience or original thought. Reflective knowledge has high value, but is time consuming and involves loss of control over its subsequent use.*
3. **We only know what we know when we need to know it, human knowledge is deeply contextual, it is triggered by circumstance**. *In understanding what people know we have to recreate the context of their knowing if we ask a meaningful question or enable knowledge use. To ask someone what he or she knows is to ask a meaningless question in a meaningless context, but such approaches are at the heart of mainstream consultancy methods.*

It is clear, then, that good KM occurs under certain conditions much more than others. Excellent KM occurs much more in a democratic, participatory and egalitarian climate with weak 'silos' and an emphasis on learning and exchange than in one focused around accountability, blame, risk aversity, suspicion and the desire to use knowledge for power.

For these conditions to be met, of course, it is essential that habits and actions match rhetoric. For this to occur, a degree of cultural change is likely to be necessary, since old habits centring on 'command and control' models do not produce the conditions outlined here.

Evidence based policy

Good KM is intimately linked to 'Evidence based practice' (EBP) (see also 'evidence based analysis' (EBA) and 'evidence based policy and practice' (EBPP), which is increasingly important for governments that seek to create 'joined up government' and/or 'cross-cutting policy'.

EBP has the capacity to get information that is capable of 'explaining, justifying and substantiating claims' and to incorporate "information and evidence into a more rigorous and robust policy analysis" (p.99). The type of advice required is up to date information that is capable of adding value to work that has been done, including "information on best practices and emerging trends, and the analytical work needs to be close to the leading edge of experiential and academic advance" (p.102).
In addressing the 'EBPP' agenda in 1999, the UK Government Cabinet Office described 'evidence' as:

> *Expert knowledge; published research; existing statistics; stakeholders consultations; previous policy evaluations; the Internet; outcomes from consultations; costings of policy options; output from economic and statistical modelling. (p.3)*

… and made the point that it is not evidence alone that counts, but:

- *Agreement as to what counts as evidence in what circumstances;*
- *A strategic approach to the creation of evidence in priority areas, with concomitant systematic efforts to accumulate evidence in the form of robust bodies of knowledge;*
- *Effective dissemination of evidence to where it is most needed and the development of effective means of providing wide access to knowledge; and*
- *Initiatives to ensure the integration of evidence into policy and encourage the utilisation of evidence in practice.*

A number of authors have referred to the same dual argument that 'knowledge' refers both to the bodies of knowledge and its effective creation and dissemination.
For example, Nutley et al., 2000) say that 'knowledge' systems can be split into two broad approaches (Nutley et al, 2002):

- *Codification strategies that are computer centred; and*
- *A personalisation approach in which knowledge is closely tied to the person who develops it, and sharing of knowledge is best achieved through person to person contact.*

Bhatta (2002) provides a very practical and useful elucidation of this dual approach, arguing that EBP involves:

- *Sources of evidence, including qualitative research, and interim findings;*
- *Increased openness in presenting evolving ideas and subjecting them to scrutiny and critique;*
- *Increased acceptance of feedback from peer reviews;*
- *Increased eagerness to collate best practice from other jurisdictions; and*
- *Increased use of knowledge pools.*
    - *… where a 'knowledge pool' ideally requires:*
    - *A comprehensive directory of policy expertise across departments;*
    - *A map of the current policy agenda;*
    - *A resource centre to serve the needs of policy makers; and*
    - *A cross-departmental research and evaluation function.*

To achieve good KM and hence EBP, there are linked issues about good governance that must be examined

Good Governance

Environmental health is generally regarded as a shared responsibility involving both government and civil society. Coordination and leadership occurs mainly at higher

levels of government, with the role of central governments being to empower and enable other sectors, not generally to implement projects ‘on the ground’. Interventions are implemented mainly at local levels by a range of groups – including local government, non-government organisations, and community groups (though to date the boundaries have been more blurred than this might imply). At least five issues stand out:

1. *Barriers*. Barriers to good governance are systemic, cultural and skills related. Changes suggested in the literature include a rethink of transparency and accountability to include new players (such as consumers and the community) and forge genuine shared accountability; cultural change, incorporating rewards for the policy entrepreneurs and acceptance of greater risk; and a preparedness to reorganise ‘silo-like’ structures into more dynamic and flexible solutions. Such changes would also require new levels of skills for the public servants who are responsible for developing and sustaining such organisational relationships, in such areas as negotiation, communication and conflict resolution, risk management, and the management of complex relationships while remaining cognisant of broader contextual issues.
2. *Delivery and policy ‘silos’*. The literature shows that there has tended to be a disconnection between delivery and policy and across different policy units. This has produced a ‘silo’ effect. At a time when governments and other sectors are most in need of effective partnerships to achieve their goals, they are too often hampered by a lack of understanding of each others roles and what each can do to assist the other. There has also been a tendency to undertake direction setting without appropriate recalibration in the face of evidence.
3. *Integrated government*. Good governance underpins the capacity to achieve good environmental health outcomes across programs and portfolios. In Australia as elsewhere there are emerging integrated or collaborative approaches which involve coordinated solutions across sectors and tiers of government within a framework of governance as opposed to single government or agency delivery. To date, however, there remains more agreement on the principles than there is evidence of integration in practice.
4. *Organisational relationships*. The literature makes clear that strong organisational relationships are fundamental to ‘integrated’ or ‘collaborative’ government. There is a growing desire on the part of organisations in ‘partnership’ with governments to have greater direct involvement in public policy making, which raises issues of how governments, business and community sectors relate to each other and how accountability issues are to be dealt with. Despite teething problems, governments are moving towards participatory structures, as well as towards greater integration within and between governments.
5. *Social capital*. Most recently discussed by the Treasurer, the Hon Peter Costello MP, and by the Productivity Commission, social capital is an evolving concept and at present there is a limited understanding of how government programs might best be leveraged to increase the stock of social capital in Australian communities. However, increasing social capital has the capacity to generate benefits to society by reducing transaction costs, promoting cooperative behaviour, diffusing knowledge and innovations, and enhancing personal well being. Improved stocks of social capital are likely to lead to increased capacity to deal with environmental issues, including environmental health issues. At the

level of governments, social capital has the capacity to support the development of multi-organisation relationships. The challenge for governments is how best to continue their functions that support and enhance social capital while minimising inadvertent erosion of social capital that can occur in relation to some government programs and relations.

There is evidence that some national/State governments overseas are committed to development of the types of collaborative approaches discussed here. There is a major shift in public administration involving integrated solutions within a framework of 'good' governance. To date, however, there has also been varying conceptualisation and implementation both within and between government sectors.

With respect to developing future directions in environmental health, a large quantity of evidence is available but the quality is patchy. Nonetheless, there is sufficient evidence to show that environmental health interventions are cost-effective but that sometimes these require long time frames and/or wide horizons. This presents challenges on the one hand for funding cycles, which are typically short term and on the other hand for local government which is frequently the site of action, but which may not have such wide horizons.

Reinventing Government

This section examines briefly the work of Osborne and Gaebler (1993) who discuss the way that older and more traditional images of government can be revitalised by what they term 'entrepreneurial government'. This approach links with the previous sections in a practical way, in that following the Osborne and Gaebler method is highly congruent with good governance and good KM.

Their approach has a number of characteristics, which are laid out in the following table.

PRINCIPLES OF ENTREPRENEURIAL GOVERNANCE	*WHAT THE PRINCIPLES MEAN IN PRACTICE*
CATALYTIC GOVERNMENT: Steering rather than rowing	A move away from collection of taxes and provision of services, to bringing community groups and foundations together to stimulate innovation and enterprise. Government becomes the facilitator; it defines the problems then assembles resources for others to use in addressing these problems. Mechanisms include grants, subsidies, public-private partnerships, rewards, franchising, seed money, voluntary associations, co-production or self-help.
COMMUNITY-OWNED GOVERNMENT: Empowering rather than serving	Governments can be more effective if they help communities to help themselves (participatory democracy). People act more responsibly when they control their own environments; they are more committed when they own the process, and they function better when they are empowered to solve their own problems. The community also understands its problems better than service professionals, which can lead to more creative and workable solutions.
COMPETITIVE GOVERNMENT: Injecting competition into service delivery	Competition encourages innovation and striving for excellence. Mechanisms include public versus private competition, private versus private competition, public versus public competition, load shedding, contracting and procurement. This works well with service

	provision needs. However, it does not work with policy agencies, because it reduces the capacity of governments to play a steering role; here, coordination between different interests is essential. Also, competition must be carefully managed and structured in order not to generate inequity in the market.
MISSION-DRIVEN GOVERNMENT: Transforming Rule-Driven Organisations	This is about getting the job done and having the capacity to respond to rapidly changing environments, not about getting bogged down in rule-driven bureaucracies. Minimisation of the need for rules is supported by careful monitoring, so that managers' performance is measured and assessed, systems are accountable and opportunities for corruption are reduced.
RESULTS-ORIENTED GOVERNMENT: Funding Outcomes, Not Inputs	Funding should match results, not throughput. The latter gives incentive to processing more cases, the former to producing quality. Under an outcome-oriented system, objectives set specific targets, and performance indicators provide specific measures of how well each unit is doing in meeting its objectives. Measurement of results is both enlightening and empowering, because it guides and shapes public policy in an informed way, leads people to ask the right questions, to recognise failure when it is occurring, and to redefine the problem they wish to resolve.
CUSTOMER-DRIVEN GOVERNMENT: Meeting the needs of the customer, not the bureaucracy	This means putting the customers in the driving seat, in the sense that the customers have real choices of services - in schools, training programs, motor vehicle offices, etc. Customer-driven systems force service providers to be accountable to their customers, stimulate more innovation, empower customers, and create greater opportunities for equity, and waste less because they match supply to demand.
ENTERPRISING GOVERNMENT: Earning rather than spending	This involves schemes such as raising money by charging fees where possible and subsidising some groups to ensure equity of access, investing now for return later, turning managers into revenue-conscious entrepreneurs, and correctly identifying the true costs of services so that returns on investment can be realistically calculated.
ANTICIPATORY GOVERNMENT: Prevention rather than cure	Instead of funding more services to combat problems, this means focusing on prevention and therefore shifting towards anticipation of problems. This is the essence of strategic planning, which is the process of examining a particular situation and its future trajectory, setting goals, developing a strategy to achieve these goals, and measuring the results. In order for such an approach to be achievable, accounting for the long haul (accrual accounting) needs to be in place, as do the capacity to work cooperatively across jurisdictional boundaries and longer term political incentives.
DECENTRALISED GOVERNMENT: From hierarchy to participation and teamwork	What this means is that things simply work better if those working in governments have the authority to make many of their own decisions. This makes organisations more responsive to changing circumstances and customer needs, and more innovative and effective, and they generate higher morale, more commitment and greater productivity. If employees are making decisions and solving problems, it reduces the need for middle managers and hierarchies can be flattened. Participatory organisations have teamwork, and this is about sharing power as well as input. Accountability is needed in this relatively free environment, and includes articulation of missions, creation of internal cultures around core values, and measurement of results.
MARKET-ORIENTED GOVERNMENT: Leveraging change through the market	This is about funding incentives in order to accomplish goals. It means a move away from programs, which are usually provided for customers but are not customer driven. Instead, the development of a market involves providing information on choices available to

	consumers, creating or stimulating demand, making deals with the private sector to augment the supply of a service or product, creating market institutions to fill gaps in the market, catalysing the formation of new market sectors, acting as a brokers for buyers and sellers, managing demand through user fees, etc.

Local Councils/government and the burden of legislation

The most specific governance issue that emerged in research and discussions concerned the legislative barriers and burdens that impact on people in the environmental health field, most especially the environmental health officers employed in Local Government.

Discussion with the enHealth Council revealed that South Australia was tackling this in a practical and positive way. The trend towards more demanding legislation and the concomitant need for more and more accountability had been recognised, but instead of allowing the number of detailed requirements to proliferate, leading to the creation of numerous ‘boxes to tick’, the emphasis had been placed upon defining a few core legislated requirements and accompanying guidelines.

It was explained that only three functional aspects of local government are currently required in SA—process planning, applications and registration of dogs. Other important elements of local government work are shaped by facilitation at the State level and by demand from local communities. (This approach is rather different to that which was outlined by interviewees in WA—see the previous chapter—where large amounts of box ticking is required.)

The SA model conforms closely to advice that the consultants obtained by conferring with Profs John and Valerie Braithwaite at the ANU. Leading international experts on effective regulation, the Braithwaites argue that there is an optimum core of regulation. When regulation is less specific than this optimum core, it is not possible adequately to regulate an industry or area and abuse or negligence can occur.

At the optimum level, those charged with regulation have sufficient tools to insist on compliance and to penalise breaches, but at the same time there is space for inspectors and inspected to have productive and cooperative conversations—that is build a healthy but not engulfing relationship. This commonly leads to informed and voluntary compliance, and relies minimally on formal legal action, which in turn tends to be reserved for the minority of serious or persistent offenders.

This mode allows the greatest level of positive regulation for a given set of resources.

However, once this optimum level of regulation is reached, further detailed specification of standards and requirements is counter productive as inspection work becomes increasingly focused on detailed ‘box ticking’ with no room for productive conversations between the inspectors and the inspected.

As an example, the Braithwaites cited a study they carried out on the regulation of nursing homes. In Australia there were just under 40 core standards mandated and

inspectors and providers had productive and cooperative conversations about regulation which helped in the development of better services. In the USA, in contrast, over 1000 standards were mandated and the inspections were dominated by box ticking, no conversations were possible and the process was adversarial, with little opportunity to build positive relations.

Of course, adversarial environments encourage game playing, resistance and a grudging minimum of compliance that tends to observe the letter rather than the spirit of the law, so that resources become consumed increasingly in a continuous struggle. This is not an optimum method, undermining the commonsense extrapolation that people sometimes make, to the effect that "if some regulation is good, more regulation is better and lots of regulation is best".

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Conclusions and Future Directions

Background

This report was not framed to recommend whether the National Environmental Health Strategy should or should not continue. Consequently, it makes no recommendation on that topic. Rather, it was commissioned to assess stakeholder views and, as far as possible, assess the impact of the Strategy as seen through their eyes and through information they offered.

In line with the latter emphasis, it is notable that across all forms of consultation **there was strong, virtually unanimous, stakeholder support for the continuation of the NEHS**. It should be added that this support came not only from those 'inside the bubble' but from those 'outside' as well. That is, even when people were only slightly acquainted with the NEHS they still saw it as important to continue. Indeed, in a few cases, positive feedback of this type occurred in consultations where the person concerned became aware of the Strategy for the first time during discussions but, on looking at documentation, promptly became very positive, wishing they had known about it before and praising its potential value.

For those who knew less about the Strategy, but were nonetheless positive about its future, their view seemed to be close to the answers obtained to the survey question "What expectations did you have of the Strategy?" The answer was that it had been expected to provide leadership by defining the field, providing policy frameworks, guidance, and coordination. That expectation seems to be projected forward into the immediate future.

If the Strategy *does* continue, it follows from the findings in the report that it would be desirable for two, closely related themes to be addressed. These themes are described briefly immediately below and then later explored in more depth.

The *first* theme concerns the potential of the Strategy to deliver health benefits to Australians. Most pressing in this regard is the capacity of the National Environmental Health Strategy to deliver real benefits in indigenous health. Of particular importance is the issue of using the concept wellness, as opposed to illness, in order to create effective interventions.

The *second* key theme centres on the main finding of the report which is that while the content of the Strategy is valuable, the main limitation is that knowledge of and efforts to implement it are more limited than they should be. In simple terms, if the Strategy continues it will be important to find methods to improve communication and dissemination and at the same time explore a wide range of practical options for increasing the capacity of grass roots workers (such as environmental health officers) to adopt and put into operation the elements of the Strategy.

These two themes are explored in more depth shortly.

Before that exploration, however, the report briefly considers the question of the content of the National Environmental Health Strategy.

In reviewing the National Environmental Health Strategy the first question that comes to mind is the extent to which the content and framing of the Strategy is adequate. In practice, this has not been the major issue of the review, but it has been considered and some brief conclusions made which can be outlined before turning to the two main themes.

Comparing the literature review to the content of the Strategy, there is reason to suppose that in terms of the intellectual rigour of the documents produced the Strategy is a first class product and that few important areas of environmental health have been over-looked.

The feedback from stakeholders confirmed this view, with a wide range of complimentary comment in the survey and other contexts, and comment to the effect that it is time to update the now five-year-old Strategy.

So far as any modification is concerned the following points, which are derived from the research in various ways, may make an already excellent product even better:

1. As argued earlier, shifting from an illness to a wellness perspective is valuable. (This concept is developed more fully later in the section.) To some extent the National Environmental Health Strategy already does this, but making wellness even more central may give greater purchase on a variety of issues, primarily but by no means only in indigenous health.

   As noted earlier in the report, considerable investment in a clinico-centric, illness based model already exists and efforts in the area of prevention and health promotion remain the poor cousins of the health sector. Nonetheless, this area has great potential and the National Environmental Health Strategy has an opportunity to develop that potential.

2. In line with 1, it may also be valuable to consider the broader social environment, including the built environment, as issues to be tackled under the environmental health banner.

   Clearly, wellness is undermined by issues such as fear (of crime, of terrorism, etc) or declining social capital. It is notable that certain areas of psychological morbidity appear to be increasing—especially but not only anxiety and depression—and the changes are driven by environmental change in this broader sense. It may seem artificial, therefore, to think of environmental health without including factors of this type.

   Equally if as Prof. Fiona Stanley puts it, the built environment makes our children ‘fat and unhappy’ (See *Weekend Australian Magazine, 13-14/10/01*) - this too is a wellness hazard. Considerable evidence underpins connections between broader social conditions and health, especially child health. For example, Professor Frank Oberklaid, head of the Centre for Community Child Health at the Royal

Children's Hospital, argues that psycho-social problems among children are increasingly prevalent - depression, attention deficit hyperactivity disorder, child abuse, extreme anxiety, behavioural problems, learning difficulties, and drug and alcohol abuse. The prognosis is worsening and "the evidence just keeps getting stronger all the time". (see 'Alarm sounds on ailing generation', *The Age*, November 22, 2003);

3. Flowing from 2, certain key issues such as obesity, exercise, safety in the home and at work, noise and traffic are direct impacts on wellness and may need more emphasis in the Strategy as well as explicit links to bodies that deal with these issues, ranging from groups concerned more with the environment and urban planning through to groups focused more obviously on health and wellness issues such as *Beyond Blue* or the *Australian Research Alliance for Children and Youth.*

4. There is some suggestion that the impact of climate and climate change is of growing importance and that this might be made more central in the way the National Environmental Health Strategy is framed.

   It is acknowledged that some aspects of the science surrounding climate change remain matters of controversy in some quarters. Nonetheless, it is clear that climate related issues have direct impacts on such things as the supply of fresh water in Australia, with complex links to salinity, irrigation costs and policy, dam construction and so forth, all of which are then linked back to the quantity and quality of drinking water available to many Australians as well as to wider questions of environment and sustainability. Similar links may obtain with regard to the ozone layer, ultra-violet exposure and the causation of melanoma and other skin carcinomas.

It is suggested then, that if the Strategy continues, these areas be explored in any reformulation of content.

The section now turns to explore the two detailed themes mentioned above.

Theme 1: The capacity of the National Environmental Health Strategy to deliver real benefits, especially in indigenous health

Bringing together the material that emerged in the consultations and in interviews, the consultants stress the issue of encouraging wellness rather than the 'clinico-centric' model of sickness, particularly regarding indigenous health.

It is important in discussing wellness to be clear about the concept that is being suggested, since in at least some contexts the term can connote elements of an 'alternative' notion of health and at worst a position of antiscientific mysticism.

This is not the sense in which the term is used in this report. Rather, the emphasis is upon a holistic concept that is more all embracing and positive than that contained in the antithetical term 'illness'.

Indeed, the intent is closely allied with the World Health Organization definition of health: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

A recent definition of wellness is offered by the US President’s Council on Physical Fitness and Sports: “Wellness is a multidimensional state of being describing the existence of positive health in an individual as exemplified by quality of life and a sense of well-being.” (*Research Digest,* Series 3, #15, December 2001).

Lester Breslow (‘Perspectives: The Third Revolution in Health’ *Annual Review of Public Health* April 2004, Vol. 25) develops a closely related argument in more depth:

> *… substantial progress in reducing mortality and disability creates the opportunity to consider a concept of health as more than the absence of disease or disability. This concept was perhaps first delineated by the World Health Organization (WHO) in 1948 when it asserted health to be ‘physical, mental and social well-being, not merely the absence of disease and infirmity’. For decades thereafter, however, many health professionals seemed to regard that definition as overly comprehensive and not useful practically; only toward the end of the twentieth century did the idea of health in a positive sense become more widely accepted, probably owing to the new era of increasing freedom from disease. In the 1986 Ottawa Charter, the WHO further defined health as ‘a resource for everyday life: a positive concept emphasizing social and personal resources as well as physical capabilities’.*
>
> *The notion of health as a ‘resource for everyday life’ is appealing, perhaps mainly because it fits with the way individuals increasingly are thinking about their personal health. Of course they want to be free of disease, but more and more they desire something beyond that; the Ottawa Charter definition seems well adapted to express their aspirations. It implies a capability to do what one wants to do in life: Whether climbing a mountain, attending an opera, or playing cards, all require some resource (health) for the activity. Another dimension of this positive health concept consists of the capacity for resisting any forces that would constrain those competencies. Health thus betokens not only the ability to do the things one wants to do in everyday life but also the reserves to maintain that ability.*

Underpinning the Breslow notion of wellness in this context (and indeed the WHO definition itself) is something more powerful that a mere ‘freedom’ in the classical liberal sense of the term. This more powerful concept may be understood by referring to the concept of ‘dominion’.

This concept was reintroduced into recent discourses by the work of two leading scholars at the ANU, John Braithwaite and Philip Pettit (see J. Braithwaite & P. Pettit, *Not Just Deserts: A Republican Theory of Criminal Justice* Clarendon Press, Oxford 1990 and also P. Pettit, *Republicanism: A Theory of Freedom and Government*, Oxford University Press, Oxford 1997.)

Dominion is summarised, in a justice context, by Bronitt and Williams (Simon Bronitt and George Williams (1996) ‘Political Freedom As An Outlaw: Republican Theory And Political Protest’, *Adelaide Law Review,* 18(2): 289-330):

> *Dominion is a republican conception of liberty. Whereas the liberal conception of freedom is the freedom of an isolated atomistic individual, the republican conception of liberty is the freedom of a social world. Liberal freedom is objective and individualistic. Negative freedom*

> *for the liberal means the objective fact of individuals being left alone by others. For the republican, however, freedom is defined socially and relationally. You only enjoy republican freedom - dominion - when you live in a social world that provides you with an intersubjective set of assurances of liberty. …*
>
> *Dominion has three components. A person enjoys full dominion if and only if:*
>
> 1. *The person enjoys no less a prospect of liberty than that which is available to other citizens.*
> 2. *This condition is common knowledge among citizens, so that the person and nearly everyone else knows that the person enjoys the prospect mentioned, they and nearly everyone else knows that the others generally know this too, and so on.*
> 3. *The person enjoys no less a prospect of liberty than the best that is compatible with the same prospects for all citizens.*

This brief summary, of course, does not fully convey the power of the concept of dominion but it is important to stress that the concept can be contrasted with the limited freedoms envisaged by political liberalism. Liberalism centres on freedom and most freedoms are 'negative'—that is, they are 'freedoms from' constraint and oppression.

As Anatole France famously said, "The law, in its majestic equality, forbids the rich as well as the poor to sleep under bridges, to beg in the streets, and to steal bread"—but the 'rights' guaranteed by that same set of laws offers the poor no practical choice: if I have no money, I can enter the free market but I can buy nothing.

Dominion, however, signals an attention to practical capacity: someone with no money who can buy nothing has no dominion. Appropriate dominion synonyms are civic freedom, franchise or citizenship and policies that flow from the concept centre on the idea of promoting the autonomy of all.

Returning to the area of environmental health, then, an emphasis on wellness brings into question the extent to which policy and action can enhance the dominion of citizens. How can the National Environmental Health Strategy catalyse the capacities of people to maximise their wellness?

One answer is hinted at by substituting the word wellness for liberty in the quote offered above from Bronitt and Williams. This would then read:

1. The person enjoys no less a prospect of wellness than that which is available to other citizens.
2. This condition is common knowledge among citizens, so that the person and nearly everyone else knows that the person enjoys the prospect mentioned, they and nearly everyone else knows that the others generally know this too, and so on.
3. The person enjoys no less a prospect of wellness than the best that is compatible with the same prospects for all citizens.

Pettit goes on to extend this concept by introducing the notion of "non-domination". Access to liberty and, therefore, individual well-being is attained in an environment where one person or group – individual, business, government, is not in position where they can, as a matter of course, dominate others. Environmental health has an

important role to play in terms of ensuring non-domination through good governance, building social capacity and developing this concept of wellness within communities.

In terms of priorities, environmental health has the potential to make most difference to wellness where there is greatest need and the least dominion. The greatest need, the least dominion and the greatest potential for a positive impact seem to be in indigenous communities. This need applies not only in terms of dominion, non-domination and building social capacity, but also in a very practical sense in the basics that have been identified in this report.

These centre on areas traditional to public health such as:

- Clean water supply
- Drainage and sewage disposal
- Basic housing needs, including building quality
- Nutrition
- Removal of rubbish and associated rodent control
- Pest control
- Mosquito control
- Ill health related to dogs

Dealing with these issues requires a concentration on wellness and dominion and a response designed to promote these.

Conventional medicine, as delivered in a clinico-centric model (i.e. both 'based on clinical medicine' and also 'in communities physically centred on a clinic') is really an illness centred model and while such medicine delivers health benefits to those who move through the system, it tends to offer these as goods to relatively passive recipients, thus not expanding their dominion and possibly even perpetuating their dependency.

Aboriginal health problems are seen as 'intractable' with governments spending more and more money. However, it follows from the analysis above that money is spent on models that are not delivering outcomes, missing an important opportunity to tackle these via wellness rather than illness centred approaches. The potential exists and is timely for using an environmental health approach with wellness as the core concept.

The people who could deliver on this approach are mainly Indigenous Australians who say they need training and ongoing in-service to help them deliver to their communities. As the report showed earlier, discussions concerning Indigenous communities and environmental health focussed on two key words—recognition and self-esteem. This involves recognition of the role and professional status of the EHWs and the need to develop, encourage and acknowledge the importance of the self-esteem of each community member.

In the sense that we interpret "dominion" and "non-domination" as a basic right to wellness, these issues of recognition and self-esteem are indicators of the failure of our society to facilitate wellness in such communities. Environmental health officers and workers, with the appropriate support, have the opportunity to deliver significantly greater well-being for indigenous people.

This is echoed, in slightly different words, in the discussion paper recently issued by the enHealth Council: *National Review of Indigenous Environmental Health Workers*, March 2004:

> *Using reports from conferences and the HTSAC research, the Steering Committee identified a number of key issues:*
>
> 1. *Identity;*
> 2. *Funding of positions;*
> 3. *Education and training;*
> 4. *Employment and career path;*
> 5. *Award wages; and*
> 6. *Support form peers and supervisors.*

Clearly, this list closely parallels the findings shown earlier in the report and the suggested directions. Even more importantly, the very first theme listed—identity—points to the same area as this report (using the terms recognition and self-esteem). As the paper says:

> *The [Indigenous Environmental Health Worker] has been unable to have an identity and status in a community, necessary for them to adequately function. This lack of identity has made it difficult to attract better pay and develop relationships with other providers of environmental health services, such as essential services officers. (p.5)*

Furthermore, the view of stakeholders, shared by the consultants, is that the most significant immediate approach in enhancing self-esteem and the status of EHWs, would be for the enHealth Council to lobby for award wages for environmental health workers. Additionally, the position ought to carry appropriate delegations providing power for EHWs to make health decisions – even if these would need to be supported by EHOs within a limited timeframe. In many communities the EHW has very limited access to an office, computer and internet which also diminishes status in the eyes of others. Again, these parallel the recommendations of the HSTAC discussion paper.

A concrete suggestion as to how to provide the status and to enhance the self-esteem of those who are doing the work is to take action that would position the Indigenous Environmental Health Worker as a champion of indigenous environmental health rather than as a 'poor cousin' to clinical and nursing staff.

Such training, like all implementation work with indigenous workers, needs to be culturally sensitive, recognising not only different customs and values but also accepting alternative expertise. John Braithwaite (albeit writing of a justice context) makes the point powerfully:

> *[It] ...follows from our republican analysis that active responsibility is the key to good governance. Indigenous peoples who have experienced Western occupation/domination have suffered loss of active responsibility to the most extreme degree. They have suffered most from the dead hand of the passive responsibility of the Western state. Few acts of domination could therefore be worse than to seize back from them those manifestations of active responsibility that survive. (John Braithwaite, 'Democracy, Community And Problem Solving', address to the International Institute for Restorative Practices.)*

At a practical level it is important to note that the apparently clear line between training and service provision is necessarily blurred in practice in models such as this, because:

- A response such as suggested here requires a strong distance education component to deliver training to people within their communities; *and*
- On-site training activities lend themselves to low cost, effective service delivery in parallel with training (e.g. one trains the local EHWs on dealing with mosquitoes by providing foggers, teaching their use in the community and then funding salaries for ongoing use, thus directly reducing mosquito numbers/bites in that community).

It also seems very important to place a major focus on initiatives relating to environmental health in Indigenous communities by lobbying for EHWs to have:

- (as noted above) award wages,
- delegations and appropriate powers (limited to their own communities), *and*
- appropriate equipment and office space.

It seems very likely that the WA model already achieves a number of these aims and could be considered in part as a model for other jurisdictions. Similarly, Queensland is in the process of running trials supporting EHWs within indigenous communities on the Cape York Peninsula.

Another key suggestion, which could be applied at National, State and Local levels, is the establishment of mentoring programs. Participants who had seen the effectiveness of mentoring programs supported this strongly. With relatively little funding, programs could build a pyramid structure to fashion an understanding of environmental health by workers in the cities as well as rural and remote areas. However, in the view of stakeholders, this must be adequate funding to allow face-to-face contact at least quarterly for mentoring to be genuine and effective.

It seems clear that the NEHS as presently constituted does not exploit the opportunity to advance indigenous environmental health to the extent that is possible and desirable. The reasons that have been offered by stakeholders are that the Strategy:

- has content that focuses more on the needs of mainstream and especially urban Australia;
- has no teeth for making its goals into measured outcomes that are required targets for State and local government; *and*
- fails to build a really clear link to social justice goals.

Stakeholders also suggested that aspects of the enHealth Council, as it currently operates, inhibit some opportunities, for example:

- there are social status gaps in most jurisdictions between those delivering environmental health work on the ground in indigenous areas and the more senior people who serve on the Council;
- contact between those with local knowledge (e.g. the Indigenous Forum) and the main Council is fleeting;

- there seems to be some sense in the Council that asking for feedback is enough, without developing a real understanding of context;
- there is little willingness to visit communities and appreciate the real problems they face; *and*
- the Council and its members have not fully escaped from a clinico-centric model of health (illness focused) and hence are not really delivering the benefits to be had from a more wellness centred approach.

Some may challenge one or more of these suggestions. However, they do provide an indication of frustration amongst people who understand environmental health and who are perturbed that the potential has not been met.

It seems very likely that action in this area, conceptualised through wellness and dominion, would deliver great health benefits. In turn this would help to support the cause of environmental health and constitute 'runs on the board' for the National Environmental Health Strategy if it continues.

Theme 2: Improving communication and finding ways to implement the Strategy

From research reported in summary above, it is clear that the core difficulties with respect to implementation of the NEHS seem to be more to do with issues of institutional form, communication, governance and public administration than to do with the content of the Strategy or any of the specific elements of the Implementation Plan or the products produced to date.

In this section, the report brings elements of these difficulties together and, where relevant offers suggestions as to developments that seem merited if the Strategy continues in the future.

A number of points that are directly related to this theme and which arose in our stakeholder consultations include the view:

- of many stakeholders that it is critical to devote sufficient funds as well as commitment and energy from high levels of government to the process to ensure that useful outcomes are possible;
- of most stakeholders, echoed strongly by the consultants based on their observations, that it is important to break down barriers between 'silos' to ensure cooperation across the country and between portfolios;
- of a few key stakeholders (not contradicted by any others that expressed views) that it is vital to involve industry in constructive partnerships;
- of many stakeholders, especially those at grass roots level, strongly endorsed by observations made by the consultants, that it is essential to overcome (or find ways to work around) the governance issues—especially the legislative overburden—that currently prevent the Local Government level from being actively involved in the process by, for example, developing model legislation; *and*
- of key stakeholders, strongly supported by the literature that the consultants examined, that it is critical to find ways to catalyse the energy of the community,

principally by enunciating central national principles and beneath this creating a series of locally relevant activities.

Of course, not all problems lie only with those designing and championing the strategy. As noted at the start of the literature review, "…the history of change that has marked the environmental health and public health movement …[as the] …'sanitation movement' and its growth has resulted in clean water, effective waste removal and sewerage treatment resulting in 'victory over many illnesses'." (DHAC 1999). It seems that this legacy may have both a positive and a negative consequence. The positive one is highlighted in the quote, while the negative consequence is that, to some extent, the history defines what people like environmental health officers normally do on a day-to-day basis. This creates a 'routine' both of activities and assumptions (in short, a culture) which can inhibit the extent to which new concerns and new ways of working are adopted.

However, even in this case, it is clear that the external factors that sustain the culture—especially a legislative overburden that creates a climate of 'box ticking'—are not under the control of people like environmental health officers and that changing this situation is important so that new forces within the profession (such as younger staff with recent tertiary education in modern environmental health principles) can effect change.

One key issue here seems to centre upon ensuring that the leadership of the area, for example, through the enHealth Council, is strengthened and additional expertise is added.

Two major thrusts seem merited with regard to leadership.

First, it would be helpful to broaden the membership and/or expertise of the Council so that a greater understanding of social and political issues is developed that complements existing knowledge. Indeed, it may be worth considering the possibility of disbanding the enHealth Council if changes of this form cannot be brought about, instead replacing it with a more responsive body.

Hopefully, such a radical step would not be necessary. It is noted, for example, that a recent addition of expertise has been made in the area of Local Government. This brings a new and valuable perspective to Council in a critical area. If people like environmental health officers are to be drawn upon for support in an effective way the Council needs to understand and work effectively with Local Government.

Other areas that might be relevant include such things as expertise in:

- understanding social capital and social bonds;
- dealing with law, legislation and regulation; and
- optimising outcomes in inter-jurisdictional contexts.

By enhancing expertise in these areas it is likely that the Council will strongly catalyse its existing capacities. This would allow it to tackle questions like:

- how to identify existing good practice and how, where relevant, to persuade others to adopt it. For example, as mentioned above, WA seems to have developed a program for Aboriginal Environmental Health Officers that could serve as a model for other States, as have Queensland, while SA seems to have developed a model of local government regulation that other States would do well to emulate as far as environmental health issues are concerned and Victoria has 'Environments for Health', a Municipal Public Health Planning Framework based on a partnership between the Department of Human Services, VicHealth and the Municipal Association of Victoria;
- what might be 'model' legislation (in varied fields) to ensure the best environmental health outcomes; *and*
- how to develop a 'Model Local Government Environmental Health Strategy' with aim of achieving the Environmental Health Strategy goals at the coalface with methods or models for local level legislation or regulations.

The second key leadership issue concerns the image of the task with which the Council operates, either explicitly or, more likely, implicitly.

A useful way to explore this topic is to outline the work of Osborne and Gaebler outlined the second section.

By no means are all of the characteristics outlined there necessarily relevant to the way that the enHealth Council does business. However, it would be useful to consider the implications of the orientation to action outlined by these authors.

The link to some aspects, such as prevention rather than cure, are already built into Council philosophy but there are others that it seems that the Council would be wise to consider such as:

- Steering not rowing, with the focus being shifted from 'what can we do?' to 'what catalyst can we use'?
- Empowering not serving, with a focus on ensuring that State level, Local Government and other grass roots practitioners are aided to develop active environmental health programs;
- Encouraging the transformation of rule driven areas, by seeking to foster optimum levels of regulation (see the discussion of work by the Braithwaite's in the second main section above);
- Leveraging the market, in the sense of actively considering what sorts of partnerships with business might bring funds, energy and commitment to the environmental health field.

Certainly the emphasis on 'steering not rowing' seems critical.

As long as people in the enHealth Council or similar roles wonder what they can *do* rather than what they can *catalyse*, they seem too few in number and too under-resourced to make a huge difference (not enough rowing power). On the other hand, if the concentration is on how to make things happen by harnessing resources and enthusiasm of others, from industry through professions, State and local governments to community groups and beyond (steering), then much more effect is likely to be created.

In addition to leadership, a second issue concerns communication models.

It was noted earlier that some stakeholders argued that the enHealth Council website is not as user friendly as it might be, and could do with some development. It is understood that some delay in this regard has to do with working in partnership with the National Public Health Partnership (NPHP).

The website, it is suggested, has untapped potential for catalysing some of the developments that might be made in the future and two possible features are worth considering.

The first feature that the website might seek to create is that of being a central point of contact for a wide range of environmental health information, as it were "Environmental Health Central". A site that has this character is the major Dept. of Health and Ageing site Health*Insite* (*www.healthinsite.gov.au*). This user-friendly site states that: "We hope you will become a regular visitor to the site and make Health*Insite* your first choice for health information".

If the enHealth site was similarly friendly and linked to a very wide range of other sites, hence acting as an information portal for environmental health, it would be possible to become much more central and well known in the field.

The second feature that would be possible to create and which would flow smoothly from the first is the creation of a virtual community of people interested in environmental health with the community's existence facilitated by the website and its functions.

This "virtual environmental health community" would communicate on-line via suitably designed bulletin boards and/or chat rooms and in so doing would have the potential to develop three important aspects:

- First, the on-line community would be able to build a collection of case-study stories—practical accounts of how to solve problems on the ground. Increasingly, neuro-science research into cognition is buttressing a long standing insight from anthropology, psychology and sociology that people typically remember and solve problems by case based reasoning. That is, they rely upon a repertoire of stories to do their job and live their life. This resource would be a place to record such stories and draw upon them.

- Second, the community could develop various 'open source' documents—that is, living and evolving sources where people could suggest additions and amendments to (e.g.) guidelines or versions of a 'Model Local Government Environmental Health Strategy' that can be considered by the community and, if adopted become the basis for a set of best practices which, rather than being set in concrete for long periods, steadily evolve and up-date. (A useful resource for understanding the potential of open source documents in this context is *www.newscientist.com/hottopics/copyleft/copyleftart.jsp*)

- Finally, the virtual community once created is a valuable institution. It can become a base for professional discussion and development as well as being a ready-made forum for consultation.

Creating a virtual community of this type would be a valuable catalytic activity and would at the same time open channels for communications about the National Environmental Health Strategy and its various support products.

The National Environmental Health Strategy has the potential to deliver wellness across the community. After the relatively short time of its existence it has harnessed the enthusiasm of a group of committed supporters who strive to implement its goals and outcomes. The challenge for the next stage of the NEHS is to adopt an appropriate leadership model in order to, firstly, broaden the knowledge of the Strategy and to ensure that it is widely understood across key elements at the Local, State, Territory and Federal government level. The second part of the challenge is to ensure that appropriate successes are achieved and disseminated to illustrate that the Strategy does deliver a healthier environment and healthier communities.

Appendix: The WorldCafé

This methodology is outlined in more depth at *www.theworldcafe.com* where the central principles of the method are outlined, namely:

- Clarify the context
- Create hospitable space
- Explore questions that matter
- Connect diverse perspectives
- Encourage each person's contribution
- Listen together for patterns, insights and deeper questions
- Share collective discoveries

In brief, a world café session operates as follows:

- In a room arranged for the purpose 'café' style (i.e. with refreshments and, so far as possible, background music, etc to create the right ambience), tables are placed that seat 4-5 people;
- Each table has, on top of its ordinary cloth, a sheet of paper and texter pens so that people can draw diagrams, make notes, etc;
- A single, key question is posed for people at the tables and they discuss this in a conversational fashion;
- After a period of about 30 minutes, people rotate to other tables, except for a 'host' who stays and briefs the new members of what has been discussed so far at that table;
- In the latter part of the session, ideas from the discussion are be collected and collated and various posters created that reflect the discussion.

This method is both robust and highly effective. People enjoy the conversations and are impressed by how they can share and develop knowledge, in contrast with the 'guru' method that purports to impart them with knowledge.