

Environment and Health International

ISSN 1683-3805



Magazine of the International Federation of Environmental Health

Bedbugs, bush fires, earthquakes, and floods
– the work for EH professionals never stops.



The Federation works to disseminate knowledge concerning environmental health and promote co-operation between countries where environmental health issues are trans-boundary. It promotes the interchange of people working in this sector and the exchange of Member's publications of a scientific and technical nature. Amongst other things, the Federation seeks to provide means of exchanging information and experience on environmental health, to hold Congresses and meetings to discuss subjects relevant to environmental science health and administration, to represent the interests of environmental health to state agencies, national governments, and international organizations and to promote field studies of environmental health control.

INTERNATIONAL FEDERATION OF ENVIRONMENTAL HEALTH (IFEH)

BOARD OF DIRECTORS:

Immediate Past President

Susana Paixão, SPISA, Portugal. supaixao@estescoimbra.pt

President

Henroy Scarlett, JAPHI, Jamaica. henpscar@gmail.com

President Elect

Bruno Cvetkovic, Croatia. bruno.cvetkovic@stampar.hr

Chair IFEH Africa Regional Group

Selva Mudaly, SAIEH, South Africa. mudaly3@telkomsa.net

Chair IFEH Americas Regional Group

Jesse Bliss, NEHA, USA. chair.americas@ifeh.org

Chair IFEH Asia & Pacific Regional Group

Vic Andrich, EHA Australia. vic.andrich@eh.org.au

Chair IFEH Europe Regional Group, EFEH

Jan Homma, Netherlands (interim chair). jan.homma@gmail.com

Chair IFEH Faculty Forum (co-opted non-voting)

Anne Roiko, Australia a.roiko@griffith.edu.au

Company Secretary / Hon. Vice President IFEH

Robert Bradbury, CIPHI, Canada.

Honorary Secretary

Nkhumbu David Nemakonde, SAIEH, South Africa. secretary@ifeh.org

Honorary Treasurer

Andrew Mathieson, EHA, Australia. treasurer@ifeh.org

Honorary Webmaster

Henning Hansen, EnviNa, Denmark

<https://www.facebook.com/ifeh.org/> <https://www.ifeh.org/>

Honorary Public Relations Officer (IFEH Newsletter Editor)

Jason Marion, NEHA, USA. pro@ifeh.org

Honorary Editor (Environment and Health International – the IFEH Magazine)

Andrew Mathieson, Australian National University, Australia. andrew.mathieson@anu.edu.au

Regional Editors & board members of the IFEH Faculty Forum (IEHFF)

Europe region *Susana Paixão. supaixao@estescoimbra.pt*

Africa region *Patience Erick. erickp@ub.ac.bw*

Americans region *Charles D. Treser. ctreser@uw.edu*

Asia & Pacific region **position vacant please apply if interested.**

Chair *Anne Roiko a.roiko@griffith.edu.au*

Contents

INTERNATIONAL FEDERATION OF ENVIRONMENTAL HEALTH (IFEH).....	2
Disclaimer.....	4
Front cover photos	4
Upcoming events.....	5
Adverts	7
IFEH President Elect – DR. BRUNO CVETKOVIC	8
IFEH Honorary Secretary – DAVID NEMAKONDE	10
IFEH Honorary Editor + IFEH Honorary Treasurer – Dr ANDREW MATHIESON	11
Chair International Environmental Health Faculty Forum (IEHFF).....	12
Bed Bug Infestations on the Rise: Unraveling the Public Health Implications.....	12
Evidence-Based Practices to Increase Participation in Prostate Screening in Black Men in a Southern Urban Environment	14
Environmental Health Australia National Board Meets Face to Face in Brisbane	19
Kia Ora everyone from New Zealand!	20
BVLK - German Food inspector Association	22
Highfield Manager in Charge Programme.....	24
The Primary Differences Between Food Laws in Qatar Compared to the United Kingdom	25
The best way to monitor the temperature.....	26
Hand washing training.....	30
NZIEH New membership announcement.....	31
The 17th IFEH World Congress on Environmental Health.....	32
Environmental health: a global profession with a local impact	33
Malaysia 2023 Understanding Health Hazards	35
EHA (WA) to host the 2024 Environmental Health World Congress	37
University adverts.....	40
University of Applied Sciences Velika Gorica (UASVG).....	40
University of Birmingham	42
Mississippi Valley State University	43
Ulster University	44
Flinders University.....	46
Western Sydney University	47
Ruaha Catholic University (RUCU).	48
Cardiff Metropolitan University	49
Faculty of Health Sciences,.....	50
University of Ljubljana	50
University of Michigan	51
University of Copenhagen	52
Student Conference “Health in our Hands”	54
New courses and languages on OpenWHO	56
New course series on the clinical management of rape and intimate partner violence in humanitarian settings.....	56

New course on delivering quality health services to refugees and migrants from Ukraine...	56
Try out our new interactive features in our new course on Chemical and Biological	
Deliberate events	56
New courses and languages	56
Emergency management courses accredited for Continuing Professional Development	57
New countries added to the Serving Countries corner on OpenWHO	58
Monthly newsletter	58
Newsfeeds and information sources open to EH members.....	59
Disaster Management/Risk Reduction courses around the world.....	60

Disclaimer

All articles, adverts, etc. (hereafter called material), are accepted 'as is' for publication on the precondition that by the act of submitting, the author warrants that they have the IP rights, and all other rights to the articles, adverts, etc., (including photographs, tables and figures). Further by submitting material, the author is allowing the International Federation of Environmental Health (IFEH) to publish the material by any means and in perpetuity without reservation or restriction. The opinions belong to the submitting author and do not necessarily represent the opinion or views of the IFEH or the editorial team. By submitting material for publication, the author fully indemnifies the IFEH for any losses, action, claims, proceedings, demands, cost, expenses, damages, and other liabilities whatsoever or how so ever caused arising directly or directly in connection with, in relation to or arising out of the publication by the IFEH of the material. The editorial team reserve the right to make minor adjustments and/or style alterations without notice or liability, to all material prior to publication.

The IFEH make no representations or warranties whatsoever as to the accuracy, completeness, or suitability for any purpose of the material. Any opinions and views expressed in this publication are the opinions and views of the authors and are neither the views of the IFEH nor are they endorsed by the IFEH. The accuracy of the content should not be relied upon and should be independently verified with primary sources of information. The IFEH shall not be liable for any losses, action, claims, proceedings, demands, cost, expenses, damages, and other liabilities whatsoever or how so ever caused arising directly or directly in connection with, in relation to or arising out of the use of the content.

Front cover photos

"[Cimex lectularius \(bed bug\)](#)" by [Gilles San Martin](#) is licensed under [CC BY-SA 2.0](#).

"[Olympic rings in the Place du Trocadéro in Paris](#)" by [Anne Jea](#) is licensed under [CC BY-SA 4.0](#).

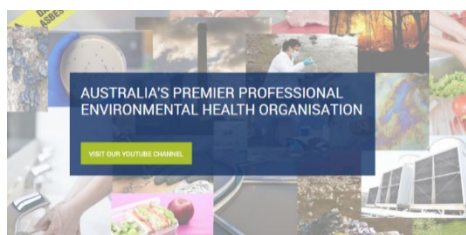
"Australia Bush Fires" by National Interagency Fire Center is marked with Public Domain Mark 1.0.

"[Rains add to worries of Moroccans in shantytowns | المغرب في العشوائية الأحياء سكان قلق من تزايد الأمطار | Les pluies, nouvelle source de souffrances pour les Marocains des bidonvilles](#)" by [Magharebia](#) is licensed under [CC BY 2.0](#).

"[Supporting people as they return home to still-flooded land](#)" by [DFID - UK Department for International Development](#) is licensed under [CC BY 2.0](#).

Upcoming events

(if you want your event publicised, please send the Editor a graphic and link)



7-9th November 2023, Australia



2023 UN Climate Change Conference
(UNFCCC COP 28)
UAE December 2023



2024 IFEH WORLD CONGRESS, PERTH AUSTRALIA

The IFEH World Congress on Environmental Health is coming to Perth from 20th - 24th May 2024. This is a fantastic opportunity for Australia to show case innovative solutions to a wide range of new, emerging and fundamental public and environment health challenges. If you would like to be notified when further information becomes available for the 2024 World Congress in Perth, please click the link below and fill out the Expression of Interest Form.

[2024 IFEH World Congress - Environmental Health Australia \(Western Australia\) Inc \(ehawa.org.au\)](http://ehawa.org.au)





Food safety – dollars & sense

**Australian Food
Safety Week**

11-18 November 2023



ON
SOLUTION



Please let me know of any local/national event that you want us to publicise.

Adverts – if you want to advertise a job opportunity here, it is free if you are a member or associate member otherwise £100 per advert.



Candidate Brief for the position of:

**Assistant Lecturer
in Environmental
Health and Safety**
(Permanent Wholetime)

Reference 191a/2023

Recruiting Difference; Reflecting Diversity

**Infinite
Possibilities**

For more information on the position please go to <https://lnkd.in/eG9b9P9E>



IFEH President Elect – DR. BRUNO CVETKOVIC

Bruno Cvetković, PhD, BSc EPH (born in Zagreb in 1979), currently holds the position of Deputy Director at the Teaching Institute of Public Health "Dr. Andrija Štampar" since 2022. He obtained his Bachelor's degree in 2008 from the Faculty of Health Studies at the University of Sarajevo and completed his doctoral studies in biomedical sciences, specializing in environmental health, in 2020 at the Faculty of Medicine, University of Rijeka. Between 1999 and 2002, he worked as an environmental public health professional, primarily involved in disinfection and pest control.

His journey at the Teaching Institute of Public Health "Dr. Andrija Štampar" began in 2004 when he joined as a professional associate in the Epidemiology Department within the Department for Monitoring and Controlling Vector-Borne Diseases. He took on the role of a professional associate in the Environmental Health Department within the Water Testing Department from 2005 to 2006. His responsibilities grew as he became the laboratory manager and deputy head of the Department for Environmental and Occupational Health from 2008 to 2012. Subsequently, he served as the head of the Division for Common Services within the Department for Environmental Health from 2012 to 2014. His journey continued as a senior expert advisor in the Department for Environmental Health - Environmental and Occupational Health from 2014 to 2015 and as the head of the Environmental Health - Emergency and Preparedness Team from 2014 to 2020. His most recent role was as a senior expert advisor and coordinator for activities in the Epidemiology Department – Disinfection and Vector Control, from 2020 to 2022.

Dr. Cvetković is recognized for his contributions to the field, with several authored scientific papers and active participation in workshops, conferences, educational programs, symposiums, and professional-scientific gatherings in both Croatia and abroad. His involvement extends to international organizations, as he became a Council Member of IFEH-International Federation of Environmental Health in 2011, representing the Croatian Chamber of Health Professionals-Department for Environmental Public Health Professionals. In 2019, he further expanded his responsibilities by becoming a Council Member of the Croatian Association for Medical Law.

Within the Croatian Chamber of Health Professionals, he has held significant leadership roles, including the presidency and leadership of the Department for Environmental Public Health Professionals from 2015 to 2016 and again from 2019 to 2020. Additionally, he served as vice president and head of the Department for Environmental Public Health Professionals from 2014 to 2015 and from 2016 to 2019. His remarkable leadership continues as he was re-elected as the head of the Department for Environmental Public Health Professionals until 2026, and he now also holds the position of vice president of the Croatian Chamber of Health Professionals.

His dedication to environmental health is further exemplified by his roles as the President of the regional group of the European Federation of Environmental Health from 2018 to 2022 and his current position as President Elect of the International Federation of Environmental Health from 2022. Dr. Cvetković's commitment to international cooperation is evidenced by his initiation of the ERASMUS collaboration between the Zagreb School of Health and the Escola Superior de Tecnologia da Saúde de Coimbra (ESTeSC). He has also actively contributed to the development of the National Health Development Strategy for the years 2012 to 2020.

As we approach the new year which is quickly followed by the IFEH World Congress in Perth, at which time it will be my honour to accept the appointment as President IFEH. With this in mind, I feel I should take this opportunity to share a few goals and vision for leading IFEH into a more prominent and sustainable position. **To achieve this, I need you all to help.**

1. **Global Collaboration:** Continue to foster collaboration and partnerships with WHO, environmental health organizations, government agencies, and NGOs worldwide. Encourage knowledge sharing and best practices to address global environmental and public health challenges.
2. **Advocacy and Policy:** Advocate for stronger environmental and public health policies and standards at the international level. Work with governments and policymakers through our members to develop and implement regulations that promote a healthier and more sustainable environment.
3. **Education and Training:** Focus on providing high-quality education and training programs in the field of environmental health and to revive our Environmental Health Disaster Management Course. This can help raise the professional standards of environmental health practitioners and ensure that they are well-equipped to address emerging issues.
4. **Research and Innovation:** Support and promote research in environmental health to better understand environmental risks and develop innovative solutions. Strengthen our connections with Academic Associate Members. Embrace technological advancements and data-driven approaches to address environmental challenges.
5. **Public Awareness:** Raise public awareness about the importance of environmental health and how individuals can contribute to a cleaner and safer environment. Engage in outreach and educational campaigns. Promotion of WEHD 26th of September.
6. **Sustainability:** Lead by example by adopting sustainable practices within the organization and encouraging sustainability efforts in member countries (SDG's). This could include reducing the carbon footprint, minimizing waste, and promoting environmentally responsible practices.
7. **Diversity and Inclusion:** Promote diversity and inclusion within the organization and the field of environmental and public health. Encourage underrepresented groups to participate and contribute to the mission of IFEH.
8. **Response to Emerging Issues:** Be flexible and adaptive in addressing new and emerging environmental health issues, such as climate change, pandemics, and other global challenges.
9. **Capacity Building:** Help countries with limited resources build their capacity in environmental and public health, sharing knowledge and resources to improve conditions in underserved regions.
10. **Evaluation and Reporting:** Regularly evaluate the organization's activities and report on the impact of its initiatives. Transparency and accountability are crucial for maintaining trust and support.

These are some of my goals and visions about what IFEH should be doing and where should it strive. But most important for the organization is to engage in strategic planning and consult with its members to shape its future direction effectively. We need to mobilise members to promote environmental health, their national organisations and IFEH.



IFEH Honorary Secretary – DAVID NEMAKONDE

The office of Honorary Secretary always come with its challenges as it is the engine of the Federation. Being a member of Board of Directors in the capacity of the Honorary Secretary, I personally feel proud to be a part of this Federation which is a key part of any comprehensive public health system. Some of the tasks include being the initial point of contact and official correspondent for IFEH, arranging Council meetings including fixing the times in consultation with the other Board of Directors and uphold the IFEH Procedures Manual. I am happy and grateful to the Board of Directors who made sure that I acclimatize well, especially to Dr Selva Mudaly whom I have taken over from after acted in the position after the last post holder had to resign at short notice due to ill health). My special gratitude to Martin Fitzpatrick who was there when I needed him most and I would call him at any given time for any clarification and he would respond positively. Martin, we are all glad you are in recovery, we wish you well and watch your travel with envy. I want to thank IFEH family for granting me the opportunity to serve our beloved Federation as the Honorary Secretary and I solemnly pledge to provide my best effort in holding our flag high. It is my wish that I must follow the tradition set by predecessors and to maintain or improve the activities of IFEH.

Since I occupy this position, Board of Directors had 8 meetings and all the minutes of these meeting have been published on the IFEH website within the stipulated period as directed by Procedures Manual. Let me take this opportunity to highlight one point amongst others that the Honorary Secretary was mandated to ensure that it is fulfilled. The IFEH is currently conducting membership audit as some people who are on the system are no longer members of the Organisation. For this, we need full support from the IFEH family as we want to update the membership directory, so that we can deliver our services via email services to the correct people. In the process, I have noted that some National Associations have already updated their leadership structure.

To the editorial team led by Dr. Andrew Mathieson, I salute you for working on a Magazine best in all aspects by disseminating relevant information to all the members worldwide. I appreciate the efforts of the Editorial team who have done an excellent job in compiling IFEH activities over the years and disseminate them through this Magazine. Through this magazine, we want to provide a complete package of Environmental Health Services to everyone. I believe this magazine will provide us the benchmark for continued improvement in overall development of the Federation and be a good source of information, sharing best practices and encouraging networking amongst the members.

In conclusion, according to WHO (2023), it has been proven that healthier environments could prevent almost one quarter of the global burden of disease. To be precise, COVID-19 pandemic is a further reminder of the delicate relationship between people and our planet. Furthermore, clean air, stable climate, adequate water, sanitation and hygiene, safe use of chemicals, protection from radiation, healthy and safe workplaces, sound agricultural practices, health-supportive cities and built environments, and a preserved nature are all prerequisites for good health. It's for these reasons that the Environmental Health Officials must remain relevant in mitigating these challenges.



IFEH Honorary Editor + IFEH Honorary Treasurer – Dr ANDREW MATHIESON

I am finally getting to grips with the accounts and can report that we successfully filed our return to UK Companies House on time. The full treasurers report will be made available after the AGM and Council meeting. I still have a lot to do with the accounts especially invoicing – this is due to the long gap with no treasurer or access to the accounts. The good news is that our friend Stephen Cooper (past IFEH treasurer) has agreed to offer advice and support to the newly formed finance and governance subcommittee (F&GSC) (agreed by IFEH Board of Directors (BoD)). The F&GSC is a small group, formed from BoD with the ability to second experts as necessary in order to offer the full BoD advice.

I plan another magazine toward the end of December 2023 so please have a think and submit ASAP articles/ editorials/ letters/ stories of best practice. Let us think how EH contributes to disaster remediation and resilience (with examples of excellence), what is our impact on climate change, food security, WASH projects, water security etc. We also accept student abstracts from academics, papers and selected adverts from member organisations and associate members.

At the last meeting of the International Environmental Health Faculty Forum (IEHFF) I resigned (editor and treasurer are enough for one person) and I am pleased to confirm that Professor Anne Roiko has agreed to chair in my stead.

One thing I have been thinking about is ‘the IFEH elections process’. Currently we elect by secret ballot but the BoD votes by show of hands. I wonder in this age of transparency and accountability, should the elections also be transparent and follow the ‘roll call’ process where the votes for every organization allowed to vote is recorded and published. Another reason for this is to ensure that the view/choice of the organization is accurately reported/called by the people able to vote. My thinking is that organisations should vote and tell the IFEH representatives (based on membership numbers) who they should vote for then they should declare this on the ballot that is then scrutinized, recorded and once confirmed, published. This way we introduce transparency into the election process. It shouldn’t be a secret left to the representatives, it should be the organization that decides, in my opinion.

Another matter I think we should be considering is **special projects**. We should consider having annual calls for special projects where IFEH is seen as a sponsor and has interest in the IP generated. IFEH would then be promoted locally and in any peer reviewed publications. Council or BoD should agree an annual % or amount to allocate to these special projects. This probably needs more thought.

We need to take the opportunity to look back (what have we achieved in the last 12 months or so and what do we want to achieve in the next few months/years? Brone has outlined his vision, let's get behind him and make it a reality!

We are working with Taylor and Francis to reestablish the previous link/ representation we had with the International Journal on Environmental Health Research.
<https://www.tandfonline.com/toc/cije20/current>

Read about the Malaysian field trip ... how can we work to expand this amazing opportunity?

PS Any errors are mine alone ... let me know and I will correct them.

Chair International Environmental Health Faculty Forum (IEHFF)



PROFESSOR ANNE ROIKO



Professor Anne Roiko leads the discipline of Environmental Health within the School of Pharmacy and Medical Sciences at Griffith University. She has over 30 years of experience as an environmental health scientist, 12 years of which were spent working abroad (Finland and Hong Kong) in research, teaching and regulatory roles. Anne is recognised for her commitment to transdisciplinarity and for working effectively with government agencies, industry and community groups, to transfer risk-based evidence about environmental health issues into policy and practice. She was appointed as an inaugural member of the enHealth Council, Australia's peak Environmental Health Advisory Committee in 1999, as well as the National Health and Medical Research Council's (NH&MRC) Drinking Water Coordinating Group and represented Griffith University on the Medical Deans' Working Group on Climate Change and Health. Currently she serves on several key scientific advisory committees, as a board member of the International Water Association's Health-Related Water Microbiology Group, as a member of NH&MRC's Recreational Water Quality Advisory Committee, and regionally, as a member of the Science Committee for Healthy Land & Water, where she also chairs the Human Health Scientific Expert Panel. As an educator, Anne is committed to preparing future health professionals to deal with current and emerging environmental health risks, many of which are being exacerbated by climate change. Anne is committed to internationalization the profession and providing travel and experiential opportunities for students both domestic and international.

With the help of the IEHFF academic working group I will arrange an online meeting in December 2023 and will work with the World Congress organizing committee to put together a face to face and virtual IEHFF meeting in 2024.

Watch this space ... Faculty Forum themes to follow

I was wondering if we should have a call for motions/resolutions/collaborations at the next faculty forum?

Also, is it time for IFEH to coordinate and write the definitive textbook on environmental health ... if you would like to be involved in such a project please let me know. We have a published provisionally interested in such a collaboration!

Let me know your goals/pet peeves and academic ambitions ...if I can help I will!

We talk about professional exchanges, and Andrew Mathieson led an amazing student excursion to Malaysia with the help of our Malaysian colleagues (MAEH and Academics) ... lets arrange some more student and academic exchanges!

Please reach out to support this magazine by submitting articles/stories/ideas and requests for collaboration either in research or practice via the editor.

Bed Bug Infestations on the Rise: Unraveling the Public Health Implications

Author: Dr Andrew Mathieson



In an increasingly globalized world, the rapid spread of certain pests has become a concerning reality. Notably, the resurgence of bed bug infestations stands out as a growing challenge that poses significant implications for public health.

Bed bugs, tiny nocturnal insects known for their blood-feeding habits, were once a common scourge in the early 20th century. The widespread use of potent pesticides, such as DDT, during the mid-century largely

diminished their presence. However, the past two decades have witnessed a dramatic resurgence of these pests. This upsurge is attributed to multiple factors, including increased international travel, bans on specific potent pesticides, and the bugs' developed resistance to currently available treatments.

While bed bugs have not been conclusively linked to the transmission of any diseases, their presence in our habitats—especially sleeping areas—presents several indirect health risks:

Skin Complications: Bed bug bites often manifest as small, itchy welts. Continuous scratching of these welts may lead to secondary bacterial infections, such as impetigo, cellulitis, and lymphangitis.

Allergic Reactions: For some individuals, bed bug bites can induce allergic reactions, ranging from mild rashes to severe anaphylactic responses.

Mental Health Effects: The psychological toll of a bed bug infestation is significant. Knowing that one's living space is infested can lead to anxiety, paranoia, and insomnia. Prolonged stress, in turn, weakens the immune system, making individuals more susceptible to other illnesses.

Economic Impact: Addressing a bed bug infestation can be costly. From professional extermination services to replacing contaminated furniture, individuals might face substantial unexpected expenses. On a broader scale, businesses, especially those in the hospitality sector, can face reputational damage and litigation costs.

The rising threat of bed bugs calls for proactive measures on multiple fronts. Public health departments need to ramp up awareness campaigns, educating citizens on prevention, early detection, and efficient treatment options. There's also a pressing need for further research into developing more effective, environmentally friendly pesticides and innovative extermination techniques.

In conclusion, while bed bugs might be diminutive in size, the challenges they present are vast and multidimensional. By understanding the threat they pose, and by arming ourselves with knowledge and resources, we can curb their spread and safeguard public health.

Recommended reading:

[Historical and Contemporary Control Options Against Bed Bugs, *Cimex* spp.](#)

By Stephen L. Doggett and Chow-Yang Lee. Annual Review of Entomology 2023 68:1, 169-190

Image: "[bed-bug-eggs-mattress-corner](#)" by [Thos003](#) is licensed under [CC BY 2.0](#).

Evidence-Based Practices to Increase Participation in Prostate Screening in Black Men in a Southern Urban Environment

Authors: Wesley, Sunny, Dr PH; Samples, Oreta M., MPH, DHSc

Abstract

Research shows that black men are disproportionately affected by Prostate Cancer (PrCA), and as a population are less inclined to go for PrCA screening. Hence, there is a need for an Evidence-Based Practice (EBP) intervention to bridge the identified gap. This paper seeks to showcase the best evidence-based practices for use in advocating PSA testing to African American men through a retrospective review. The recommendations on ways to improve African American male perceptions of the importance of receiving PrCA screening is quite necessary especially in urban areas. Interventions shared by Odenina et al., (2014), Patel et al., (2013), and Sultan et al., (2014) are based on their proven sustainability and reliability and deemed appropriate for use in southern urban environments. Through these EBP, the awareness of PrCA screening in Black men increased, and they were empowered to make positive decisions for their health.

Keywords: Black men and prostate cancer, impact of prostate cancer on black men, EBP for prostate cancer screening in black men, prostate cancer intervention in African American men, and prostate cancer screening perception in black men, and Meta-Analysis/Systematic reviews on Black men and prostate cancer, urban, environment

Introduction

The focus of this retrospective research is to introduce current Evidence-Based Practices (EBPs) that will positively influence prostate cancer (PrCA) screening in black men, and lead to creation of a recommendation of effective interventions for healthcare centers in urban areas. Research shows that black men are disproportionately affected by PrCA, as well as being less inclined to go for PrCA screening. This is likely indicative of their perception, cultural inclination, access to health care, lack of trust from health experts and social-economic status (Odenina et al., 2014). A study by Fletcher, et. al. (2020) stated that Atlanta, Georgia has the lowest rate of survival among black men diagnosed with PrCA when compared to other metropolitan areas in the United States; a finding, which is linked to a higher predisposition of disparity in many southern urban areas.

Globally, the prevalence and the incident rate of PrCA among men is alarming and quite significant. PrCA is the most common type of cancer diagnosed in men compared to other types of cancer. In 2017, a total of 161,306 men were diagnosed with PrCA in the U.S., of which 26,730 deaths were recorded (6.03%), with the rates continuing to increase (Ivley, et al., 2018). The State of Georgia has the highest incident rate of PrCA in the Nation responsible for the second leading cause of death in men within the U.S. However, the incident and the mortality rate in black men in the State of Georgia is twice as high as that of white and Hispanic men, and men in the rest of the U.S. (Georgia Department of Public Health, 2020).

Research shows that black men are disproportionately affected by PrCA; they are also less inclined to go for PrCA screening. 37% of PrCA diagnosis in 2013 in the U.S. was represented by black men with an increased incidence rate of 70%. The mortality rate for black men is higher when compared to white men (Odenina et al., 2014). Hence, the need for an Evidence-Based Practice (EBP) intervention.

Discussion:

A study by Rogers indicated that black men are less inclined to participate in PrCA screening due to the lack of trust in the health care system. However, with increased awareness through education, trust, and transparency in the health care system, more black men may be motivated to participate in PrCA screening (Rogers et al., 2018). Further amplification of the mistrust black men have in the medical system has deeply influenced their perception and decision-making

towards PrCA screening (Kinlock, et al., 2018, and Lepore, et-al., 2012). A notable case that is traceable to the lack of trust black men have in the government, and in the health care system is linked to the Syphilis Study in Tuskegee, Alabama that began in 1932 (CDC, 2021). Such mistrust has remained evident in other, more recent healthcare situations such as the Covid 19 pandemic. Despite the vaccine roll-out, black men have been more skeptical compared to other races about taking the Covid 19 vaccine due to the unethical historical events linked to the Tuskegee Syphilis Study (CDC, 2020).

The search criterion that addressed identifying an EBP that has increased PrCA screening, particularly in black men was completed through the online review of past SR/MA studies that have addressed EBP intervention of which three were chosen. This meta-analysis did not in essence measure anything, rather, it identified the best EBP to offer to health care organizations seeking to increase PrCA screening in black men, particularly in urban environments. Because no data was collected, the only analysis taking place remained that of published interventions for suitability in use for advocating of PSA testing in African American men. This analysis used the following criteria to identify appropriate articles for review: articles must include EBP for PrCA screening in black men, PrCA intervention in African American men, and PrCA screening perception in black men, and meta-analysis/systematic reviews on black men and prostate cancer.

A total of twenty-eight articles were reviewed, of which three review articles supported interventions that were recommended to a southern, urban, health care organization as sustainable and reliable. The studies of Odenina et al., (2014), Patel et al., (2013), and Sultan et al., (2014) were recommended to the health care organization based on their EBP and expectation to positively influence PrCA screening participation of black men in the same urban environment.

Odenina Intervention:

According to Odenina (2014), the mortality rate for black men is higher when compared to white men. This author advocated for an Evidence-Based Practice (EBP) intervention to bridge the identified gap, by applying the “Working Through Outreach to Reduce Disparity” program (W.O.R.D on PrCA) to the population of black men. W.O.R.D includes programs that increase awareness for black men to participate in PrCA screening programs and was considered a reliable instrumentation for Southern black men in an urban setting.

The intervention purported by Odenina (2014) was deemed the most appropriate for identified black men in a southern urban environment. The intervention will assist in improving African American male perceptions of the importance of receiving PrCA screening. This intervention has been advocated by the author associated with this paper to a southern health care organization that is in an urban southern city.

The applicability of the W.O.R.D video by Odenina et al., (2014) influenced black men to participate in PrCA screening. Black men were able to identify with other black characters in the video which changed their perception. In addition, from a cost-effective standpoint, the W.O.R.D video was taped in a local community barbershop and made accessible on social media. For these reasons, replication of the Odenina et al., study would be highly recommended. The southern urban health care organization is known for its community outreach programs, and assimilation of the outreach through W.O.R.D program not only influenced PrCA screening but bridged the gap of social disparity within the community. The effectiveness of the video was resounding with a statistical increase in PrCA awareness and increased participation in PrCA screening and decreased negative perception regarding cultural beliefs, behavioral and cognitive factors (Odenina et al., 2014).

The PrCA W.O.R.D video was created to address the health disparities and bridge the gap in PrCA screening in black men. The PrCA W.O.R.D video included educational information to understand the need for early detection and risk reduction of PrCA, increase awareness of PrCA screening and address PrCA barriers by providing information to boost informed decision towards PrCA screening to change black men behavioral perception of the need for testing

(Odenina et al., 2014). One hundred and forty-three black men viewed the PrCA W.O.R.D video. The efficacy of the video was resounding with a statistical increase in PrCA awareness and increased participation in PrCA screening and decreased perception in cultural beliefs, behavioral and cognitive factors (Odenina et al., 2014). The research study by Odenina et al., 2014, *"Development and assessment of an evidence-based prostate cancer intervention program for black men: the W.O.R.D. on prostate cancer video"* applied the Cognitive Model in their research to predict and measure the behavioral intention of PrCA screening in black men.

Patel Intervention:

Patel et al., (2013), examined the influence of an educational intervention on PrCA screening behavior and knowledge in a community setting. 104 African American men were recruited of the age at 45-years and older. The intervention was administered by skilled educators, using a PrCA educational brochure, structured preintervention interview, and a three-month post-intervention interview. A Community-Based Participatory Research (CBPR) methodology was used to examine the informed decision-making processes regarding PrCA screening, knowledge awareness, and screening rates in African American men. The questionnaire was designed to measure participants' basic understanding of PrCA. The pre-test shows a similar perception between screening barriers and influence in social determinants of health in screening behavior. A notable finding in this study is the relationship between PrCA screening status and PrCA knowledge. There was a significant correlation in the screening status and knowledge that occurred between preintervention and postintervention in participants that were screened for PrCA before the study as compared to participants that were not screened for PrCA. This study shows a positive outcome regarding the collaboration between the community, and the academic institution to develop an evidence based PrCA educational intervention that will influence PrCA screening participation in the African American community (Patel, et al., 2013).

This computer-based intervention promoted PrCA screening informed decision-making among African American men based on the premise that (1) computer-based PrCA screening informed decision-making should be carried out in the local community. (2), PrCA screening intervention for informed decision-making should include large samples of African American men. (3), that PrCA intervention should consider African American mistrust of health care professionals, and the health care system. (4), that PrCA screening intervention should collaborate with stakeholders, and the community towards PrCA screening prevention, and treatment.

Sultan Intervention:

The ideology reflected by research undertaken by Sultan regarding decisions as related to PrCA screening for African American men was like the systematic meta-analysis review conducted by Ivlev, et al., 2018, and Riikonen, et al., 2019. The purpose of this study was specifically to examine decision-making efforts in African American men. It is imperative to infer at this point that both systematic meta-analyses failed to adequately specify the number of African American men used in their study based on the prescriptive nature of PrCA screening. However, research has shown that black men are disproportionately affected by PrCA with a 60% incident rate when compared to Caucasian, and Hispanic men, with a mortality rate twice as high in this population (Sultan, et al., 2014). Sultan, et al., stated that the difference in disparity is linked to the lack of access to health care, the level of PrCA knowledge and awareness, genetic and environmental predisposition, socioeconomic status, distrust in the health care providers, the health care system, and individual perception (2014). The design of this study examined a computer-based intervention to promote PrCA screening informed decision-making in African American men. Four implications were addressed and included: (1) computer based PrCA screening in which informed decision-making should be carried out in the local community; (2) PrCA screening intervention for informed decision-making should include a large enough sample of African American men; (3) PrCA interventions should be sensitive to the African American mistrust of health care professionals, and the health care system, and (4) PrCA screening intervention should collaborate with stakeholders, and the community towards more PrCA screening, prevention, and treatment. Research data collected from 152 African American men used a computer-based screening approach. The participants were evaluated using a pre-test and post-test to determine social-economic status, demographic background, knowledge

awareness on PrCA, and PrCA screening, self-efficacy, and decisional conflict. The result from this intervention indicated a significant improvement in participant's PrCA knowledge ($p < .0001$), decisional self-efficacy ($p < .0001$), and decisional conflict ($p < .0001$) (Sultan, et al., 2014). The research ideology in Patel et al., 2013, and Sultan et al., 2014, are similar in perspective to the study of Odenina et al., 2014 because PrCA screening and decision-making for African American men was examined.

The Health Belief Model Rationale

The objective of this paper is to identify the best EBP intervention that will increase PrCA screening in black men in an urban southern setting. The meta-analysis of EBP interventions and subsequent report made to the health care organization recommend the best intervention to utilize to increase PrCA in African American men from among the identified studies.

A group of social psychologists: Irwin Rosenstock, Godfrey Hochbaum, Stephen Kegels, and Howard Leventhal developed the Health Belief Model in the 1950s at the U.S. Public Health Service, to explain and predict health behavior (Rosenstock, 1974). Several theoretical frameworks have been applied to investigate appropriate EBPs and the increase of PrCA screening in black men. However, Health Belief Model is extensively used to assess health beliefs related to PrCA screening behaviors by identifying and predicting behavior (Ghodsbin et al., 2014). To identify and predict behavior, the individual senses the risk of contracting an illness (perceived Susceptibility) and perceives the seriousness and severity of the complications from the illness (perceived severity) that are influenced by both the internal and external factors (cues to action) to make a behavioral change (Ghodsbin et al., 2014). External factors from the environment may hinder behavioral change (perceived barrier) nevertheless, the individuals' willingness to change a health condition (perceived benefit) cannot be undermined, hence the importance of the Health Belief Model in identifying and predicting behavioral changes regarding PrCA screening (Ghodsbin et al., 2014).

The Health Belief Model study by Ghodsbin et al. was used to examine the class of knowledge and health belief of PrCA screening in retired men from the Shiraz education department. 180 men between the age of 50-70 years were enrolled in this study. Data collection for PrCA screening included three questionnaires that involved demographic, Health Belief Model, and knowledge (Ghodsbin et al., 2014). Their findings stated that 95.6% and 85.6% of the participants never experienced a digital rectal examination (DRE) and/or Prostate-Specific-Antigen (PSA) examination for PrCA screening. However, 74.4% and 90.5% of participants indicated health motivation and perceived benefits with a lower percentage of severity and susceptibility. The researchers concluded that the development of an assessment that is based on the Health Belief Model will be effective in designing and implementing an educational program that will influence PrCA screening in the target population (Ghodsbin et al., 2014).

The Health Belief Model is an appropriate theoretical framework which researchers apply to comprehend and predict human behavior regarding preventive health practices (Plowden, 1999). The Health Belief Model examines the internal and the external factors that influence behavior based on individual perception and perceived vulnerability to a health condition, as the model is centered on value and expectations to influence a behavioral change (Plowden, 1999).

Conclusion

The current state of PrCA screening interventions in black men is not adequate according to the health care organization. The future state of PrCA screening interventions aimed at black men by the health care organization would statistically increase the number of PrCA testing in Georgia's black male population. It can be postulated that the three EBP interventions presented are comparable in their methods/design with the purpose of changing the perception of black men to participate in PrCA screening intervention. The impact of this recommendation report assisted the health care organization to craft a PrCA intervention program that will benefit the community, specifically black men. With the implementation of Odenina interventions, the staff addressed the acknowledged gap in practice, and was able to mitigate the need for PrCA screen through a collaborative effort in the community. This will additionally influence PrCA screening participation in black men and create a sustainable public health practice.

REFERENCES

- Odenina, F., Oluwayesmis, A., Pressey, S., Gaddy, S., Egensteiner, E., Ojewale, E., Moline, O., & Martin, C. (2014). Development and assessment of an evidence-based prostate cancer intervention program for black men: The W.O.R.D. on prostate cancer video. *Ecancer Medical Science*, 8, 460. doi:10.3332/ecancer.2014.460
- Rogers, C. R., Rovito, M. J., Hussein, M., Obidike, O. J., Pratt, R., Alexander, M., Berge, J. M., Dall'Era, M., Nix, J. W., Warlick, C. (2018). Attitudes toward genomic testing and prostate cancer research among black men. *American Journal of Preventive Medicine*, 55(5), S103-S111.
- Kinlock, B. L., Parker, L. J., Bowie, J. V., Howard, D. L., LaVeist, T. A., & Thorpe, J., Roland J. (2017). High levels of medical mistrust are associated with low quality of life among black and white men with prostate cancer. *Cancer Control*, 24(1), 72-77. doi:10.1177/107327481702400112
- Lepore, S. J., Wolf, R. L., Basch, C. E., Godfrey, M., McGinty, E., Shmukler, C., Ullman, R., Thomas, N., Weinrich, S. (2012). Informed decision making about prostate cancer testing in predominantly immigrant black men: A randomized controlled trial. *Annals of Behavioral Medicine*, 44(3), 320-330. doi:10.1007/s12160-012-9392-3
- Center for Disease Control and Prevention (CDC) (2020). Covid 19 Racial and Ethnic Disparity. Retrieved from: <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html> on December 10, 2020.
- Ivlev, I., Jerabkova, S., Mishra, M., Cook, L. A., & Eden, K. B. (2018). Prostate cancer screening patient decision aids: A systematic review and meta-analysis. *American Journal of Preventive Medicine*, 55(6), 896-907.
- Georgia Department of Public Health. (2020). Cancer Reports. Retrieved from <https://dph.georgia.gov/cancer-reports>
- Patel, K., Ukoli, F., Liu, J., Beech, D., Beard, K., Brown, B., Sanderson, M., Kenerson, D., Cooper, L., Canto, M., Blot, B., & Hargreaves, M. (2013). A community-driven intervention for prostate cancer screening in African Americans. *Health education & behavior: the official publication of the Society for Public Health Education*, 40(1), 11-18. doi.org/10.1177/1090198111431275
- Riikonen, J. M., Guyatt, G. H., Kilpeläinen, T. P., Craigie, S., Agarwal, A., Agoritsas, T., Tikkinen, K. A. O. (2019). Decision aids for prostate cancer screening choice: A systematic review and meta-analysis. *JAMA Internal Medicine*, 179(8), 1072-1082. doi:10.1001/jamainternmed.2019.0763
- Sultan, D. H., Rivers, B. M., Osongo, B. O., Wilson, D. S., Schenck, A., Carvajal, R., Green, B.L. (2014). Affecting African American Men's prostate cancer screening decision-making through a mobile tablet-mediated intervention. *Journal of Health Care for the Poor and Underserved*, 25(3), 1262-1277. doi:10.1353/hpu.2014.0148
- Rosenstock, I.M. (1974). Historical origins of the Health Belief Model. *Health Education & Behavior*, 2(4), 328-335.
- Ghodsbin, F., Zare, M., Jahanbin, I., Ariaifar, A., & Keshavarzi, S. (2014). A Survey of the Knowledge and Beliefs of Retired Men about Prostate Cancer Screening Based on Health Belief Model. *International journal of community-based nursing and midwifery*, 2(4), 279-285.
- Plowden, K. O. (1999). Using the Health Belief Model in understanding prostate cancer in African American men. /retrieved from: <https://pubmed.ncbi.nlm.nih.gov/10335135/>

Environmental Health Australia National Board Meets Face to Face in Brisbane



The Environmental Health Australia (EHA) National Board recently held a productive face-to-face meeting in Brisbane, Queensland. The meeting brought together national board members from different parts of the country to discuss critical issues related to environmental health and the profession.

One of the highlights of the meeting was a half day advocacy workshop, which provided board members with insights and strategies for advocating for better policies and resources for environmental health. The workshop emphasized the importance of building relationships with key stakeholders and using effective communication strategies to promote environmental health issues. Another highlight, as always, was the level of collaboration among the board members which was evident in the lively and engaging discussions that took place across the 3 days.

There was also significant discussion around the IFEH World Congress on Environmental Health, which is being held in Perth, Western Australia next year (2024) from May 20th - 24th.

Preparations are well under way and we will be sharing updates over our social media channels in the coming months. If you have not yet subscribed to the EHA social media channels, do so by following the below links:

Facebook: <https://www.facebook.com/EnvHealthAu>

LinkedIn: <https://www.linkedin.com/company/eha-ltd/>

Twitter: https://twitter.com/EHA_LTD

The face-to-face meeting also covered topics related to emerging environmental health issues, including climate change and the environmental health workforce shortage. Board members discussed the need for increased research and advocacy to address these issues and ensure a healthier environment for all.

The meeting provided an invaluable opportunity for board members to collaborate and share their knowledge and insights on critical issues related to environmental health. As EHA President Philip Swain noted, "The meeting was an important opportunity for board members to collaborate and share their knowledge and insights on critical issues facing environmental health today. It was great to see such a high level of engagement and commitment to promoting a healthier environment for all."



Moving forward, the EHA National Board will continue to work to advance the field of environmental health and promote healthier environments for all. By working together and advocating for better policies and resources, we can ensure a healthier and more sustainable future for ourselves and future generations.

To learn more about the work of EHA, visit our website at www.eh.org.au.



Kia Ora everyone from New Zealand!

What a busy past few months it has been! Already this year seems to be racing along with winter now upon our doorstep. In March this year, we successfully hosted a sold-out face to face conference at the amazing Te Pae convention centre, Christchurch. This was a fantastic event and feedback overall has been very positive, including the Gala dinner experience which was held at the International Antarctic Centre - a must do for any visitor to New Zealand.

On 20 April 2023, we hosted our first EHA NZ webinar of 2023 with our guest speaker, Chris Webber from the Public Health Association of New Zealand. Chris gave an insightful presentation centred around Tikanga Māori and the concept of 'Mahi Tahi' or working together. Referring to Tikanga Māori (customs and protocols) prompts us to really consider how connected we are to Papatūānuku, our Earth Mother. As Chris said during his presentation, the more connected we are to our environment, which includes our Whakapapa (family roots/connections) and where we come from, the more likely we are to look after it. This was a great way to sum up World Earth Day and how we can all play a part in respecting our environment, resources and trying to enhance them for future generations to come. Here's some key points from Chris's presentation:

The Concept of Pa: In the context of Public Health and Tapa Wha (Protecting our 'house')

The 3 P's of Public Health: Person, Pathway, Pathogen

The 3 T's of Tapa Wha: Tikanga (Protocols/Customs), Tangata (People), Taiao (Places / Environment)



The Pa model represents layers of working relationships. From a health perspective, how does a Pathogen relate to a Pathway and people? Similarly, how do Māori customs and protocols relate to protecting people and places (also known as the environment). The answer is working together in the spirit of collaboration and collectiveness towards common goals. In the context of World Earth day, this means using protocols, customs, or other frameworks such as rules and laws of society to help protect the people and places/environment of earth. Hence, Mahi Tahi – let's work together to help look after mother earth, being conscious of preserving natural resources, reducing waste and damage to the world we live in. Remember, it only takes us all doing one thing to help lead change. So we in New Zealand challenge you wherever you are in the world to do just one thing. Make a conscious effort to use a keep coffee cup, reduce plastic bag use, recycle different materials, compost food scraps at home – whatever you want! If we all do just one thing, imagine the difference to the world and our environment we could make...

Back to business and as an executive we now turn our attention towards finalising our next set of upcoming virtual webinar series, due to start late May and run into June for members. This series looks set to feature some interesting speakers covering a range of Environmental Health topics. It is timely with our next virtual webinar series coming soon, to announce a new membership tier within our institute, our International Membership option. Check out our website for more information and register as an international member: <https://www.nzieh.org.nz/member-levels>

This membership level gives access to all our virtual webinar offerings and is a great way to expand our reach, knowledge sharing and membership in general. A current member has already approached me about sponsoring someone from another country who doesn't have an active Environmental Health organisation/professional institute. This is an amazing initiative, and we fully support this if you would like to take up this initiative yourself and offer a koha (gifted) membership to someone from another country – no matter where in the world you are based.

Simply email Karla our National Secretary with your interest (info@nzieh.org.nz), and via our IFEH group connections, we will make available those memberships for other member countries to take advantage of.

I am also pleased to advise that I was invited to speak at the inaugural 'Wasteminz' Lead conference held in Hamilton New Zealand, 25-26 May 2023. This was an exciting initiative and an area of Environmental Health that perhaps many of us don't always have the chance to work with – Lead and other heavy metal contamination issues.

For more information about this event, follow this link: <https://wasteminz.zohobackstage.com/ResidentialLeadWorkshop>

Lots happening in our corner of the world! To keep in touch with our virtual and other training events coming up, stay tuned to our website or better yet, like us on Facebook. We strive as an executive to keep promoting our profession, and keep being New Zealand's voice for Environment Health – all around the world.

Nga Mihi,

Tanya Morrison

NZIEH National President



BVLK - German Food inspector Association

A positive development, still room for improvement and open construction sites

If you look back over the last 12 months, you ask yourself – where has the time gone? And what actually happened?

We all had a very exciting, sometimes uncertain time in the past. It is nice to be able to look back on positive experiences and developments.

Of course, the future also plays an important role, especially in our professional group.

For example, our food inspectors in training have the opportunity to learn the theory and consolidate their knowledge at the professional academy Saxony – State academy of studies in Plauen (one of three academies/schools in Germany for the training of food inspectors).

Before our food inspectors in training have the opportunity to gain a foothold in the job market, they need fact-oriented, subject-specific and practical training. It must be ensured both in school (academy etc.) and in the training center (office) that every food inspector is taught the essential theoretical basic knowledge and practical skills in the exercise to later become a food inspector. The training lasts two years (theory and practice in sections with subsequent oral, practical and written exams).

The prerequisite for being able to take part in further training as a food inspector is completed training in a relevant area. Entry-level occupations are, for example, chef, baker, restaurant manager, butcher or brewer; with master's degree.

With a degree as a state-certified business economist - specializing in hotel and restaurant business or an apprenticeship as a food technician, entry is possible. Any master exams or further training are prescribed accordingly for this profession. Furthermore, courses in the food technology sector enable further training.

The response to the passing on of well-founded and subject-specific knowledge by the lecturers at the professional academy Saxony – State academy of studies in Plauen was unexpectedly high.

The aim is to impart knowledge so that the trainees learn something that they need to internalize in order to be able to apply it later.

The trainees are closely integrated into the academy in Plauen right from the start. Great importance was also attached to this in Corona times and in online seminars.

Our federal chairman Maik Maschke, as a lecturer, can also report on this.

Of course, you can't pick everyone up there. Exceptions prove the rule.

The attractiveness of vocational training (food inspector) naturally requires a high quality of training.

Unfortunately, the quality in the training center and in the office is not the same. There are gaps between the learning locations of theory and practice that are difficult to compensate for.

In addition, the trainees very often report a lack of support in preparing for the exam in the office and from those responsible on site (training supervisors). There is an urgent need for action here. However, the implementation is less simple. Each federal state has its own examination regulations.

Different procedures already in the selection of the trainees, as well as in the training (in schools and offices nationwide) are to be regarded as a danger, since a uniformity of the activities to be carried out as a food inspector cannot be fully guaranteed.

A nationwide training and examination regulation (uniform theory – same teaching content in the schools/academies and practice in the specialist authorities and training offices) is to be regarded as sensible. In addition, the duration of the training at 3 years (our claim) is justified for the scope of knowledge that a food inspector must have.

The requirements and the training for food inspectors urgently need to be adapted to the current situation and the required specialist knowledge. The training period of three years is essential in order to be able to work in this profession.

Incorrectly, further training is always spoken of and this is also reflected in the LKonV (Regulation for food inspectors). Training is no longer enough.

The feedback from the trainees to the lecturers at the academy is remarkable.

Even after their training, they are in contact in a WhatsApp group and can exchange ideas over short distances.

In addition to a lot of input, the lecturers get a reflection on their explanations in the lesson and can change, improve and supplement processes and teaching content if necessary.

The trainees get technical questions answered and thus prepare themselves for practical work as food inspectors.

A solid and subject-specific training is very important. For this reason, all areas of training should be given high priority in order to strengthen consumer protection through well-qualified food inspectors.



Highfield Manager in Charge Programme

Created by Richard A Sprenger BSc (Hons), DMS, FCIEH, FSOFHT, FREHIS

Introducing the Highfield Manager in Charge Programme



50 years of promoting food safety as an enforcement officer, a director, a government adviser, author, trainer and chairman of a leading UK and international awarding body, has given Richard unparalleled experience within the industry. It is this insight that has led to the creation of the **Highfield Manager in Charge programme**.

The **Highfield Manager in Charge (HMIC)** programme offers a practical approach to food safety that is based on good international practice and built on 7 years of successfully implementing similar programmes in the Middle East and Asia. The programme provides the owner/board the tools to take responsibility for food safety without the need to rely on inspections by third parties to identify failings. It will assist in protecting profits and minimise the risk of food poisoning.

THE CHALLENGE

No food business wants to poison or injure its customers. Most food businesses train their food handlers and implement a range of food safety measures to reduce the risk.

Often businesses waste a great deal of money and create confusion among staff because they replace existing good practices with the latest fashionable food safety initiative, convinced by a third party that it will secure improved food safety standards. But, how many 'great' HACCP systems sit on a shelf on a manager's office gathering dust because they are impractical to implement?

Many organisations spend money on food and equipment suppliers, HACCP consultants, third party auditors, pest management, cleaning and disinfection and staff training. But, who within the business has the food safety expertise to ensure you receive value for money?

Depending on the size of the organisation there are various systems that provide some level of success. Codex HACCP and ISO 22000 are great food safety management systems for manufacturing, but are not ideal, or cost-effective, for many catering or retail operations.

HIGHFIELD'S SOLUTION

A pragmatic and practical approach!

The training of food handlers is essential. An internationally recognised level 2 qualification is a good start, but without the implementation of what they have learnt and without training managers to a higher level, you won't be getting value for money.

The HMIC programme will equip your appropriate managers with the knowledge and skills required to identify food safety issues, cover the principles of HACCP and effectively inspect all food storage, preparation, cooking and serving areas.

The benefits to the company are improved food safety, quick implementation and the appreciation of customers.



The Primary Differences Between Food Laws in Qatar Compared to the United Kingdom

Author: Oliver Hurst*

University of Derby – Masters of Science in Environmental Health

*Corresponding Author's Email: oliver@hygienesafetyconsultants.com

Abstract

Introduction: The purpose of this research is to critically examine Qatar's current food laws and use the United Kingdom's food legislation as a leading example to follow. It is crucial to recognise any differences between the current food safety legislation enforced in Qatar compared to that in the United Kingdom, as Qatar is hosting the FIFA World Cup in 2022. This research aims to highlight any potential differences that could affect the safety of food production and consumption within Qatar during the FIFA World Cup, and to recommend changes which could be implemented to enhance the overall safety of food production and consumption in Qatar during the tournament and henceforth.

Methods: To guide and structure this paper, three SMART objectives will ensure the findings are focused around the main research aim. Based on quantitative research, key findings gathered within the literature review will highlight; the differing enforcement frameworks to food safety legislation, analyse the development of food laws, the reasoning behind the contrasting laws and the potential impact that any differences may have on the production and consumption of safe foods within Qatar.

Results: The analysis of the results amassed will emphasise that Qatar's current food safety legislation is not as comprehensive than that of the United Kingdoms. Additionally, there is a clear lack of knowledge of food safety with respect to the Qatari public as well as amongst all areas of the food chain.

Conclusion: On this basis, it is recommended that the Qatari food safety legislation should be amended, to become more harmonised to that of the United Kingdom's. Furthermore, it is vital to enhance the understanding and knowledge of food safety throughout Qatar. These recommendations will help to increase the safety of the production and consumption of foods in Qatar, whilst positively impacting the health of the people that live there. The ultimate limitation of this research is the completion of it prior to the start of the FIFA World Cup, therefore it is essential that further research is undertaken. This in turn will identify the effect of the implementation of the Games Time Regulations during the FIFA World Cup, which may strengthen the key findings and recommendations of this research.

Keywords: Food Safety, FIFA World Cup, SMART Objectives, Food Safety Legislation, Qatar, United Kingdom, Research

The best way to monitor the temperature

Author: Shane van de Vorstenbosch



Managing director of OnSolution and has been assisting companies monitor the temperature for 23 years. Over that time he has seen the medical industry transform how they monitor vaccine fridges, and is now keen to see the hospitality industry enter the 21st century. His company sells a wide range of temperature loggers, and have now created their own cloud based solution, Clever Logger. You can contact him at shane@onsolution.com.au.

Despite food temperature being a hot topic (pardon the pun), there doesn't seem to be much discussion on how to monitor the temperature. There is a standard awareness of thermometers, but very few people are aware of temperature loggers. At a recent conference I was again surprised by how many EHOs aren't aware of temperature loggers.

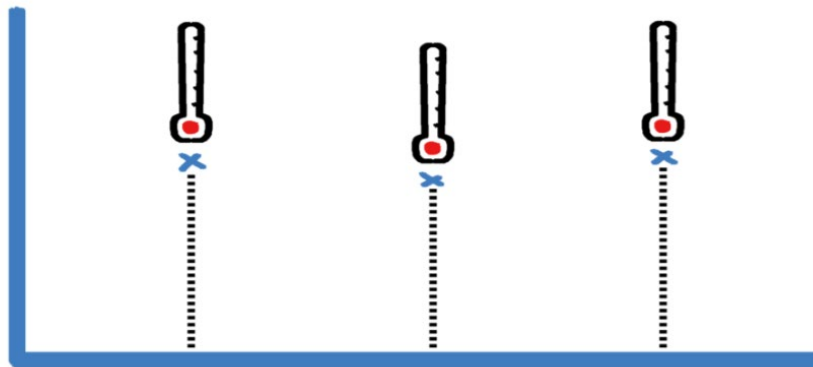
In this article, I want to briefly cover the different types of thermometers and temperature loggers, and then move onto their practical use, both for EHOs as well as within restaurants, cafes and caterers. This is going beyond "standards" and looking at best practice.

Types of devices

Thermometers

A thermometer is simply a device that will tell you the CURRENT temperature.

Most people would be familiar with a probe thermometer. They are typically very quick and easy to use. Most hospitality fridges will have built-in thermometers to show the current temperature of the fridge.



A thermometer allows you to do ad-hoc manual readings

Infra-red thermometers

A more interesting variation on a thermometer are the infra-red thermometer "guns". They allow you to measure the surface temperature of an object without having to make physical contact. While they are incredibly easy to use, they do have a number of practical issues that most users are not aware of. They definitely have their place in a commercial kitchen but users need to be better trained.

Min/max thermometers

Min/max thermometers have the benefit of showing not only the current temperature but the minimum and maximum temperatures since last time they were reset. They have the huge advantage that they will show you if there has been a previous problem that has now been fixed. For example, a power failure over the weekend may have caused the fridge to reach room

temperature, and when the power returned the fridge cooled down again. A standard thermometer would show a good reading on Monday morning while a min/max thermometer would reveal the problem.

Within the medical industry they are the minimum standard for monitoring vaccine fridges. I think they should also be the minimum standard in the hospitality industry. They never will be, however, because they will just reveal that all fridges and freezers are left open at some stage during the day.

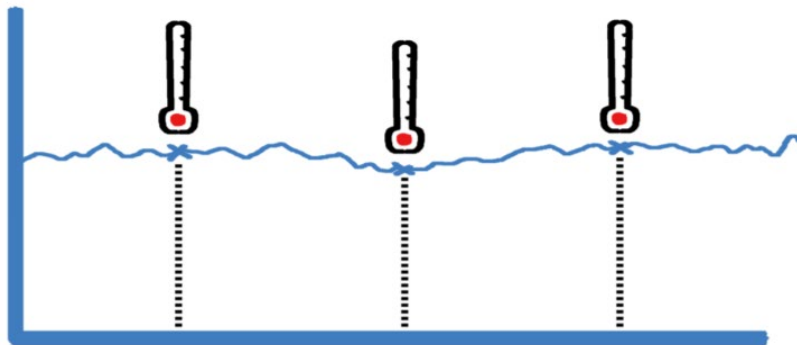
Thermometers on controllers

I want to differentiate between a straight thermometer (its sole purpose is to display the temperature) and a thermometer that is also used to control the temperature. Many fridges will have the controller display the current temperature. While this is a useful feature for setting the fridge, it fails to be an independent check.

Temperature loggers

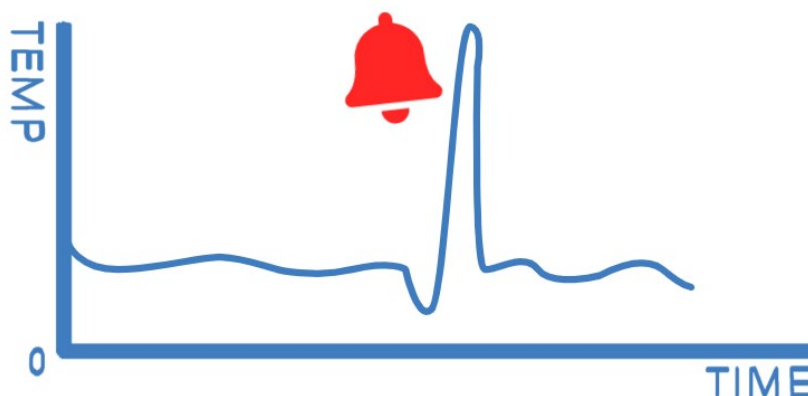
While a min/max thermometer would reveal a problem, it can not tell you how long the problem existed. A temperature logger provides the complete picture. It can tell you when a problem started and when it finished, as well as how long it was at the maximum temperature. This is critical information when deciding if food can be kept, consumed or needs to be immediately discarded.

It also provides an independent proof that something has been at the correct temperature. The results can not be faked by a person and is not just a random spot check.



A temperature logger provides a “complete picture” of what is happening, not just ad-hoc readings.

Newer loggers are cloud based and provide 24/7 monitoring of fridges. They not only fully automate the recording of data, they will notify owners, managers or chefs the moment a fridge becomes too warm. This gives them ample time to fix the problem or move stock.



Cloud based temperature loggers can notify users the moment a problem occurs.

EHO Applications

Thermometers

A thermometer is the ideal way to do a spot test on fridges and freezers. Infrared thermometers make this process very quick and easy, but you need to understand their limitations.

A probe thermometer is ideal for testing the core temperature of food. It provides an instant spot check on the current temperature. Note, however, that a high core temperature could be the result of either poor refrigeration, being left out, or still cooling down.

Temperature loggers

A totally underutilised tool for EHOs are temperature loggers.

For example, it is possible to have a temperature logger either left on site or sent prior to a visit, and have an extended period of time monitoring a fridge or freezer. This is the ultimate level of accountability for a restaurant. There are also many brands of temperature loggers, such as Logtag, that allow you to have a password to stop others accessing the data.

While this may not be needed for the majority of facilities, it is an incredibly powerful tool to help monitor the handful of problem sites.

Food handling applications

Transport vehicles

Every refrigerated vehicle should already have the temperature clearly displayed.

Temperature loggers provide much more meaningful information. For example, one transport company was able to identify a long steep hill as a common problem because truck drivers turned off the refrigeration to assist getting up the hill. Another identified a driver who consistently turned it off to save on fuel.

Shipping and deliveries

The receiver normally relies on using a thermometer (often an infrared one) to do a spot check when items arrive. Practically this is just telling them that the air temperature was below 5 for a short period before the shipment arrived. It's not perfect, but better than just accepting a shipment without any check.

For companies that are shipping temperature sensitive items, actually having a temperature logger in with the items can provide total peace of mind, or very rapidly help identify the cause of issues. This is often very easy and useful for the shipper to do, but is harder for the receiver to do. Loggers with a built-in USB connector are ideal. Logtag is a good example of a reusable logger, and TempSEN have examples of low-cost single use loggers.

Storage

Previously I mentioned how many fridges will display the current temperature. This is useful, but should not be the only check. An independent thermometer should be periodically used to check the results.

A temperature logger is a much better solution because it is totally independent, unbiased, and reliable. It does not rely on an underpaid staff member who is quite happy to fill in a week's missing data or cover up their own mistake.

The ultimate solution, however, is a cloud based temperature logging system that provides 24/7 monitoring of the fridge or freezer. Historically these systems would cost thousands of dollars, and often had a hefty monthly fee. There are now systems that are about the same price as traditional temperature loggers with the added benefit of being fully automated. Clever Logger

is a good example of one.

Cooking

Ensuring food is warm enough is typically best done with a thermometer. It provides a fast test with immediate results. For daily use, a food grade thermometer is often the best solution.

One issue with cooking is ensuring that food reaches a critical temperature and then holds it for sufficient time. Attempting to use a thermometer is either not possible, not safe, or will change the actual process. In this case, one interesting solution is the use of a ThermoChron temperature logger. It is about the size of a coin and there are models that will go above 140C. Recently a pie manufacturer discovered that the core temperature of their pies was not reaching the temperatures they thought, and the process had to be modified to ensure they complied.

Our recommendation is that thermometers tend to be a very good solution for day to day checks, and loggers provide a very good detailed analysis of the process. Use the logger to validate the process, and then use the thermometers to monitor it each day.

Cooling

Recently I had a discussion with a café owner and EHO about wraps that were above 5C. The fridge and display cabinet were both below 5C but the wrap's core temperature was above 5C. In this case the EHO may have incorrectly identified this as a refrigeration problem, and had all items stored in the fridge disposed of. My theory was that it was actually a cooling issue and the meat within it was not able to cool down to below 5C since it was prepared. The key question of "when was this food prepared" was not asked.

Rules like the 2 hour / 4 hour rule with cooling food are an interesting challenge to validate. I am not an advocate of testing every batch, but the process can easily be validated. Once again, using the ThermoChron temperature logger it is very easy to see exactly when it drops below 60C, 21C and 5C. This will demonstrate that the process works, but it will also demonstrate a time in which testing the core temperature is not useful. The product is still cooling down and will be above 5C.

Preparing

Monitoring food that is being prepared is very, very difficult. It is possible to use a thermometer to monitor the temperature of food, but it will be known to be above 5C. The issue isn't about knowing the temperature, but knowing the length of time that it is warm.

The biggest issue is ensuring that food is not left out, and that the preparation time is minimised as much as possible. This becomes even more difficult when you are talking about an item being split among dozens of meals or sandwiches. It is almost impossible to track a whole item that is then split.

Instead of focusing on temperature, you need to focus on procedures and times to ensure compliance.

Summary

Thermometers are ideal for quick spot checks that can be done throughout the day. Users should know what they are intended to do and how to correctly use them.

Temperature loggers are an ideal tool for the 24/7 monitoring of fixed assets (fridges and freezers) as well as process checks.

Both should have a place in every EHO's tool kit and in every kitchen.

Hand washing training



After a pandemic, you would think that we would be better at washing our hands, but most people still do not know how to effectively wash their hands. The quick 3-second “splash and dash” is the best many hospitality workers will do, if they try at all! A big part of the problem is that they don’t believe their hands are dirty, or they think that whatever they are doing is good enough.

There are a small handful (pun intended) of training products that help show people how to wash their hands effectively. They involve squirting a small amount of liquid on your hands, rubbing it in, try to wash it out and then use a UV torch to see the difference. This includes brands such as GlitterBug and Glo Germ.

A new product, “Glow 2 Show”, has now entered this market. While the concept is similar, its look and texture really set it apart. Along with the familiar clear version, there are fluoro-green and fluoro-yellow and fluoro-orange liquid. The colours are a

huge hit with children and a novelty for adults. When rubbed into your hands the colour mostly disappears with a hint of “your hands aren’t clean”. The remaining colour quickly disappears under running water but you need to effectively wash your hands to stop the glow in UV light.

The other big benefit of Glow 2 Show is its use in surface cleaning training. It has a “sneeze cap” option that sprays the liquid across a surface. A quick wipe down with a cloth may remove the fluoro colour, but the UV torch quickly reveals how germs are not removed with a simple wipe.

Glow 2 Show is available in a range of bottle sizes ranging from 30mL up to 5L refill packs. The smaller sizes are ideal for restaurants and cafes to train their staff. The larger sizes are ideal for trainers who want to do a large number of hand washing training classes.

Visit glow2show.com to find out more.




NZIEH New membership announcement



The poster is divided into three horizontal sections with wavy borders. The top section has a purple background and features a man in a yellow sweater and blue pants holding a megaphone and a briefcase, and a green globe on a stand. The middle section has a light orange background and features a person sitting at a desk with a laptop. The bottom section has a light orange background and features a woman in a blue skirt and white top holding a smartphone. The NZIEH logo is centered in the top section.

NEW MEMBERSHIP ANNOUNCEMENT!



New Zealand
Institute of
**Environmental
Health**

INTERNATIONAL MEMBERSHIP

NZIEH are excited to now offer an
International membership for
\$100 (no GST applies)

WHAT IS THIS?...

This tier of membership enables our
Environmental Health colleagues from
around the world to link in with our
institute and participate in all online
events such as our upcoming webinar
series.

COME JOIN US!

If you know of any Environmental Health
professionals living abroad who would be
interested in exploring this membership
option further, please direct them to our
website for more information. Terms and
conditions apply.

WWW.NZIEH.ORG.NZ

The 17th IFEH World Congress on Environmental Health

Environmental Health Australia (WA) Inc invites to you be part of 2024's foremost professional development and networking event for environmental health practitioners. The 17th IFEH World Congress on Environmental Health will focus on options to meet the challenges facing our profession and how we, as practitioners, can help achieve a balance between development, health and the environment.

The Congress programme will comprise keynote, plenary, and concurrent sessions; delivered by experienced practitioners, and industry leaders from around Australia and the world.

The Congress will be held at the Pan Pacific Hotel in Perth, Western Australia. The Pan Pacific Hotel is conveniently situated just a short walk from some of the city's major landmarks such as the Swan River, Kings Park, and Elizabeth Quay. The meeting and event venues are complemented by spacious rooms and elegant décor, combined with state-of-the-art technology.

It is hoped that as one of the leaders in your field, that you will be a significant presence at our event by being a sponsor, or exhibitor and showcasing your products. Sponsorship of the 17th IFEH World Congress will give your organisation the opportunity to promote and market your business, product or service to a targeted audience and build long-term relationships. Your organisation will benefit significantly from exposure to an interested, relevant, and influential audience.

A variety of sponsorship packages are available designed to provide your organisation with cost effective business opportunities and each package offers a different level of interaction with the delegates. Early confirmation of sponsorship will ensure the maximum level of exposure for your organisation. The sponsorship and exhibition prospectus outlines the benefits of the various levels of participation available during the event.

If you require any further information, please contact me by email julianne.spark@eh.org.au or phone (+61) 08 6495 1111



17th World Congress on
Environmental Health
20-24 May 2024

Pan Pacific Perth • 207 Adelaide Terrace • WCEH2024perth.com



Dr Henry Dawson - Lecturer in Housing and Health at Cardiff Metropolitan University hdawson@cardiffmet.ac.uk

This Blog is republished with permission of the author from CIEH.org

Environmental health: a global profession with a local impact

Following our celebration of World Environmental Health Day, where we heard from members about their varied roles protecting public health, we are continuing to share member content which shines a light on the varied opportunities of a career in environmental health. In this blog we hear from Dr Henry Dawson on why he finds working in environmental health so rewarding, and the breath of experiences that the role has taken him on.

Why I work in environmental health

I got into environmental health about 20 years ago and the reasons I moved into the profession (to my surprise) seem to be the same reasons I am still proud to be in environmental health now.

I found environmental health in a small careers pamphlet back in 2002 and spent a bit of time shadowing a local authority officer before taking the plunge and starting a Master's degree course in the subject to move over into the profession. Whilst searching for new career areas I had listed all the things that were important to me in a job. They included:

- Helping people and putting some good into the world
- Making an impact with what I did in my work
- Doing a role which was about working with people
- Doing something which had a lot of variety
- Finding a profession where I could move about the country and even work abroad
- Having a role which was challenging and involved a lot of problem-solving
- Being out of the office for plenty of my working day
- Stopping people from getting sick or hurt
- Working at a professional level

For about ten years I moved through a number of local government roles doing all areas of environmental health but spent most of my time in housing. I loved housing, as when you make a change to someone's home it has a big impact on those living there and carries on doing good for decades afterwards. I did housing enforcement for a large urban council and spent a lot of time working to help good private landlords and taking enforcement action against the less compliant operators.

Working as an environmental health academic

After a decade of this and a lot of prosecutions and legal notices, I moved into work as a university lecturer. I now work in a role on an undergraduate degree programme in environmental health and have found that through this role I could increase my impact, from helping individuals to educating whole year groups of students to go out and get involved in the profession. Sending out waves of people to fly the flag for environmental health.

In addition to the teaching side of my post, I also do research. This has opened up opportunities to advance areas of knowledge that would support the whole profession. I can get involved in

projects which would influence the direction of policy and practice in my chosen area of housing. All this has meant that I am still contributing to promoting the public's health and advocating for those unable to fight for themselves but with much more reach and impact.

All universities really like collaboration, so I have pushed this area in my current role. I have become well-practised in applying for grants to either teach overseas or take our students overseas. I have been fortunate to be involved in exchange visits to Uganda, Malawi, Jordan, Lebanon and India. Each time I go on these trips I mix up groups of students from different nations in the real world and online. It always seems to surprise them just how similar environmental health is in other parts of the world.

Fundamentally, the challenges we face and the wider determinants of health we tackle require the same approaches and the same ethos in our environmental health professionals wherever they are in the world. We really are a global profession with a local impact.

I am still proud to call myself an environmental health professional and I still support all that the profession stands for. It is a great area to work in and allows me to make a positive difference to the world and improve people's lives.



Image courtesy of Dr Henry Dawson. Taken whilst guiding Cardiff Metropolitan University students on a visit across the equator in Uganda.

Malaysia 2023 Understanding Health Hazards

The Malaysia Summer Camp 2023: Understanding Health Hazards was a successful educational program organized by the Centre of Environmental Health and Safety, Faculty of Health Sciences, UiTM Selangor, Puncak Alam Campus. The camp took place from July 3rd to July 15th, 2023, and involved 23 students from the Australian National University (ANU) along with two accompanying staff members, Dr. Andrew Mathieson and Dr. Nicole Vargas.

The summer camp aimed to provide university students interested in public health and environmental health with a comprehensive understanding of health hazards. The program featured knowledgeable and experienced educators who were experts in environmental and public health, as well as sustainability. The participants gained a deeper understanding of environmental health and its significance in maintaining a healthy planet. They also developed valuable skills and knowledge applicable to their academic and professional pursuits.

During the camp, participants learned about various aspects of environmental health, including air and water quality, waste management, climate change, and the impacts of pollution on human health. The camp provided a unique opportunity for hands-on activities and interactive learning experiences that promoted environmental stewardship and responsibility.

The summer camp began at UiTM Puncak Alam with the International Environmental Health and Safety Mini Colloquium. The event facilitated engagement between ANU and UiTM students through an Environmental Impact Assessment (EIA) poster presentation, a sharing session on Environmental Health and Sustainability in Australia by Dr. Andrew Mathieson, and an educational visit to the Black Soldier Fly Pilot Facility to observe the bioconversion of food waste into feedstocks. The “buddy system” allowed UiTM and ANU students to form groups and interact on campus during lunch, which received positive feedback. The ANU staff and students expressed gratitude for the knowledge sharing, development of soft skills, and the warm Malaysian hospitality extended to them.

Following the colloquium, the summer camp continued with a traditional village experience in Sungai Haji Dorani Homestay. The ANU students had the opportunity to engage in activities such as painting “batik,” making “roti canai,” catching fish in the paddy field, experiencing firefly sightings, and participating in the “kuda kepang” performance. The highlight of the camp was the excursions to the Royal Belum State Park on a riverboat, where students were exposed to rural health delivery systems, including water supply and sanitation, as well as malaria control. The ANU students thoroughly enjoyed their interaction with the “orang asli” (indigenous people) and the various jungle activities, such as waterfall visits, trekking, and swimming. The mesmerizing biodiversity of the Malaysian rainforests left a lasting impression on them.

The remaining days of the summer camp were spent in the city, engaging in activities related to community recycling initiatives, health clinic visits, and recreational bio-ecology sampling. UiTM expressed gratitude to the co-organizers of the Malaysia Summer Camp 2023, including the Malaysian Association of Environmental Health (MAEH), Ministry of Health Training Institute (ILKKM) Sungai Buloh, Faculty of Medicine and Health Sciences UPM, and Environmental Health and Industrial Safety Program UKM, for their outstanding commitment in making the camp enjoyable for both local and international students. Further collaboration is welcomed for future Malaysia Summer Camps involving international universities and practitioners of environmental health worldwide.



Short video: https://youtu.be/Z5lYmv0C_wA

Lie detector



They'll swear that the fridge is fine.
And their hastily-completed logbook shows all the right temperatures.
But your nose knows.

Place a LogTag in the fridge for a few days and you'll be able to present them with a clear report showing the temperature every few minutes.

Pick up a LogTag USB Logger for your toolkit.

Use the code **TRUTH** for a 10% discount.

logtag.com.au/

EHA (WA) to host the 2024 Environmental Health World Congress



Connecting Environmental Health Professionals from around the world in Perth

Environmental Health Australia (WA) Inc have officially been awarded the rights to host the 17th World Congress on Environmental Health (WCEH) in Perth

The council members of the International Federation of Environmental Health (organisers of the WCEH) voted yesterday at the 16th WCEH in Kuala Lumpur to support the bid by EHA (WA) Inc to hold the next congress in Perth from the 20th to 25th of May 2024.

“We’ve been working towards this for some time and we’re so pleased to have had our bid approved for the 2024 World Congress,” said EHA (WA) Inc President, Vic Andrich.


“It’s a great opportunity to welcome Environmental Health Professionals from around the world to Perth and we’re honored to have been selected as hosts.”

The WCEH is a bi-annual event that is held with the purpose of providing a forum for Environmental Health Practitioners to discuss and tackle challenges and problems faced in the environmental health sector around the world.

“EHA National fully support the bid by EHA (WA) Inc to host the 2024 World Congress and think it’s a great opportunity to promote environmental health in Australia on a global platform,” Said EHA President, Philip Swain.

Environmental Health Australia is committed to the enhancement of environmental health standards and services to the community through advocacy, promotion, education and leadership.

What is best practice for monitoring fridges and freezers?



There is no need for restaurants to rely on staff for temperature monitoring any more. Now, best practice is automated monitoring with immediate alerts about power failures and high temperatures. Clever Logger is a proven solution for restaurants, caterers and food manufacturers. The system is beautifully simple to setup and there are no ongoing fees or subscriptions.

**CLEVER
LOGGER**

Find out more at cleverlogger.com

Resilience training – Boosting effectiveness in the workplace.



In today's fast-paced and ever-changing world, it's crucial to equip ourselves with the tools to not only withstand the troubles of life but also to emerge from them even stronger.

On October 11, a day after World Mental Health Day, Highfield held a webinar based around resilience training, which is designed to empower you with practical strategies and insights to enhance your resilience and cultivate a positive mindset.

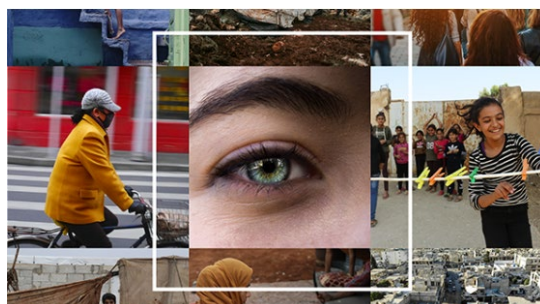
Our speaker for this event was Dr Jo Burrell. Dr Jo Burrell is a clinical psychologist, researcher, trainer and coach. She has practiced as a clinician within the NHS and independently for over 20 years, delivering specialist psychological assessment, treatment and support.

Jo is director and co-founder of Ultimate Resilience, whose multi award-winning workplace wellbeing solutions are drawn on robust research and theory. Since 2013, Ultimate Resilience has supported employers across public, private and charitable sectors to create psychologically safe workplaces and resilient staff teams.

During her presentation, Jo discussed the following:

- What is resilience?
- Quick and easy ways to build personal resilience
- What factors make resilience training effective?
- Making the impact of resilience training sustainable

For quality and monitoring purposes, we record all of our webinars and events.



Launch of GAR Special Report 2023

On 11 July, a special edition of the Global Assessment Report (GAR), titled [Mapping Resilience for the Sustainable Development Goals](#), was launched during the UN High-level Political Forum on Sustainable Development in New York. The report finds that growing disaster risks and a confluence of shocks are creating domino effects across economies and are undermining sustainable development on all fronts. The report was endorsed by Ms. Amina Mohammed, Deputy Secretary-General of the UN, who [said](#) “This report demonstrates that action is possible in every region. Both to reduce risk and create positive feedback loops.”

South African NGO wins 2023 RISK Award

The Association for Water and Rural Development (AWARD) was announced as the [winner of the 2023 RISK Award](#) during an online ceremony hosted by UNDRR and the Munich Re Foundation on 12 July. Based in South Africa, AWARD was selected for its project to create a water resources early warning system in the Inkomati Basin, which is shared by South Africa with Mozambique and Eswatini. The €100,000 award is sponsored by the Munich Re Foundation and is awarded every two years to operational projects in the field of disaster risk reduction.

Third meeting of the G20 DRR Working Group

The third and final meeting of the [Disaster Risk Reduction Working Group](#), under the G20 Presidency of India, was held on 24-26 July in Chennai, India. The Head of UNDRR, SRSG Mami Mizutori, participated in the meeting where countries [reaffirmed their commitment](#) towards the Sendai Framework for Disaster Risk Reduction 2015-2030. In a [joint op-ed](#), SRSG Mizutori thanked India for putting DRR on the G20 agenda and welcomed Brazil’s commitment to continue the working group when it assumes the G20 presidency in December.

EU announcement of new funds for disaster preparedness

At an event on 14 July co-hosted by the EU and UNDRR, Commissioner Janez Lenarčič announced the release of €43 million in humanitarian aid for the Latin American and Caribbean region, which includes €13.5 million for disaster preparedness programmes. The announcement was made at the event [Disaster preparedness saves lives](#), organised during the EU-Latin America and Caribbean Forum, ahead of the EU-CELAC Summit 2023. The event also saw the signing of a Memorandum of Understanding to improve cooperation between the EU and the region on disaster preparedness and disaster risk reduction.

Interview with BBC Radio

SRSG Mizutori joined Dr. Homolata Borah, the winner of the 2022 Women’s International Network for Disaster Risk Reduction (WIN DRR) Rising Star, for a discussion on BBC Radio’s The Conversation programme. The half-hour discussion, titled “Protecting communities from disasters,” focused on the role of women in building disaster resilience and was broadcast on 17 July. It can be streamed on the [BBC website](#) or where podcasts are available.

To subscribe please follow this link <http://eepurl.com/hdG5f1>
Copyright © 2023 UNDRR, All rights reserved.

University adverts

University of Applied Sciences Velika Gorica (UASVG)

UASVG started to operate in 2003 with five professional three-year study programmes: Humanitarian demining, Pyro technology, Computer Systems Maintenance, Motor Vehicle Maintenance and Aircraft Maintenance. It was the first private university of applied sciences from the field of technical sciences in the Republic of Croatia. The founder of the UASVG is the City of Velika Gorica. The basic function of the studies is to implement the teaching activities of the approved programme and to encourage the development of all scientific- professional teaching disciplines that are represented or ought to be represented on the study, based on the science and the profession, and with the intent to approach the level of standards worldwide.

Study at UASVG

University of Applied Sciences Velika Gorica offers study programmes that are interesting to the young people from Europe, as well as from other parts of the world. From the very beginning the University of Applied Sciences has been developing mentorship approach based on the understanding and better relations between students and professors.

What are the advantages you have as a student at UASVG

High-quality acquisition of knowledge and skills in modern equipped premises, practical classes organised in cooperation with the industry, and a number of other possibilities for successful study are some of the advantages of the University of Applied Sciences Velika Gorica. The UASVG programmes have been adjusted to actual labour market needs.

Undergraduate professional study programme:

Management in Crisis Situations is a study programme intended for decision makers and/or people who provide professional support to decision makers in legal entities and units of local and regional administration, state administration units, and especially the protection and rescue system in the police and the army. Disasters, as specific crisis states, occur when accidents or crises caused by forces of nature (floods, fires, earthquakes) or human activity (environmental impacts, terrorism etc.) affect people to such an extent that the affected population cannot control the course of events and successfully deal with the inflicted blows, losses and damage. The frequency and severity of disasters can be greatly reduced, or the effects mitigated if more attention is paid to the forecasts, observations, planning the provision of aid and general preparedness for adequate crisis or disaster response in case it occurs. The competences of graduated experts from this study programme include planning and implementation of preventive measures to prevent and mitigate the effects of crises or disasters in business enterprises or human environment in general, as well as the provision of professional assistance and coordination of professional teams and equipment after a crisis or a disaster.

It is the only such study programme in Croatia and in the entire South-eastern Europe, which qualifies future experts for the needs of the crisis management system and the system of protection and rescue. By graduating, the students acquire knowledge and skills for independent solving of crisis management problems for preventive action, managing the process of collecting and processing information, proposing procedures and solutions, and performing the management process.

Professional title upon graduation: professional baccalaureus/baccalaureate engineer of Management in Crisis Situations

Specialist diploma professional study programme:

Crisis management is a study programme intended primarily for persons who are involved in protection and security aspects of crises in the activities of legal persons, industry, local and regional administration bodies, and government administration bodies. Upon graduation the students acquire specialist knowledge and competences for independent solving of problems in crisis management, managing processes and management systems of security and protection in public and private sector, especially in industry at the national and international level, as well as harmonizing the activities with the system of managing the functional activity of the organisation.

Professional title upon graduation: professional specialist engineer of Crisis management

Contact

University of Applied Sciences Velika Gorica Zagreba ka 5
10410 Velika Gorica, Croatia Phone: 01/62 22 501

e-mail: info@vvg.hr

Web site: <http://www.vvg.hr>

Facebook <https://www.facebook.com/veleucilistevg> Youtube video
http://www.vvg.hr/index.php?option=com_content&view=article&id=1275&lang=hr

Google map http://www.vvg.hr/index.php?option=com_contact&view=contact&id=1&Itemid=543&lang=hr

University of Birmingham

CIEH Accredited



Environmental Health Sciences: Postgraduate Opportunities

At Birmingham we offer a range of Environmental Health Science Masters programmes that are accredited by professional bodies. These include:

- MSc Environmental Health – CIEH accredited
- MSc Public and Environmental Health Sciences – CIEH accredited (designed for international students)
- MSc Health, Safety and Environment Management – IOSH accredited
- MSc Air Pollution Management and Control – Committee of Heads of Environmental Sciences accredited

Birmingham is an internationally recognised Russell Group university and has been awarded Gold in the Teaching Excellence Framework. The University recently invested £5 million in expanding our student employability services. Our specialist Careers Network team can offer you advice and guidance that is specifically designed to meet your needs as a postgraduate student.

Join one of our programmes and develop knowledge and skills which will be the foundation for your future career in Environmental Health Sciences. You will be taught by both outstanding researchers and practitioners in their fields and will have access to our first-class facilities.

With a focus on research-based teaching, our students are encouraged to share their dissertation findings at conferences and to draft papers for potential publication. You will develop your critical thinking and evaluation skills in preparation for your career as a future leader in your field.

Full and part time routes are available.

To discuss the courses in more detail please contact either Zena Lynch (z.lynch@bham.ac.uk), Surindar Dhesi (s.k.dhesi@bham.ac.uk) or Zongbo Shi (z.shi@bham.ac.uk)

www.birmingham.ac.uk/gee

Mississippi Valley State University



DEPARTMENT OF NATURAL SCIENCES AND ENVIRONMENTAL HEALTH

Environmental Health Graduate Program 100% Online

*Study Environmental Health From the
Comfort of Your Own Home!*

Curriculum Concentrations

- Environmental Quality Control
- Environmental Management
- Natural Disasters
- Water Resources Management

**For More Information, Contact:
662-254-3377**

To learn more,
scan the QR Code



Apply at
www.MVSU.EDU



Accredited by
National Environmental Health Science
& Protection Accreditation Council
Enhancing the education and training of students
in environmental health science and protection



Ulster University

BSc (Hons) Environmental Health (with Diploma in Professional Practice)



Environmental health professionals are at the forefront of designing and improving the public's health and wellbeing.

1. Have you ever wondered what happens behind the scenes of restaurants, shops, businesses and government?
2. Would you like a knowledge of issues such as food safety, health and safety, housing, public health or pollution?
3. Do you want a degree that leads to a career where you are out of the office meeting people and dealing with different challenges each day?
4. A degree that has very good employment prospects, locally and internationally, in well paid graduate jobs?
5. Would you like to study on a course that provides this, plus lots more? Then come and study Environmental Health at Ulster.

Our graduates are equipped to find employment in a wide range of environmental health activities across public, private, and voluntary sector organisations. Environmental Health Practitioners (EHPs) can take their skills into a huge variety of roles. It is a career where you are dealing with different challenges every day.

This BSc (Hons) Environmental Health programme has great strength in delivering the practical and academic skills required for a career in environmental health including problem solving, communication, research, and management skills. It also aims to facilitate the development of your own personal, communication and intellectual abilities.

The course includes the core subjects of food safety management, health and safety at work, environmental protection, housing and public health. The areas of sustainability, quality of life, health inequalities, law and spatial planning are also integrated throughout the programme.

The BSc Environmental Health course is accredited by both the CIEH and IOSH. The course scores consistently high for student satisfaction (93% student satisfaction) with 95% of graduates in work or further study 15 months after graduation. To find out more visit www.ulster.ac.uk or contact Lindsay Shaw, Course Director, at email l.shaw@ulster.ac.uk

MSc – Global Strategy in Environmental Health and Sustainability
(Distance Learning)



This new programme has a strong international theme and focuses on the global role of environmental health in protecting communities and delivering a healthy, sustainable future. A perfect choice if you are passionate about the future health and well-being of our planet and its inhabitants.

The ethos of the course reflects **critical action 3** from the 3rd International Federation of Environmental Health (IFEH) Academic World Conference on Environmental Health, April 2019, Kampala, Uganda, specifically aimed at the role of academia in providing advanced education programmes and research to help facilitate the role of Environmental Health as “*a cornerstone to achieving the Sustainable Development Goals*”.

Delivered **entirely by distance learning, as part-time or full-time options**, it will enable you to study at a time and pace of your own choosing, engage with, and learn from, a diverse pool of peers.

The core principles of environmental health are embedded throughout the programme, aligned to the CIEH Professional Standards Framework, and directly linked to the attainment of UN Sustainability Goals. It will equip you with the critical thinking and problem-solving skills necessary to make a real impact in this field. Throughout each element we link the cross-cutting themes of, policy, strategy and intervention. You will be equally at home in a strategic or operational role, in a local or global setting.

Through an engaging on-line environment, you will cover topics **including food safety and security, environmental protection, sustainable technologies, emergency planning, resilience, housing and communities, international and human rights law**. Your research module will focus on the production of a journal article.

This MSc will be attractive for personal and professional development reasons. It will be equally attractive as a route to a rewarding career in the broad discipline of environmental health.

Contacts:

Sharon Moore, Admissions

T: +44 (0) 28 90366018

E: s.moore1@ulster.ac.uk

Mr Robert Cameron, Course Director

T: +44 (0) 28 90366054

E: rj.cameron@ulster.ac.uk



Flinders University



Flinders
UNIVERSITY

LEAD YOUR CAREER

STUDY MASTER OF ENVIRONMENTAL HEALTH

The Master of Environmental Health (MEH) at Flinders University aims to provide you with the professional qualifications to enter or enhance your career opportunities in the area of environmental health. This course provides you with advanced knowledge in the theory and application of environmental health and environmental health risk assessment.

The Master of Environmental Health is a 2-year course, available full-time or part-time.

It caters for national and international students through the teaching of globally relevant concepts and offers the opportunity to undertake risk assessment and applied research in an environmental health area within Flinders University or your existing workplace.

This course is fully accredited by Environmental Health Australia (EHA). Thus, graduates have the potential to gain employment anywhere in Australia or in overseas countries that recognise EHA approved qualifications.

No1 IN SOUTH AUSTRALIA

in Health Services & Support for full-time employment (postgraduate).*

* The Good Universities Guide 2020, public SA-founded universities only.

FIND OUT MORE :
**FLINDERS.EDU.AU/STUDY/
COURSES/POSTGRADUATE-
ENVIRONMENTAL-HEALTH**

Western Sydney University

WESTERN SYDNEY
UNIVERSITY



CREATE SAFER AND HEALTHIER COMMUNITIES

Looking for a thought-provoking and dynamic work environment to help create safer and healthier communities?

Western Sydney University students are leaders in the field of Environmental Health.

With flexible online learning, and practical real world experience our students are equipped with the skills and knowledge needed to investigate Environmental Health issues such as water contamination, food safety, air quality, infectious disease, disaster and emergency management, project planning and scientific research.

Help make a positive contribution to the health of communities, give us a call on **1300 897 669** or visit westernsydney.edu.au/future/study/courses/undergraduate/bachelor-of-science.html



Ruaha Catholic University (RUCU).



Ruaha Catholic University (RUCU) is the successor of Ruaha University College (RUCO) which was established by the Tanzania Episcopal Conference (TEC) under its Trust Deed of the Registered Trustees of Ruaha University College through the generous support of well-wishers (friends of RUCU) within and outside the country.

This is one among the university offering Bachelor and diploma of Environmental health with information Technology (BEHSIT). It is found in Tanzania in Iringa region. The university is endowed with practical and much field work to socialise the environmental health aspects such as inspection of premises.

Contact Us Through

Vice Chancellor - Ruaha Catholic University
P.O.Box 774 - Iringa
Phone: +255 27 02431
Fax: +255 27 02563
Email: rucu@rucu.ac.tz

Website: <https://rucu.ac.tz>

Cardiff Metropolitan University



Cardiff
Metropolitan
University

Prifysgol
Metropolitan
Caerdydd

Cardiff Metropolitan University has been delivering environmental health and public health qualifications for over 40 years. University employability statistics show that within six months of completing one of our undergraduate programmes 85% of our graduates have entered professionally relevant employment in both private and public sector roles.

We host the following programmes:

BSc (Hons) Environmental Health – with unique triple accreditation by the CIEH, Institution of Occupational Health, Safety and Wellbeing (IOSH) and Institute of Environmental Management and Assessment;

MSc Applied Public Health – developed in line with the Public Health Skills and Careers Framework for new entrants into the profession or those wishing to develop their careers;

MSc Occupational Health, Safety and Wellbeing – accredited by IOSH and available as a distance learning qualification whilst you are working full time;

MPhil/PhD/Professional Doctorate degrees – with three experienced supervisors focusing entirely on these areas.

To find out more visit www.cardiffmet.ac.uk or contact our enquiries team on (+44) 2920 416044, courses@cardiffmet.ac.uk

**Faculty of Health Sciences,
University of Ljubljana**

Univerza v Ljubljani
Zdravstvena fakulteta



doc. dr. **Andrej Ovca**, dipl. san. inž.

*Oddelek za sanitarno inženirstvo / Department of
Sanitary Engineering*

Zdravstvena fakulteta / Faculty of Health Sciences

Zdravstvena pot 5, SI-1000 Ljubljana, Slovenija
/ Slovenia

T.: +386 1 3001 182

andrej.ovca@zf.uni-lj.si, www.zf.uni-lj.si

Slovenian association of public and environmental health professionals has reviewed activities through which their members fulfil their mission in the field of pandemic prevention at various professional fields and in different institutions of their employment. Our colleagues from the field selflessly shared their experiences during the COVID-19 epidemic. Through their responses four major areas of their engagement were identified.

First group (employed at National institute of Public Health) is in charge or is collaborating as a member of interdisciplinary groups which plan and recommend general and specific hygienic and technical measures for epidemic management on a national level.

Second group (Employed in hospitals, nursing homes, kindergartens, food companies, companies providing service in the field of health and safety at work, drinking water supply and waste management public companies) implement these measures in individual facilities and working processes.

Third group executes various tests and measurements for their clients.

Fourth group inspects compliance with measures or recommendations as a part of official control at municipal and national level.

According to the collected responses, effectiveness of Slovenian public and environmental health professionals is reflected in the extraordinary ability to cooperate with others, either within the profession either in working groups with members of other professions.

Those of us employed at the faculty (besides transferring the pedagogical process to the virtual environment) provided professional support to all colleagues from practice who turned to us. Since the declaration of the epidemic in Slovenia, we carefully monitor the development of events at home and abroad, so that we will be able to prepare our next generations of sanitary engineers for this kind of challenges.

Our Faculty (Faculty of Health Sciences, University of Ljubljana) gives each year awards for the best final research work of students at each of the research fields. In the field of sanitary engineering programme master's thesis entitled "Fast fashion – health and social aspects on consumption habits and attitudes toward second-hand clothing among adolescents" was awarded. (See photos)



University of Michigan

Impacts of the Environment on Global Public Health

Four online courses from the University of
Michigan, USA, on Coursera

An introduction to the environmental health sciences (EHS) discipline where you will learn how to assess the effectiveness of policies in your community designed to address and reduce the environmental threats to our health.

Courses include:

- Environmental Health: the Foundation of Global Public Health
- Environmental Hazards and Global Public Health
- Climate Change, Sustainability, and Global Public Health
- Human Health Risks, Health Equity, and Environmental Justice

Learn more and Enroll at
online.umich.edu/go/environmental-health.

These massive open online courses (MOOCs) are available for free or you can earn a verified certificate from Coursera with a small fee. No admission requirements. Join at any time and complete at your own pace.

M | MICHIGAN ONLINE **M** | SCHOOL OF PUBLIC HEALTH
UNIVERSITY OF MICHIGAN

University of Copenhagen

Head of Studies Department of Public Health
Global Health Section
furu@sund.ku.dk www.pubhealth.ku.dk



Peter Furu Associate Professor,

“Experience from recent major disasters, changes in the humanitarian field, the changing nature of conflict, and climate change impact all have made it clear that a holistic approach to disasters and crisis management is needed to substantially reduce losses and deal with new challenges the current system seems ill equipped to respond to. A coherent and holistic approach to disaster risk management is not without challenges. Decisions have to be based on a politically, economically, socially, culturally, and environmentally sustainable foundation and rooted in sound development policies. Risk reduction needs to underpin and guide decisions in Preparedness, Response and Recovery planning and programmes. Professionals with an adequate knowledge base and the right skills are invaluable if these challenges are to be met.

In response to this demand, the University of Copenhagen is offering a one year master programme, based on the above philosophy – a Master of Disaster Management.

To apply, please visit www.mdma.ku.dk.

You can contact us on e-mail mdma@sund.ku.dk

Obstacles to Environmental Progress

A U.S. perspective

Peter C. Schulze

OPEN ACCESS via

https://www.uclpress.co.uk/products/186377?utm_campaign=UCL22AF660J&utm_medium=listserv&utm_source=jiscmail#



For over 50 years I have initiated or taken part in many projects/schemes intended to improve food safety, with varying degrees of success. Training programmes and Food Safety Management Systems/HACCP are probably two of the most important. Unfortunately, training programmes, especially mandatory programmes, have mainly focused on food handlers and certification, instead of supervisor/management training and implementation of knowledge/competency. One of the few countries to use the competency approach was Ireland and I would recommend this approach for countries wishing to introduce mandatory training of food handlers and managers.

The US requirement for a Person in Charge programme is a great food safety initiative and one that was a part catalyst for the very successful Dubai Food Safety Programme. I am proud to have worked with Dubai Municipality to establish this programme which is still going strong and one of the reasons for Dubai having such high standards of food safety, especially in 4 and 5 star hotels and the tourist hospitality industry. Highfield has now taken this excellent programme a step further with three very important additions. The Manager in Charge of Food Safety (<https://www.highfieldinternational.com/highfield-certified-programmes>) must:

- Obtain 4 x L3 internationally recognised qualifications – Food safety, HACCP, Allergen management and Effective Auditing (takes 5 to 6 days).
- Carry out monthly recorded audits, including timely remedial action. The reports to be available for viewing by enforcement officers and third party or corporate auditors.
- Complete 24 hours of 'practical' CPD annually.

If managers and supervisors are to obtain relevant information and keep up to date with food safety incidents, we need to provide free, accessible reputable sites/platforms where food handlers/managers/trainers can get the latest accurate, science-based, reliable food safety information.

There are lots of sites available where information is provided, some good and some very poor, but how would most food handlers know the difference? Furthermore, many of the good sites don't provide the right kind of information and to get information you need to visit many sites. Managers don't have the time or inclination to spend time researching, they want a trusted site that provides them with all of the important information they need to keep their customers safe. This site should also allow them to ask for advice and take part in debates.

So Highfield, the largest UK provider of regulated food safety qualifications in the UK (also provides international qualifications in over 50 countries) has developed a LinkedIn Group (Highfield Food Safety Forum - <https://www.linkedin.com/groups/4589568/>) and a LinkedIn page; Highfield – Improving Food Safety (recently launched - to provide the latest international food safety information, advice and polls for access, free of charge, by anyone who has an interest in improving food safety. There are other larger LinkedIn Groups but from studying their content they are focussing on different objectives.

We believe all IFEH members, especially those interested in improving food safety, would benefit from participating in these forums. Not only to learn about global food safety issues but also to share their invaluable knowledge and experience with group members. In addition, they would receive advance

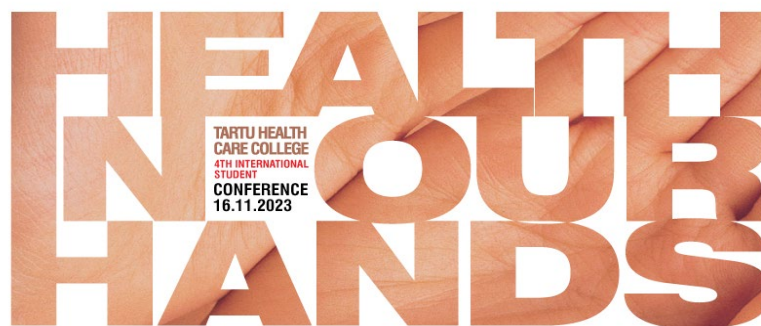
notification of our 'improving food safety webinars' which take place at least monthly. Should any IFEH members like to recommend speakers or topics for future webinars this would be really appreciated. (rsprenger@highfield.co.uk)

Best wishes



Richard Sprenger
Bsc (Hons), DMS, FCIEH, FSOFHT, FREHIS
Chairman
Highfield Group
Tel: 009714 449 4042 | Mob: 00 971 559950642 | UK: 07798815233
INT: www.highfieldinternational.com | UK: www.highfieldqualifications.com

Student Conference “Health in our Hands”



We are pleased to invite you to the 4th International Student Conference „Health in our Hands“ in Tartu Health Care College (Estonia), on 16 November 2023.

The aim of the conference is to promote interactions among undergraduate and graduate (2022, 2023) healthcare students (BSc, MSc and PhD level) and lecturers from different fields (healthcare, medicine, pharmacy, physiotherapy, biomedical science etc.), countries, and exchange of research knowledge and experience.

The language used in the conference will be English! As a motivational incentive and for registration purposes, we request a participation fee of 5 euros, which covers the cost of lunch on-site

All accepted abstracts from graduate and undergraduate students will be published in the Collections of Research Papers of Tartu Health Care College.

If you need any other information, please do not hesitate to contact us!

We welcome your submissions and are looking forward to hosting you!

If you have any questions feel free to contact us by e-mail conference@nooruse.ee

Registrations are open for HEAL 2023 [Click here to register](#)



The [HEAL Network](#) is hosting its annual conference from **14-16 November 2023**, building on the strong success of its first two conferences in 2021 and 2022. HEAL 2023, with the theme of '*Collective Action for Health, Environment and Climate*', will provide a dynamic, inclusive and decentralised platform for diverse research, policy and practice communities within the Network to come together sharing knowledge, evidence and ideas.

Over three days, HEAL 2023 will deliver opportunities to discuss the leading health, climate and environmental challenges we face in Australia, the Asia-Pacific region and internationally, as well as how the HEAL Network is contributing to solutions to these challenges through shaping innovative research to support Australia's first National Health and Climate Strategy, and helping to implement new practices such as more sustainable healthcare and climate-resilient communities.

In line with HEAL's core commitment to supporting and elevating Australian First Nations leadership, we will be showcasing examples of Indigenous research excellence and highlighting inspiring case studies from Aboriginal and Torres Strait Islander communities who are on the frontlines of climate and environmental change.

The hybrid conference will be delivered online nationally and internationally, and in-person at eight regional nodes across Australia, providing multiple avenues for delegates to participate and connect with each other.

Themes for HEAL 2023:

- Aboriginal and Torres Strait Islander health and knowledge translation for building resilience to environmental change
- Health system resilience to climate change and sustainability
- Bushfires, air pollution, heatwaves, and other extreme events, and their impact on physical, mental, and community health
- Food, soil and water safety and security in a changing environment
- Biosecurity, COVID-19 and emerging infections in the context of environmental change
- Urban health, built environment and nature based solutions
- Rural and remote health and climate-related disasters
- Clean energy solutions for healthy environments and lives
- At-risk populations, early life effects and life-course solutions
- Data and decision support systems for environmental health applications
- Science communication, citizen science, and risk perception
- Planetary health equity
- Climate change and mental wellbeing
- Environmental change and health in the Asia-Pacific region



New courses and languages on OpenWHO

New course series on the clinical management of rape and intimate partner violence in humanitarian settings

Sexual violence and intimate partner violence can be especially problematic in complex emergencies and natural disasters. In these situations, women and children are often targets of abuse, exploitation, and violence because of their sex, age and status in society. This five-course series is intended for healthcare workers providing services to survivors of rape and intimate partner violence in humanitarian settings. For a better learning experience, we recommend accessing the courses in the order listed below:

1. [Introduction to the clinical management of rape and intimate partner violence in humanitarian settings](#)
2. [Mental health and psychosocial support: Clinical management of rape and intimate partner violence in humanitarian settings](#)
3. [Management of intimate partner violence in humanitarian settings](#)
4. [First-line support: Clinical management of rape and intimate partner violence in humanitarian settings](#)
5. [Clinical management of rape](#)

New course on delivering quality health services to refugees and migrants from Ukraine

OpenWHO launched a course on [delivering quality health services to refugees and migrants from Ukraine](#), the first WHO course in video format to support health workers in hosting and receiving countries to provide quality and safe care that is responsive to the circumstances and particular health needs of people from Ukraine seeking health assistance.

Try out our new interactive features in our new course on Chemical and Biological Deliberate events

The course [CBDE Awareness: Recognizing Signs of Deliberate Release of Chemical or Biological Agents](#) aims to ensure that emergency responders recognize possible deliberate events with chemical or biological agents and know the different response types this will require compared to other emergencies. You will have the opportunity to explore interactive videos and exercises, with pop-up texts and knowledge checks across the course modules. A new OpenWHO learning experience is at your fingertips!

New courses and languages

We are pleased to announce the following courses that were also recently made available:

- [Buruli ulcer: training of health workers at national and district levels on skin Neglected Tropical Diseases \(NTDs\)](#): This course is intended to provide basic information for front line health workers to be able to implement the recommended control measures to minimize the negative impact of Buruli ulcer on populations.
- **Neglected tropical diseases: road map and sustainability framework 2021-2030: OpenWHO courses**: The learning package comprises two online courses that aim to give

participants a comprehensive overview of the overriding strategic goals and key challenges that NTD professionals and programmes are likely to face over the coming decade: 1) [NTD road map strategy](#); and 2) the [Sustainability Framework](#).

- [One Health in action against Neglected Tropical Diseases](#): This course provides practical ideas, tools and examples to enable each of us to take One Health action towards the global goal of substantially reducing the burden of NTDs by 2030
- [WHO costing and budgeting tool for national action plans on antimicrobial resistance](#): The aim of this course is to introduce the WHO costing and budgeting tool for national action plans on antimicrobial resistance (AMR). The tool is designed to support operationalization and to accelerate implementation of national action plans on AMR.
- [6 steps for sustainable implementation of national action plans on antimicrobial resistance](#): This course covers the 6 steps for sustainable implementation of national action plans on AMR from the “WHO implementation handbook for national action plans on antimicrobial resistance: guidance for the human health sector”.
- **Health inequality monitoring foundations courses**: This 5- course series addresses the need for capacity strengthening in health inequality monitoring, with courses organized according to the following topics: an [overview](#) of terminology and concepts, [data sources](#), [health disaggregation](#), [summary measures of health inequality](#) and [reporting](#).

New translations

The following 7 translations have been launched this month:

- Introduction to Monkeypox in [Arabic](#)
- Waste management in [Georgian](#)
- Mental health and psychosocial support in [Spanish](#)
- Ready4Response Tier 1 in [Arabic](#)
- Ready4Response Tier 2 in [Arabic](#)
- Empowering communities during outbreaks in [Chinese](#) and [Arabic](#)

Updates to course content

The following course materials have been revised to reflect updates to the technical content and are now up to date:

- **COVID-19 vaccine-specific resources** in [French](#): Videos and resources for the Pfizer-BioNTech, Janssen, Covaxin and Novavax COVID-19 vaccines have been updated.
- **Waste management** in [English](#).

We are pleased to announce that OpenWHO now has 46 courses on COVID-19, with a total of 177 courses spread across 65 languages. All courses for COVID-19 can be accessed [here](#). You can use the toolbar to filter courses by language. You can also access our catalogues which show all courses and languages available for COVID-19 and other health topics [here](#).

Emergency management courses accredited for Continuing Professional Development

Four OpenWHO courses have received Continuing Professional Development (CPD) accreditation, certifying that they have been independently assessed and approved for personal and professional development: Ready4Response [Tier 1](#) and [Tier 2](#), the [Public Health Emergency Operations Centre](#) and [Health Cluster Coordination](#). Certificates from officially

verified CPD courses indicate to learners and professional bodies that the learning value has been scrutinized to ensure both integrity and quality.

New countries added to the Serving Countries corner on OpenWHO

This portal offers learning resources to support a country's response to the ongoing COVID-19 pandemic and other health threats. Created in collaboration with WHO Country Offices and Ministries of Health, resources based on WHO scientific guidance are available in each country's official language(s) to empower frontline health workers, policymakers and the public. [Armenia](#) and [Poland](#) are the most recent additions to our Serving Countries portal.

Monthly newsletter

You can access the most recent newsletter [here](#). The newsletter highlights are also available in Chinese, French, Portuguese, Russian and Spanish.

Best wishes,

OpenWHO team

OpenWHO

Web: <https://openwho.org>

Mail: outbreak.training@who.int

Download the OpenWHO mobile apps for [iOS](#) and [Android](#).

OpenWHO aims to equip all frontline responders with the knowledge they need to better contain disease outbreaks and manage health emergencies. It also aims to foster discussions, feedback and sharing of expert knowledge on public health.

This e-mail may contain trade secrets or privileged, undisclosed, or otherwise confidential information. If you have received this e-mail in error, you are hereby notified that any review, copying, or distribution of it is strictly prohibited. Please inform us immediately and destroy the original transmittal. Thank you for your cooperation.

For those involved in OHS review and sign up <https://www.hse.gov.uk/>



Health and Safety
Executive

Weekly Digest ebuletin

Elrha's [Research for Health in Humanitarian Crises programme](#) is funded by the UK Foreign, Commonwealth and Development Office (FCDO), Wellcome and the Department of Health and Social Care (DHSC) through the National Institute for Health Research (NIHR)

SIGN UP TO OUR NEWSLETTERS <https://www.elrha.org/sign-up-to-our-newsletters/>

Newsfeeds and information sources open to EH members

(Please email the editor, any sources/links you have found that are not on this list).

Food Safety

www.foodnavigator-usa.com

www.foodonline.com

www.foodsafetynews.com

Development Aid

coleacp.org/

devex.com

Global perspectives

worldhealthupdates@who.int

Journals/ research

marketing@lancet.com

ukehrnet.wordpress.com

[International Journal of Environmental Health Research](#) – supported by IFEH

[Journal of Environmental Health](#) – published by NEHA

[Archives of Environmental & Occupational Health](#)

[Environmental Health Perspectives](#)

[Environmental Health](#)

[International Journal of Hygiene and Environmental Health](#)

[Reviews on Environmental Health](#)

[Environmental Health Insights](#)

[Journal of Environmental and Public Health](#)

[Journal of Environmental Health Science and Engineering](#)

National / Regional information

foodauthority.nsw.gov.au/

Academy of Higher Education

communication@advance-he.ac.uk

ENVIRONMENT-DISASTERS list

<https://www.jiscmail.ac.uk>

Health & Safety (UK)

<https://www.hse.gov.uk/index.htm>

Public Health England

<https://www.gov.uk/government/organisations/public-health-england>

Sphere Project

spherestandards.org

RESEARCH FOR HEALTH IN HUMANITARIAN CRISES

<https://www.elrha.org/>

Disaster Relief information sources

[UNDRR](https://www.undrr.org/)

[WHO -Preparedness environmental health emergencies](https://www.who.int/emergencies/preparedness/environments)

[Relief web](https://reliefweb.int/)

[The Health in Humanitarian Crises Centre](https://www.healthcrises.org/)

[DEVEX](https://www.devex.com/inside-development) <https://www.devex.com/inside-development>

COVID

<https://www.worldometers.info/coronavirus/>

[COVID-19 Information Dashboard](https://covid19.who.int/)

Good academic/professional links

[Key journal databases](#)

[CIEH](#)

[REHIS](#)

[NEHA](#)

[EHA](#)

[NZIEH](#)

[Greg Martin via LinkedIn](#)

Disaster Management/Risk Reduction courses around the world

[The UWI, Mona has an office of Disaster Risk Reduction.](#)

OpenWHO is WHO's interactive, web-based, knowledge-transfer platform offering on-line courses to improve the response to health emergencies. OpenWHO enables the Organization and its key partners to transfer life-saving knowledge to largenumbers of frontline responders.

<https://openwho.org/>

[CDC Learning Connection](#)

CHECK OUT OUR FOOD SAFETY COURSES



LEVEL 1 FOOD SAFETY

Food safety is a constant concern for the public. It's important your employees understand their roles and responsibilities.

Duration:

2 – 3 hours

Assessment:

Multiple-choice questions

Certificated:

Highfield Completion Certificate



LEVEL 2 FOOD SAFETY

Regulations require that anyone involved in food handling must be appropriately trained in food safety.

Duration:

4 – 5 hours

Assessment:

Multiple-choice questions

Certificated:

Highfield Completion Certificate



LEVEL 3 FOOD SAFETY

Employees working in a supervisory role, including managers, supervisors and chefs.

Duration:

9 – 14 hours

Assessment:

Multiple-choice questions

Certificated:

Highfield Completion Certificate



Qualify at Home lets learners learn and qualify from home or anywhere in the country. It enables home and work-based tests to be undertaken without an invigilator present. The tests are conducted under normal exam conditions set out by Ofqual.

The 3-step 'Qualify at Home' suite

E-LEARNING

E-ASSESSMENT

REMOTE INVIGILATION

Try it for free!
Just go to: www.highfieldonline.com for the demo





17th World Congress on
Environmental Health
20-24 May 2024

Environmental Health In The New Era

The Call for Speakers for the 17th IFEH World Congress on Environmental Health, to be held in Perth, Australia on 20-24 May 2024, is now open!

The 2024 IFEH World Congress will have a diverse program and your contribution as a presenter will be greatly appreciated and informative. Start planning now to make this event the best it can be.

We look forward to hearing from you, submissions close 8th December 2023 (GMT+8), and can be submitted on the congress website.

<https://www.wceh2024perth.com/>



Photo credits: Tourism Western Australia