The Institute for Integrated Economic Research-Australia Ltd
ABN 79 623 951 226

National Health and Climate Strategy Consultation Paper Submission

We applaud the intent of the Department's public consultation on the planned National Health and Climate Strategy and appreciate the opportunity to provide feedback. Given the nature of the feedback we wish to make, we have elected to provide it in a narrative form rather that answer the specific questions posed in the order offered in the submission form. The design of the submission form is emissions reduction focussed, although it does refer to "Actions beyond the health system to improve the resilience of communities to prevent and improve health …" In our work, we have focussed on the overall health system risks and vulnerabilities and the interconnections of the health system with risk areas such as climate change, energy, workforce, and the economy. We will endeavour to answer some of the questions posed whilst also addressing examples of the broader system level concerns we have identified in our research.

Firstly, our background:

- Air Vice-Marshal John Blackburn AO (Retd) is a former Deputy Chief of the RAAF and the Chair for the Institute for Integrated Economic Research- Australia (IIER-A) and Executive Member of the Australian Security Leaders Climate Group (ASLCG).
- Ms Anne Borzycki is a Director of the IIER-A.
- Dr Simon Quilty MD, is a Fellow of the IIER-A and a specialist physician for the past decade, with over 20 years of experience in remote medicine in the NT. He has a background in public health and engineering; he is undertaking research examining the relationship between environmental heat and wellbeing in the Northern Territory.

We are the co-authors of the IIER-A Reports – *"AUSTRALIA'S MEDICINE SUPPLY- is our Health a National Security / Resilience Issue?"(* February 2020), *"The Australian Healthcare System - 'just in time' or 'just in case'?*" (December 2020), and *"The Australian Health System in 2022, What has changed in the last two years … what do we need to do differently?"* (October 2022). Links to these reports are at https://www.jbcs.co/iieraustralia-health

In his ASLCG role, John Blackburn has participated in the development of the following ASLCG reports: *"Missing in Action", "Australian Climate and Security Risk Assessment", "Climate Security Up Front," and "Food Fight – Climate Change, Food Crisis and regional insecurity."* Links to these reports are at https://www.aslcg.org/reports/

We have read and agreed to the Privacy Statement listed on your submission form.

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The Need for a National Health and Climate Strategy

The needs highlighted in your consultation paper are endorsed. However, in our view the proposed strategy lacks context and key precursors. Prior to developing a national strategy, it is essential to conduct a risk assessment to define the context and goals for the strategy. In this specific case, a National Health Risk Assessment, and a National Climate risk assessment, neither of which exist today in Australia. Assessing risks and prioritising subsequent actions needs to be broader than simply in relation to 'adaptation' as the entire health system is currently under significant stress.

There are a multitude of Government studies, plans, initiatives, and reports *(Figure 1)* that have been published over the past few years that could help address some of our health system issues. Subsequent actions are harder to identify.



FIGURE 1: AUSTRALIA'S HEALTH SYSTEM REPORTS / REVIEWS JIGSAW

What is evident in looking at the pieces of the *Figure 1* jigsaw puzzle, is that they are individually very worthwhile. However, how do they fit together? Is there a common risk analysis that guides these reports? Siloed activities will not necessarily address the wider scope of health system issues that we are facing today, and into the future.

From our perspective, based on publicly available information, there is still no apparent integrated risk analysis, or overarching health system strategy and plan. There is no baseline

from which to begin the process of prioritisation. We recall that in mid 2022, the Health Minister announced a health system review process to be led by the head of the Department of Prime Minister and Cabinet, Glyn Davis, with negotiations to begin next year on a new national partnership agreement. As yet, we have not seen any results. We are also not aware if the Health Department is leading a National Health Risk assessment as a part of the National Risk Assessment process initiated by the Department of Home Affairs in late 2022.

Is the Department of Health and Aged Care engaging with the Department of Home Affairs and contributing to the development of the National Risk Assessment?

In the absence of a comprehensive inquiry into our handling of the pandemic, there appear to be few lessons identified, fewer acted upon and even less actually learned. To help produce a "snapshot" of our health system in 2022 we gathered 21 health domain experts *(contributors to our IIER-A 2020 report)* and asked them about their current concerns. Example quotes are in Figure 2.



FIGURE 2: WORKSHOP QUOTES

Key concerns raised by our expert group included:

- **Lack of integration:**
  - There is a lot of bottom-up action but little strategic level coordination / integration to date. We lack a federated health governance system.
  - A common wish was that leaders in civil society, government, non-government, private sector, academia, and the related professions, come together and recognise the parlous state of our nation's health system, and that they initiate an integrated plan a path of the future of our health system.
  - The healthcare profession is in a moribund state, we lack an adequate discourse across society, and we clearly lack an integrated action plan.

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- **Supply Chain issues:**
  - Health system related supply chain issues have still not been resolved. Industry representatives gave examples where lead times for critical manufacturing components have grown from eight weeks to nine months and, in some cases, 18 months.
  - Information sharing across the health system sector was extremely poor. For example, the lack of transparency in the medicines supply chain and of stock levels in the "national medical stockpile" led to panic buying and a hampered the ability of hospital pharmacists to plan for future COVID variant surges.
- **Manufacturing:** Politicians and State Governments were vying with each other for vaccine manufacturing capability but with little real regard for how an integrated national capability could / should be developed. Despite near term mRNA sovereign manufacturing options being available the LNP Government failed to support local industry options and decided to contract Moderna to build a capability in Australia over several years.
- **Risk Assessments:** The health sector experts also concluded that a national risk assessment is needed to address both the immediate and future threats of which health is but one component.

The Department of Climate Change, Energy, the Environment, and Water (DCCEEW) is leading a National Climate Risk Assessment, as a part of the National Risk Assessment process. However, the first component, a qualitive assessment, is scheduled for release in late 2023 with a complete quantitative assessment in late 2024.
(https://www.dcceew.gov.au/climate-change/policy/adaptation/ncra)

Put simply, the climate change 'adaptation' challenge for the health system is highly complex, interdependent, and interlinked, and unlikely to be successful without an honest risk assessment of the current vulnerabilities, and within the context of a broader national framework for the resilience and security of Australia and the Australian people – which sadly does not exist. We cannot prioritise and adapt that which we do now know.

Is the planned National Health and Climate Strategy synchronised with the DCCEEW activity?

The National Health and Climate Strategy is an admirable starting point for considering the very real problems to be addressed regarding our climate change preparedness, but it is unlikely to be successful unless it is part of a broader national security and resilience plan informed by the, yet to be produced, national risk assessment.

A further key issue to be addressed in the development of the proposed strategy is that of assumptions. The Australian healthcare system has been very reactive; it was focussed on managing the near-term crises with little spare capacity to address the medium/longer term challenges. Our ability to address healthcare resilience is hampered by the conflict between the need for efficiency and the expectations of individuals and groups in our society. Australia's recent neoliberal political culture of the "free market knows best" drives cost efficiency in the face of a finite resource pool. Our societal expectations however trend towards ever *growing assumptions* that the latest technologies and high-cost pharmaceuticals will be made available to us as patients. The impacts on our health system from a

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combination of factors including an ageing population, climate change / extreme weather events, economic stagnation and pandemics have not been adequately analysed and communicated with Australians. The work you are undertaking will hopefully help to address this shortfall.

Supply Chain Considerations *(Question 11)*

Paragraph 2.3.2 in the Consultation Paper proposes to 'Identify and make use of policy levers to establish circular/green procurement policies requiring the emissions footprint of suppliers and products be transparently reported and considered as a criterion when choosing a supplier.'

In the case of pharmaceuticals, it is important to note that we import 90% of our medicines; 20% come from the United States, and around 68% from the EU; trading partners from whom we should be able to obtain supply chain visibility. However, that is not the case. Identifying the emissions footprints of suppliers is an almost impossible task, because neither the US nor the EU has end-to-end visibility of the pharmaceutical supply chain. The supply chains that comprise the complex networks of production, packaging, and distribution of Active Pharmaceutical Ingredients (API), and finished products, are extraordinarily opaque.

On 23 March 2023 a report by the US Senate Committee on Homeland Security and Governmental Affairs concluded that 'neither the federal government nor industry has end-to-end visibility of the pharmaceutical supply chain…'. And the EU is equally as confused about their pharmaceutical supply chains. A paper entitled 'Improving the Security of medicines supply in Europe' released on 2 May 2023 noted 'the lack of transparency on supply …' and that the EU 'is becoming increasingly dependent on imports from a few manufacturers and regions …'. The one thing both the US and the EU are certain of, is that APIs and pharmaceuticals sourced from China and India are an imminent threat to national security and public health. The US and the EU both intend to address their vulnerabilities by increasing local production of essential pharmaceuticals, including APIs. This will not be achieved quickly, but at least the political will exists to put in the effort to do so.

In our IIER-A submission to the Joint Standing Committee on Foreign Affairs Defence and Trade's 2020 Inquiry into the strategic implications of COVID19 for Australia's foreign affairs, defence and trade, we observed that global trade and diverse supply chains are essential for Australia's economic and social well-being and will remain the predominant model into the future. However, we need to redesign critical components of our supply chains under what we call a 'Smart Sovereignty' model. Smart Sovereignty infers not only a degree of Australian based manufacturing capability and associated domestic supply chains, but the appropriate research and development facilities and a skilled, experienced workforce. Sovereignty also implies Australian ownership and/or control over critical capabilities. Smart Sovereignty is not socialism or nationalisation of whole sectors of the economy; nor is it ongoing subordination to the ideology of the free market.

A country like Australia, with a relatively small population and economic base will only ever have a moderate level of sovereign capabilities. We will not, nor should we try to, become

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self- sufficient. The United States and the European Union will build a much greater degree of sovereign capability over the next decade.

Determining the appropriate level of sovereign capability that we must have will be a complex task. Importantly, our sovereign capabilities need to be designed to improve our resilience, and not just left to the whim of market forces.

In our view, the essential complement to Smart Sovereignty is the establishment of 'Trusted Supply Chains.' Where we depend on global trade imports, we must have diverse and transparent supply chains and have the ability to verify them. What was evident from the pandemic crisis was that the massive global outsourcing and dependence upon China for many pharmaceutical ingredients, medicines, and other essential supplies, could not be considered as a 'trusted' supply chain as it was neither transparent nor verifiable and had single points of failure with significant impacts on other dependent, critical supply chains.

It is an inevitability that the establishment of sovereign capabilities in critical areas of production will have an initial emissions impact, not to mention a significant cost. But we cannot avoid taking this step because the longer benefits in terms of the capacity to manage and monitor emissions, the transparency of supply, building resilience and ensuring national security will surely outweigh the negatives. There is a high price to cheap in a crisis…

Australia's supply chain vulnerabilities are discussed in further detail in the IIER-A report "Australia's Medicine Supply, is our health a national security/resilience issue?" - https://www.jbcs.co/iieraustralia-health

Further discussion about 'smart sovereignty' and 'trusted supply chains' can be found in Submission 13 to Joint Standing Committee on Foreign Affairs Defence and Trade's May 2020 inquiry into the strategic implications of COVID19 for Australia's foreign affairs, defence and trade.
https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Foreign_Affairs_Defence_and_Trade/FADTandglobalpandemic/Submissions

The Value of a Nationally Consistent Approach to Vulnerability Assessment and Adaptation Planning for the Health System *(Question 20)*

Your consultation paper poses the question: "Would there be value in the Australian government promoting a nationally consistent approach to vulnerability assessment and adaptation planning for the health system … The short answer is yes, there would be value in promoting national consistency. Our IIER-A October 2022 report, "*The Australian Health System in 2022: What has changed in the last two years … what do we need to do differently?*", explored the need for consistency across jurisdictions to get the best health outcomes for Australians and Australia. We concluded that consistency, coordination and when necessary, integration, would be the optimum approach to align the multiple existing, and proposed, initiatives in play across the health system. Business as usual, or business as was, will not be enough to ensure federal, state and territory, and local governments, and their bureaucracies,

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are ready for worsening climate impacts, as they relate to the health system. Then there are the cumulative impacts of economic uncertainty, social unrest, the energy transition – all taking place without a national framework such as a national security and resilience strategy.

It is important to note that there are existing assessments and guidance documents, and even tool kits, that could be repurposed to deliver the intent of this discussion point. Specifically, the *Profiling Australia's Vulnerability* report from 2018 is an extraordinary body of work and cannot be ignored as a starting point for assessing vulnerabilities beyond the 'natural' disasters that underpinned the study. The sub-heading, 'The interconnected causes and cascading effects of systemic disaster risk' is a signpost to the depth and integrity of the analysis and recommendations in this report. The full report can be found at:
https://www.aidr.org.au/media/6682/national-resilience-taskforce-profiling-australias-vulnerability.pdf

Another existing study that highlights the need for national coordination across state and federal jurisdictions, and that proposes solutions, is the CSIRO report from August 2022 entitled, *Strengthening Australia's Pandemic Preparedness*. The report observed that rather than merely waiting and reacting to future pandemics (we could extrapolate this to rather than waiting and reacting to any future crisis including climate change), we need nationally coordinated investments in science and technology that can provide a wider range of complementary preparedness and response approaches. These could significantly reduce the economic, social, and indirect health costs associated with knee-jerk policy formulation. The report talks of an integrated cycle of prevention, detection, response and recovery. The full report can be accessed at:
https://www.csiro.au/en/work-with-us/services/consultancy-strategic-advice-services/csiro-futures/health-and-biosecurity/strengthening-australias-pandemic-preparedness

And finally, the *Royal Commission into National Natural Disaster Arrangements Report*, October 2020, noted that the health and mental health response to natural disasters requires effective planning, and those of national scale and consequence need to be supported by national coordination mechanisms. The report provides an extensive list of recommendations relating to establishing national coordination mechanisms, decision making systems, planning and communication, community engagement, role of the health system, and engagement with First Nations people, as a few examples.
https://naturaldisaster.royalcommission.gov.au/publications/html-report

The recommendations and proposals contained in each of the reports/studies referred to above, could be adapted, within a broader national security and resilience strategy, to achieve the outcome being sought by the strategy.

The Key Areas for a Health in All Policies Approach *(Question 22)*

Health in All Policies is an excellent aspiration; however, the current stove-piped structure of governmental portfolios and departments is such that achieving genuine policy integration can only ever be aspirational without an overarching framework that binds it all together. What is the missing glue? A national security and resilience strategy borne of thorough and

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honest risk assessments across all elements that contribute to the health and wellbeing of Australia, and Australians.

Our IIER-A report, *The Australian Health System in 2022*, noted that in the absence of a national security or resilience strategy it is difficult to assign priorities to the range of risks and vulnerabilities we face in Australia both now, and in the coming decade. The significant issues highlighted in the health sector are mirrored in sectors such as industry, defence, education, economy, research, energy, and environment, to name a few. Unfortunately, in general, these sectors argue for their own specific interests, independent of, and ignorant of, their interdependencies with each other.

The interconnectedness of the systems of health-energy-environment-economy-education-agriculture-transport-infrastructure, extends beyond 'the health and well-being impacts of climate change and reducing emissions. Yet these interconnections have not been mapped. The risks, and opportunities, of these interconnections are not known.

Not only is there a lack of integrated risk analysis or health system strategy that could guide an integrated health system roadmap; risk assessments, strategies and roadmaps for many of the other vital interconnected sectors are also lacking. In the absence of higher-level guidance and a 'framework for Australia', the Health in All Policies concept will never realise its full potential.

Submitted by:

- Air Vice-Marshal John Blackburn AO (Retd).
- Ms Anne Borzycki.
- Dr Simon Quilty MD.

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Australian Government
Department of Health and Aged Care

NATIONAL HEALTH AND CLIMATE STRATEGY

Detailed submission form

This form allows you to provide responses to the full set of questions in the Consultation Paper available here.

Alternatively, you may wish to complete the briefer online survey available here.

Please submit this form in Word format to Health.Climate.Consultation@health.gov.au.

Respondent details

What is your name?
Angela Jacob
What is your email address?
Angela.jacob@gphn.org.au
What is your organisation?
Gippsland Primary Health Network
Have you read and agreed to the Privacy Statement? (NB we will not be able to use your submission unless you tick this box)
☒ I have read and agreed to the Privacy Statement
Do you identify as Aboriginal and/or Torres Strait Islander? (Yes/No/Prefer not to say)
☐ Yes ☒ No ☐ Prefer not to say
Please select which applies to you: Primary Health Network ☐ Individual citizen ☐ Health Service Provider ☐ Industry and Life Sciences Organisation or Representative ☐ Academic or Researcher ☐ Primary and/or Allied Health Peak or Advocacy Organisation or Representative ☐ Aged Care Service Provider ☐ First Nations Health Service Provider ☐ First Nations Community Group ☐ First Nations Peak or Advocacy ☐ Medical College or Peak professional body

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Questions for feedback from the Consultation Paper

Introduction

1. How could these objectives be improved to better support the vision of the Strategy?
They could be improved by adding the objective of “Leadership”- health care professionals, agencies and bodies are trusted by the community and therefore have an opportunity to influence the thinking and behaviour of communities and promote recognition of the link between climate change and health. Reference might also be made to the principle of First Nations leadership.
2. How could these principles be improved to better inform the objectives of the Strategy?
1) I understand that Aboriginal and Torres Strait Islander peoples have a preference for this term rather than “First Nations” which is considered to be a North American phrase, however this would require consultation with the Aboriginal and Torres Strait Islander community. 2) Tackling health inequalities- there is also a sense in which, on a global scale, those who contribute the least to climate change, will be impacted the most, thus climate change and its impact on health is an equality and justice issue. 3) Population health and prevention- the logic of this principle does not really follow in the way that it is expressed. Climate change impacts on population health, but the link to chronic disease prevention, which reduces hospitalisation, and therefore emissions, needs to be more clearly drawn/more explicit, given that hospitals are large contributors. 5) Evidence-informed policy making- could be strengthened around the need to adopt global targets and evidence from bodies such as WHO (rather than duplicating policy work, existing, well informed frameworks etc could be adopted). 6) Partnership-based working across all levels of government and beyond- could be strengthened by the recognition of the requirement for a global effort

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3. Which of the various types of greenhouse gas emissions discussed above should be in scope of the Strategy's emission reduction efforts?
Agree with the Scope 1,2 and 3 emissions. Another example Other Scope 3 emissions might be the associated supply chain transport emissions. It could be argued that reporting emissions associated with the manufacture of imported pharmaceutical products is an example of Scope 3 upstream emissions.
4. What existing First Nations policies, initiatives, expertise, knowledge and practices should the Strategy align with or draw upon to address climate change and protect First Nations country, culture and wellbeing?
This question is best informed by consultation with Aboriginal and Torres Strait Islander communities.
5. What types of governance forums should be utilised to facilitate co-design of the Strategy with First Nations people to ensure First Nations voices, decision-making and leadership are embedded in the Strategy?
This question is best informed by consultation with Aboriginal and Torres Strait Islander communities.

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Proposed Objective 1: Measurement

6. Beyond the schemes already noted above, is your organisation involved in any existing or planned initiatives to measure and report on health system emissions and/or energy use in Australia?
Gippsland PHN has recently undertaken an independent energy assessment as part of its Climate Change Action Plan, and has provided grants to general practice to conduct energy assessments.
7. What additional data and information is required to support targeted emissions reduction efforts within health and aged care?
Organisations need incentivising to make a start to understand their climate footprint and understand their emissions. Once they measure and understand their own usage and footprint they will be empowered to make emissions reductions efforts.

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Proposed Objective 2: Mitigation

8. What do you think of these proposed focus areas for emissions reduction? Should anything else be included?
Nil to add
9. Which specific action areas should be considered relating to the **built environment and facilities (including energy and water)**, over and above any existing policies or initiatives in this area?
The suggested areas for consideration are sound. In planning new builds, consideration should be given to charging infrastructure for staff vehicles. In rural and regional areas, the building of sustainable housing associated with new infrastructure supports workforce and housing issues as well as reducing commuting, hence emissions.
10. Which specific action areas should be considered relating to **travel and transport**, over and above any existing policies or initiatives in this area?
Policy levers to encourage the inclusion of charging infrastructure for staff when planning hospital infrastructure.
11. Which specific action areas should be considered relating to **supply chain**, over and above any existing policies or initiatives in this area?
The suggested areas for consideration are sound.
12. Which specific action areas should be considered relating to **medicines and gases**, over and above any existing policies or initiatives in this area?
A stronger signal would be to announce a roadmap for delisting pressurised metered dose inhalers from the PBS.
13. Which specific action areas should be considered relating to **waste**, over and above any existing policies or initiatives in this area?
The suggested areas for consideration are sound.

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14. Which specific action areas should be considered relating to **prevention and optimising models of care**, over and above any existing policies or initiatives in this area?

Introduce funding models that facilitate the shift to value based care.
Fund registries that drive value based care.

15. What can be done to involve private providers within the health system in the Strategy's emissions reduction efforts?

Leverage existing partnerships and networks.

Use procurement assessment criteria and supply contracts to embed climate action/sustainability requirements as KPIs.

Fund PHNs to drive climate change adaptation and mitigation policy, strategy and action within primary care. Gippsland PHN already includes an evaluation criterion around sustainability and climate change initiatives for all procurements. We also have a Climate Change Adaptation Strategy which seeks to show leadership and drive action in primary care within our sphere of influence.

16. Where should the Strategy prioritise its emissions reduction efforts?

    a. How should the Strategy strike a balance between prioritising emissions reduction areas over which the health system has the most direct control and prioritising the areas where emissions are highest, even if it is harder to reduce emissions in these areas?

    b. Which of the six sources of emissions discussed above (on pages 13 to 18 of the Consultation Paper) are the highest priorities for action?

The strategy should take the long term view and initially prioritise “quick wins” and high reductions, with the aim to address harder and smaller reductions over time.

Highest priorities:

- Built environment
- Medicines and gases
- Waste

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17. What 'quick wins' in relation to emissions reduction should be prioritised for delivery in the twelve months following publication of the Strategy?
• Measurement of emissions and waste • Education to the sector about the scale of the problem and their responsibility as a contributor • Improvement measures for built environment • Reduction in waste

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Proposed Objective 3: Adaptation

18. What health impacts, risks and vulnerabilities should be prioritised for adaptation action through the Strategy? What process or methodology should be adopted to prioritise impacts, risks and vulnerabilities for adaptation action?
• Food insecurity • Vector borne diseases • Mental and psychosocial health
19. Should the Australian government develop a National Health Vulnerability and Adaptation Assessment and National Health Adaptation Plan? If yes: a. What are the key considerations in developing a methodology? b. How should their development draw on work already undertaken, for example at the state and territory level, or internationally? c. What are the key areas where a national approach will support local/jurisdictional vulnerability assessment and adaptation planning?
Yes a) use localised knowledge and expertise to understand regional nuances in vulnerable populations b) Gippsland PHN is currently being funded to undertake a Preparing Australian Communities Grant to map vulnerable populations in Gippsland. Work in these streams should be collated and leveraged. c) A key area of support would be through sharing of relevant data about the location and size of vulnerable populations and creating coordinating bodies that facilitate cross regional boundary and cross jurisdictional communication to prevent duplication of effort.

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20. Would there be value in the Australian government promoting a nationally consistent approach to vulnerability assessment and adaptation planning for the health system specifically, for instance by issuing guidance and associated implementation support tools for states, territories and local health systems? If yes, what topics should be covered to promote a nationally consistent approach? What examples of existing guidance (either from states/territories or internationally) should be drawn from?
Agree there is value in a nationally consistent approach. Suggested Topics: • Taking a strengths based approach • Disaster preparedness through building community resilience • Assertive outreach and engagement with vulnerable communities in disaster response • Cultural safety • Understanding multicultural communities • Community engagement through co-development • How to engage with peaks to co-develop resources and programs
21. What immediate high-priority health system adaptation actions are required in the next 12 to 24 months?
• Recognise a formal role for PHNs in Emergency and disaster preparedness, response and recovery • Mapping of vulnerable populations and planning for how to engage with, support, and activate these communities in a coordinated response when required

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Proposed Objective 4: Health in All Policies

22. What are the key areas in which a Health in All Policies approach might assist in addressing the health and wellbeing impacts of climate change and reducing emissions?
• Energy policy • Transport policy • Housing Policy
23. What are the most effective ways to facilitate collaboration and partnerships between stakeholders to maximise the synergies between climate policy and public health policy? What are some successful examples of collaboration in this area?
Nothing further to add

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Enablers

24. How could these enablers be improved to better inform the objectives of the Strategy? Should any enablers be added or removed?
Collaboration- need to strengthen the connection to and importance of local knowledge and context when supporting communities to become resilient through place based solutions.
25. For each of these enablers: a. What is currently working well? b. What actions should the Strategy consider to support delivery?
Actions to support delivery: • Engage with medical colleges and universities • Provide grant funding for research into local place-based solutions that is aligned to wider policy • Use local networks and peaks to engage with vulnerable communities

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Thank you for taking the time to complete this survey – your feedback is greatly appreciated!

Please submit this form in Word format to Health.Climate.Consultation@health.gov.au.

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Women's Health Goulburn North East

NATIONAL HEALTH AND CLIMATE STRATEGY

WOMEN'S HEALTH GOULBURN NORTH EAST SUBMISSION
JULY 2023

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Contact: Women's Health Goulburn North East
Policy and Advocacy Coordinator

whealth@whealth.com.au

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Acknowledgements

Women's Health Goulburn North East acknowledges the wisdom, living culture and connection of the Traditional Custodians of the unceded lands on which we work, and acknowledge the profound disruption of colonisation and the Stolen Generations on Aboriginal and Torres Strait Islander peoples. We also respect the self-determination of First Nations people.

We are intersectional in our approach and are proud to stand beside generations of great women whose work has brought us closer to justice for all. We believe in shared and just cultural transformation that embraces diversity, and these acknowledgements are part of the ethical principles that guide our work and conduct.

About Women's Health Goulburn North East

Women's Health Goulburn North East (WHGNE) is a proudly feminist organisation supporting the creation of regional and rural Victorian communities that centre intersectional equity, care, wellbeing, and safety. We view the world through a prevention lens and work according to a social determinants framework to address the root causes of gender inequality and gendered discrimination, exclusion, oppression, and violence. We believe in shared and just cultural transformation and locate our work within an ecosystem of broad global alliances working across social movements.

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WOMEN'S HEALTH
Goulburn North East

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Goulburn North East

About this submission

As a contributor to and supporter of the Climate and Health Alliance's (CAHA) 2021 Framework for a national strategy on climate, health and wellbeing in Australia, we welcome the Australian Government's development of the first National Health and Climate Strategy. CAHA has been advocating for such a national strategy since 2017 and it is affirming that the federal government recognises the critical nature of such work. Climate justice – that is, climate action that strives for intersectional equity - is one of our core focal points, and we see this national strategy as critical to guiding, inspiring and enabling good, thoughtful and impactful work in this area.

We know that the health impacts of climate change are already being felt in our communities. We have seen these health impacts as result of the smoke inundation that communities across north-east Victoria experienced during the 2019 bushfires; in the flooding that affected communities to the north-west and south of our catchment area; in the uptick in severity and prevalence of family violence before, during and after climate-related disaster, as evidenced by research undertaken by our own organisation following the 2009 Black Saturday bushfires. We've seen it in the risks heatwaves – experienced with increasing frequency and severity – have posed to the people made vulnerable by the gaps, deficiencies, barriers and discriminations embedded in our existing societal and economic systems.

We know that the people who bear the brunt of these health impacts are those who experience different, intersecting and structurally embedded forms of oppression in our society – sexism, racism, colonialism, ableism, ageism, povertyism (the range of harmful and discriminatory attitudes towards low-income people), homophobia and more. Women are often the ones facing compounding risks to their health, when it comes to climate change. They are made financially insecure by gendered pay gaps, gendered unpaid care roles, their disproportionate representation among insecure and low-paid workforces, and historically unbalanced and discriminatory decision-making processes. Indigenous women, women living with disability, older women, regional and rural women, gender-diverse people and intersections of these identities compound the harms these people face and will continue to face if climate action does not contain an equity and social justice focus.

Climate change, thus becomes an issue of gender, and of intersectional equity. And it is with this in mind that we offer our submission to this review.

Our submission is shaped, firstly, by our commitment to gender and climate justice, which is an imperative of our intersectional approach to equity. Gender and climate justice, in this instance, are intimately connected to intersectionality, in that they involve bringing about a culture and a community that "centre the diverse needs, experiences and leadership of people most

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impacted by discrimination and oppression." In doing so, we might ensure the policy we create, the action we take and the world we co-design avoids perpetuating the oppressions experienced by those oppressed by the status quo. When it comes to this strategy, we cannot afford to pursue policy and action that "protects the health and wellbeing of people living in Australia from the impacts of climate change" if that policy/action, itself, perpetuates injustice. At the heart of this should be a shift away from solely considering "Australians" as the agents and beneficiaries of this work, and towards considering "people who live in Australia" - including those who may not be citizens, who may have fled war, disaster and conflict in their own lands to our shores.

We also approach this submission with a commitment to "health and wellbeing" beyond the strictly clinical definitions of those concepts. This is a social determinants of health approach, recognising the non-medical/non-health-related conditions and factors that contribute to (or pose barriers to) human wellbeing. These include:

- Income and social protection
- Education
- Unemployment and job insecurity
- Working life conditions
- Food insecurity
- Housing, basic amenities and the environment
- Early childhood development
- Social inclusion and non-discrimination
- Structural conflict
- Access to affordable health services of decent quality

We would also be so bold as to argue that planetary health is a determinant of human health, and that any national strategy designed to not only mitigate the worst health impacts of climate change, but also cultivate a culture and society that enjoys optimal health and wellbeing against the backdrop of climate safety, can only do so by nurturing human respect and wise stewardship of flourishing and valued natural systems.

It is at this point – and as part of a broad alignment across this strategy with its stated objective of valuing Indigenous wisdom and lifeways - that we urge government to expand its understanding of health beyond the clinical and closer towards a more holistic conception of health, to include "the social, emotional and cultural wellbeing of the whole community and the relationships between families, communities, land, sea and spirit." This strategy presents our communities and the nation with an opportunity to recognise that an understanding of "planetary health" is right here already, embedded in the thousands of years of wisdom of

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Indigenous communities. This strategy is an opportunity for us all to better understand and share in this wisdom and culture.

QUESTION 1 - How could these objectives be improved to better support the vision of the Strategy?

We are concerned that this strategy contains no clearly articulated vision to underpin the objectives and principles of the document. Without a clear vision, we believe it will be difficult for the strategy to clearly shepherd action towards a set of measurable outcomes.

We note the strategy's purpose to "protect the health and wellbeing of Australians from the impacts of climate change," however, we recommend this purpose be rewritten to better reflect the "health in all policies" (HiAP) approach. HiAP is consistent with a social determinants of health approach, recognising that health and health equity are not merely the domain of the health system, but are largely affected by policies beyond the health sector, including policies influencing transport, housing, urban planning, the environment, education, agriculture, finance, taxation and economic policy.

As such, it's imperative this strategy offers an ambitious, bold, yet achievable vision statement that describes how our communities can be different – healthier, safer, more equitable – as a result of this strategy, and a purpose that encapsulates the health in all policies approach.

We would therefore like to recommend the following:

- **Strategy vision:** A climate safe community and net zero health system in which inter-generational health equity and planetary health are prioritised.
- **Strategy purpose:** To support the development and coordination of cross-department and – sector initiatives that ambitiously mitigate the health and health equity impacts of climate change and guide efforts to reduce the health sector's contribution to climate change.

It then follows that the strategy's objectives require an overhaul to support this vision. These objectives should be described as detailed actions, plotted against a timeline and allocated measurable indicators, to ensure a process of reflection, learning, "tweaking" and ongoing implentation of climate mitigation and adaptation work, and to ensure agents can be held to account for this implementation.

Objective 1: Promote and protect health and wellbeing, and health equity – This strategy will guide the design and implementation of policy across all levels and departments of government, to protect and champion health equity in the context of climate change mitigation and adaptation.

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Objective 2: A climate-safe community – This strategy will guide initiatives to build the resilience of the community, the health system and other government sectors to respond to the health impacts of climate change.

Objective 3: A net zero health and aged care system – This strategy will support the development of a comprehensive national net zero plan for health and aged care, which reflects best scientific evidence and is informed by a detailed assessment of the health system's carbon footprint (including scope 1, scope 2 and scope 3 emissions).

As part of this, it's imperative that this strategy includes specific emissions reductions targets that are consistent with best scientific evidence, that is 75% below 2005 levels by 2030 and net zero emissions for all sectors by 2035. To advocate for anything less would be to undermine the strategy's own commitment to protect the health and wellbeing of people living in Australia from climate change.

QUESTION 2. How could these principles be improved to better inform the objectives of the Strategy?

While we broadly support the strategy's principles, we would like to see a commitment to the right to health, health equity and a safe planet centred in these principles. We see this strategy as an opportunity for the nation to embed an understanding of the intimate links between planetary and human health across our economy, our health system, our culture and the day-to-day functioning of our communities.

1. **Health as a universal human right** – Recognises the government's legal obligations to guarantee the "appropriate conditions for the enjoyment of health for all people without discrimination" and the "indivisibility" of health from other human rights such as food, housing, work, education, information and participation. This is particularly important to this strategy, requiring that it look beyond government obligations to "Australians" and instead commit to the right to health for all people living in Australia, regardless of their visa status.

2. **Planetary health** – Rather than "One Health," we believe the strategy should take a broader view of health and instead embrace the principle of "planetary health." This principle is "based on the understanding that human health and human civilisation depend on flourishing natural systems and the wise stewardship of those natural systems." While similar to broader conceptualisations of One Health (which take "One Health" beyond its preoccupation with zoonotic disease), the principle of Planetary

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Health puts stronger emphasis on "adherence to planetary boundaries and...the management of the consequences for everyone on the planet of exceeding such boundaries." We believe this more global view, and a recognition of planetary boundaries, is consistent with what should be a striving for intergenerational health equity throughout this strategy.

3. **First Nations rights, recognition and reconciliation** – a commitment to Voice, Truth, Treaty, self-determination must be central to the co-design of all levels of climate and health policy. Likewise, Indigenous wisdom and knowledge systems

4. **Intergenerational equity in health** – requires that the strategy acts with urgency and equal concern for the health equity of present and future generations, requiring us to focus not only on present "costs" of climate change, but also future "benefits" of swift, ambitious and rights-based action.

5. **Primary prevention –** reflects a commitment to preventing the occurrence of a condition (health or otherwise) in the first place. This principle is as relevant to health and health equity as it is to climate mitigation, and emphasises ploughing effort, time, wisdom and resources into challenging the root causes of wicked problems like climate-change and inequity.

6. **Whole-of-community inclusion and participation in the co-design** of holistic, nationally consistent, equitable and accessible human and planetary health-centred responses to climate change.

QUESTION 3. Which of the various types of greenhouse gas emissions discussed above should be in scope of the Strategy's emission reduction efforts?

We believe this strategy's emissions reduction efforts should include all three types of greenhouse gas emissions – direct emissions (scope 1) produced within the boundary of the health system/health services, energy-related indirect emissions (scope 2), such as via offsite energy production (scope 3) such as emissions generated in the broader economy, mostly via the upper supply chain.

The inclusion of scope 3 emissions is particularly important, with data suggesting that these emissions comprise 65–95% of most companies' carbon impact, with 80% of an organisation's supply chain emissions related to as few as one-fifth of its purchases.

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Including all three types of emissions is consistent with what we think should be this strategy's commitment to planetary health, health in all policies and intergenerational health equity objectives. In line with this, we believe this strategy should commit to efforts to:

- Drive the implementation of stronger and more ambitious national emissions reduction targets across all sectors of the Australian economy (inclusive of scope 2 and 3 emissions) – that is, 75% below 2005 levels by 2030 and net zero emissions for all sectors by 2035;
- Advocate for the rapid transition of Australia's energy generation facilities away from fossil fuel (including the cessation of taxpayer subsidies to fossil fuel industries, the closure of fossil fuel generated power facilities, the just transition of associated workers away from the sector) and towards 100% renewable by 2030;
- Transition the health sector to net zero scope 1 emissions by 2035
- Mandate a sustainable procurement process within the health system in order to effect reductions in scope 3 emissions, including emissions created through the overseas manufacture of health products.

QUESTION 4. What existing First Nations policies, initiatives, expertise, knowledge and practices should the Strategy align with or draw upon to address climate change and protect First Nations country, culture and wellbeing?

WHGNE strongly supports a commitment to a strengths-based approach to engagement with First Nations people as part of its work towards mitigating and adapting to climate change and achieving planetary health and health equity for all people in Australia.

We recommend the government directly engages with First Nations communities, Elders, organisations and services in order to craft the strategy and ensure all potential impacts and benefits to First Nations people are considered. It is critical that this section of strategy clearly outlines how and over what period of time government and all sector stakeholders will respectfully engage with First Nations communities, how those communities might maintain sovereignty over their input and be able to hold government accountable to its strategic commitments.

To do justice to its commitment to the centring of Indigenous knowledge, it is also critical that this strategy is genuinely open to an understanding of "health" and "wellbeing" that extends beyond clinical definitions of physical health, but also encompasses "the social, emotional and cultural wellbeing of the whole community, in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of the community. [This is a] whole-of-life view and includes the cyclical concept of life-death-life."

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Other policies and resources that may help to underpin the strategy, in its commitment to First Naitons country, culture and wellbeing, include:

- Lowitja Climate Change and Aboriginal and Torres Strait Islander Health discussion paper -
- Heal Country, Heal Climate Priorities for climate and environment -
- National Agreement on Closing the Gap
- United Nations Declaration on the Rights of Indigenous Peoples
- First Nations Disability Network

When it comes to accountability processes, the Victorian Government's plan for an Aboriginal-led Evaluation and Review Mechanism may provide an example of how this could be accomplished.

QUESTION 5. What types of governance forums should be utilised to facilitate co-design of the Strategy with First Nations people to ensure First Nations voices, decision-making and leadership are embedded in the Strategy?

We urge government to work directly with First Nations communities and individuals to determine what governance forums would enable best access, support, participation and self-determination in strategy decision-making.

QUESTION 6. Beyond the schemes already noted above, is your organisation involved in any existing or planned initiatives to measure and report on health system emissions and/or energy use in Australia?

Our organisation is not involved in any existing/planned initiatives to measure or report on health system emissions. However, we would like to express support for an evidence-based approach to setting priorities for decarbonising the health system – including scope 1, 2 and 3 emissions across aged care, healthcare suppliers and manufacturers.

Given that scope 3 emissions account for such a huge proportion of an organisation's/sector's emissions, we believe more precise data around these emissions, in relation to the Australian health system, in particular, would support the sector and its organisations/operators, to pinpoint those areas of its supply chain that might yield the "quickest wins" when it comes to emissions reductions. The existing Global Green and Healthy Hospitals Climate Impact Checkup Tool, which some member health facilities already use to measure their scope 1, 2 and 3 emissions, may be informative for this purpose.

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Initiatives to measure/report on health system emissions/energy use should, as stated earlier, align with scientifically backed emissions reductions targets, as stated in our response to Question 3.

QUESTION 7. What additional data and information is required to support targeted emissions reduction efforts within health and aged care?

As stated above, we strongly support the inclusion of scope 3 emissions reductions in this strategy. We would also like to stress emissions reductions efforts – and other climate action – pursued as part of this strategy must observe our proposed "objective 1" - the protection and promotion of health, wellbeing and health equity. These interconnecting objectives would be well supported by "data" gleaned by drawing upon and valuing the lived experience of intersectional communities across Australia – that is, communities already demonstrated to be most impacted by the intersections between health inequity and climate change.

QUESTION 8. What do you think of these proposed focus areas for emissions reduction? Should anything else be included?

WHGNE has considered this question in the context of our recommendation for a revised "Objective 3" for this strategy, that is, ***Objective 3: A net zero health and aged care system*** – *This strategy will support the development of a comprehensive national net zero plan for health and aged care, which reflects best scientific evidence and is informed by a detailed assessment of the health system's carbon footprint (including scope 1, scope 2 and scope 3 emissions).*

It is critical this strategy emphasises the urgency with which scope 1, 2 and 3 emissions be reduced, and the fact that health equity, in the context of climate change, also depends upon emissions reductions beyond the health sector, across all sectors and areas that contribute to health and health equity – in short, the social determinants of health.

This section must include science-backed decarbonisation targets for the health sector and detail the process by which these targets will be communicated, prioritised, and the action towards them resourced, both financially and in terms of workforce.

The six proposed focus areas are a good launch pad for emissions reductions initiatives, and we are particularly supportive of the "prevention" focus point, as this has emphasises the need to exert effort, wisdom and resources tackling problems at their cause. We would also urge the government to rename the "waste" focus point to "resource use."

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We would like to also propose the inclusion of "land use, biodiversity and ecosystem services" and "food" as additional focus points. Importantly, these focus points offer opportunities to achieve health and environmental co-benefits beyond the reduction of emissions.

Land use, biodiversity and ecosystem services – it is critical that this strategy registers the links between health equity, unsustainable land use, land degradation, the loss of biodiversity and ecosystem services and climate change. Land degradation "contributes to one quarter of the world's greenhouse gas emissions," as well as putting enormous pressure on ecosystems, while contributing to the poor health of some of our society's most vulnerable people. Climate change will only compound this. This strategy must include actions that protect ecosystems and advocate for an end to land degradation and the pollution of air and water, via forestry, mining, urban sprawl and unsustainable forms of agriculture. This aligns well with the strategic principle of "health in all policies" and articulates the need for health advocates to have a role in decision-making around land use, ecosystem and biodiversity protection beyond the health system itself.

Food – this strategy must include food as a focus area, as not only does food production, transportation, procurement and preparation contribute to the carbon footprint of the health system, but it has knock-on effects on health equity and wellbeing. Reducing the diversity of impacts that food production and transportation has on the environment will likewise have co-benefits for human health and wellbeing.

QUESTION 9. Which specific action areas should be considered relating to the built environment and facilities (including energy and water), over and above any existing policies or initiatives in this area?

We're strongly supportive of this action area's focus upon reducing emissions generated via the construction of buildings (including the creation of materials used) and during the life of buildings themselves, via the transition to renewable energy and the use of energy efficient devices. It is critical the strategy requires that all new health facilities be gas-free and renewably powered (either via on-site renewable energy generation or purchased power), as well as setting a scientifically backed target date for the transition of existing facilities to renewable energy. It is critical that this strategy offers an outline as to how this transition will be supported and resourced by government.

We also recommend that this section of the strategy include guidelines around health facility construction on greenfield sites and the remediation potential and climate and health equity benefits of brownfield sites. Research around the emissions related to brownfield land

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development for housing in San Francisco demonstrated that brownfield land "offers large tertiary impact reductions due to higher [building] density, less utility and road construction needs, shorter commute distances."

This highlights the opportunity for this strategy to align policy around built environment-related emissions reductions with climate mitigation.

QUESTION 10. Which specific action areas should be considered relating to travel and transport, over and above any existing policies or initiatives in this area?

We are supportive of the broad aim of this action area to increase the adoption of zero emissions fleet vehicles used by health services and to improve fuel quality, and would urge government to adopt targets and deadlines for these two bodies of work.

We recommend this section include plans for how governments at all levels can collaborate towards the resourcing of better, more efficient, universally accessible public transport links in order to provide equitable and emissions-free (or reduced emissions) health access for all people, particularly in regional and rural communities where public transport services are severely lacking. The existing lack of adequate public transport connections, and this strategy's focus on personal vehicles (even if they are electric) discriminates against those people without access to personal vehicles – even *forcing* car ownership for some people who have no public transport alternatives - and compounds other existing health inequities.

This strategy must outline a process for governments at all levels to plan for and resource comprehensive and reliable public transport links to all health services across the country. Such action would also have the potential to positively impact emissions reductions via land use, in that health facilities could reduce the paved surfaces currently dedicated to onsite car parking.

QUESTION 11. Which specific action areas should be considered relating to supply chain, over and above any existing policies or initiatives in this area?

We are broadly supportive of the actions outlined to reduce supply chain-related emissions, and recognise the federated structured of Australia's government to require a more complicated process for achieving this than the English NSH roadmap, cited as an example. However, this highlights the need for this section of the strategy to include very specific targets for the reduction of emissions from health sector supply chains, and to commit to equity, broader planetary health and social justice standards as part of the procurement process.

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QUESTION 12. Which specific action areas should be considered relating to medicines and gases, over and above any existing policies or initiatives in this area?

N/A

QUESTION 13. Which specific action areas should be considered relating to waste, over and above any existing policies or initiatives in this area?

According to the World Health Organisation, 85% of waste generated by healthcare activities is non-hazardous waste, while the remaining 15% is considered hazardous in that it is toxic, infectitious or radioactive.

This section of the strategy presents an opportunity for a strong commitment to the implementation of a circular economy, that is, the "designing out" of waste by keeping products and materials in use. This principle of circularity is broadly included in the strategy, however it is imperative that specific actions and targets are included for designing out the above-mentioned 85% of non-hazardous waste, at the very least.

These actions must include education, resourcing, oversight and regulatory strategies around waste segregation and disposal, and safe and environmentally sound methods for treating healthcare waste that would otherwise be incinerated.

QUESTION 14. Which specific action areas should be considered relating to prevention and optimising models of care, over and above any existing policies or initiatives in this area?

As a primary prevention organisation, we're strongly supportive of the inclusion of preventative care as an emissions reduction action area. Climate change mitigation is, in itself, a preventative health strategy in its tackling of climate change at the cause, and so urgent and ambitious mitigation action across all levels of government and all policy areas is critical in this regard.

An important element of this is the ongoing allocation of adequate amounts of government funding to existing preventative healthcare, and expansion and consolidation of this type of healthcare across our communities to ensure equity of access to it. Linked to this is a need for government to divest from activities and policies that are "unhealthy" for people and planet – whether that is mining, military expenditure, unhealthy food, taxation subsidies that increase existing inequities, etc. Money divested from "unhealthy" economic activity not only enables

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the prevention of the forms of ill health related to these activities, but also frees up funding for economic activity that aligns the social determinants of health.

This strategy must include specific target and actions for pursuing preventative health measures, across all policies, in accordance with a social determinants of health approach. This approach promotes the idea that individual and collective health are determined by non-medical factors that sit outside the "health system." These include:

- climate safe, accessible, affordable and connected housing
- access to and support in education
- meaningful employment with good conditions for the holistic support of employees
- equitable access to secure supplies of nutritious and culturally appropriate food
- social inclusion, non-discrimination and participation in democratic decision-making.

As such, prevention becomes a matter of recognising and taking collective responsibility for universal access to safe housing, education, dignified and just employment conditions, nutritious food and the resources and opportunities necessary to participate in our democracy. These should be the bedrocks of any action towards preventative health and care.

QUESTION 15. What can be done to involve private providers within the health system in the Strategy's emissions reduction efforts?

We believe it is important that this strategy explores not only how to involve private providers in emissions reductions efforts, but also in health equity efforts in the face of climate change.

With regards to climate change mitigation and emissions reductions, the strategy should outline goals and targets for including these requirements into accreditation standards across both the private and public spheres. This would also entail extensive education and awareness-raising within the private sector regarding service responsibilities for including climate change risks in strategic and operational plans.

This strategy must go further than this, however, involving private health providers in work to embed health equity and broader conceptualisations of planetary health in their work. This is particularly important considering the increasing out-of-pocket costs that Australians are incurring for healthcare and the fact that this "willingness to pay" is often constrained by "ability to pay", with "people at socio-economic disadvantage — who generally have poorer health — having a lower ability to pay the higher prices often paid by those at socio-economic advantage." This is effectively pricing many people out of accessing the healthcare they need and undermining commitments to universal health access. As climate change continues to

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impact the health and wellbeing of people in Australia, particularly those at "socio-economic disadvantage," the barriers to health posed by market-based health services are only going to increase.

QUESTION 16. Where should the Strategy prioritise its emissions reduction efforts?
a) How should the Strategy strike a balance between prioritising emissions reduction areas over which the health system has the most direct control and prioritising the areas where emissions are highest, even if it is harder to reduce emissions in these areas?
b) Which of the six sources of emissions discussed above (on pages 15 to 20) are the highest priorities for action?

We believe this strategy must take a more nuanced approach to prioritising climate mitigation efforts than what is suggested by this section of the draft strategy, and this question.

As this strategy is taking a "health in all policies" approach, we believe it must prioritise climate mitigation efforts (including *both* emissions reductions and ecological protection and remediation) in those areas where emissions are highest and ecological degradation (including the loss of biodiversity and carbon sinks) causes the greatest harm to both human and planetary health. There is considerable overlap between these areas.

These priorities must be informed by the best available scientific evidence, and must not be limited by political will or cost.

The CSIRO notes that the sectors that were the greatest contributors to Australia's greenhouse gas emissions in 2020 were:

- Energy (specifically the burning of fossil fuels for electricity generation) - 33.6%
- Stationary energy (fuel use in manufacturing, mining, residential and commercial sectors) - 20.4%
- Transport – 17.6%
- Agriculture – 14.6%
- Fugitive emissions (losses, leaks and releases of gases such as methan and C02, associated with industries producing natural gas, oil and coal) - 10%
- Industrial processes – 6.2%
- Waste – 2.7%

Much of Australia's biodiversity loss and ecosystem degradation is the result of land-clearing around cities, for agricultural purposes (particularly livestock), logging and mining.

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As an example, priority could be given to transitioning at scale and pace away from fossil fuel extraction, and the use of fossil fuel-generated energy, and towards renewable forms of energy across the entire economy. This would reduce energy-related emissions as well as protecting ecosystem services - including national carbon sinks - and biodiversity, as well as having considerable co-benefits to health related to reduced air and water pollution.

QUESTION 17. What 'quick wins' in relation to emissions reduction should be prioritised for delivery in the twelve months following publication of the Strategy?

N/A

QUESTION 18. What health impacts, risks and vulnerabilities should be prioritised for adaptation action through the Strategy? What process or methodology should be adopted to prioritise impacts, risks and vulnerabilities for adaptation action?

We are concerned that this section of the strategy does not make explicit the reason for increased susceptibility to climate-related negative health effects for some people and communities in Australia. In fact, it almost implies that this increased susceptibility is an innate part of belonging to these communities, rather than the result of cultural, social, economic systems that actively discriminate against and oppress some people, based on their intersecting social and cultural identities.

The omission of this detail may have adverse consequences for the resulting priorities for adaptation action identified by the strategy, and may lead to adaptation actions that fail to address the root causes of vulnerability and health risks, or, worse still, exacerbate this vulnerability.

We also believe this section of the strategy is taking the wrong focus, and that it should better reflect the (revised) objectives we have offered, above:

Objective 1: Promote and protect health and wellbeing, and health equity – This strategy will guide the design and implementation of policy across all levels and departments of government, to protect and champion health equity in the context of climate change mitigation and adaptation.

Objective 2: A climate-safe community – This strategy will guide initiatives to build the resilience of the community, the health system and other government sectors to respond to the health impacts of climate change.

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Objective 3: A net zero health and aged care system – This strategy will support the development of a comprehensive national net zero plan for health and aged care, which reflects best scientific evidence and is informed by a detailed assessment of the health system's carbon footprint (including scope 1, scope 2 and scope 3 emissions).

That is, it must focus on adaptation not only in the event of climate crisis and disaster, but in the face of incremental climate change, with "health equity for all" the principle aim, not only across the health sector, but "in all policies."

This section of the strategy should provide an opportunity to explore how adaptation action can present government at all levels, and in all policy areas, with an opportunity to build more equitable and resilient communities in the face of climate change as an integral part of all climate adaptation work.

As such, we recommend this section of the strategy takes a deeper dive into intersectionality, interrogating the ways in which certain people *are made* more vulnerable to climate change – whether this is manifested incrementally or suddenly, in times of disaster - because of the ways our systems structurally discriminate against their identities. This interrogation will then provide opportunities to bring these people, and their lived experience, into the planning and prioritisation of adaptation actions. It will show up the places where "vulnerability" is actually the interplay of sexism, racism, colonialism, ableism, ageism, geographic discrimination, homophobia, visa discrimination, "povertyism" (to name but a few) and demonstrate that climate adaption requires "health in all policies" action that prioritises:

- Climate-safe, accessible, affordable and connected housing as a universal right
- Universal access to culturally safe health and wellbeing in all communities (including visa-holders and non-citizens)
- The establishment of regulatory and taxation regimes that enable government to provide dignified and just social safety nets for all, and support the transition to a low-carbon economy
- Public transport systems that adequately facilitate equitable participation in public life
- Universal access to nutritious food
- A universal basic income that offers a minimum degree of financial security and access to basic needs to all people, without condition, in order to enable people time for the care-giving and social connection activities that are foundational to human life and health
- Equitable pay and good employment conditions to ensure all workers receive holistic support to facilitate their basic needs

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<u>QUESTION 19.</u> Should the Australian government develop a National Health Vulnerability and Adaptation Assessment and National Health Adaptation Plan?
If yes: a) What are the key considerations in developing a methodology?
b) How should their development draw on work already undertaken, for example at the state and territory level, or internationally?
c) What are the key areas where a national approach will support local/jurisdictional vulnerability assessment and adaptation planning?

We strongly support the development of a National Health Vulnerability and Adaptation Assessment and National Health Adaptation Plan, as long as these plans are consistent with the health in all policies approach, and are whole-of-government processes, rather than being isolated within the Department of Health.

These plans must also take a holistic and social determinants approach to considering "health," and account for the lived experience of all people in Australia, including non-citizens. It should also be co-designed with all levels of government and community – particularly those likely to be most impacted by climate change and its amplifying effect on existing health inequities - to ensure health equity sits at the centre of this plan. This is in recognition of the fact that adaptation is "means-based" - those with the capacity to adapt, adapt. Those without – that is, those who are already experiencing inequity and oppression in other parts of our systems – get left behind.

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Australian Government
Department of Health and Aged Care

NATIONAL HEALTH AND CLIMATE STRATEGY

Detailed submission form

This form allows you to provide responses to the full set of questions in the Consultation Paper available here.

Alternatively, you may wish to complete the briefer online survey available here.

Please submit this form in Word format to Health.Climate.Consultation@health.gov.au.

Respondent details

What is your name?
[redacted]
What is your email address?
[redacted]
What is your organisation?
Medical Association for Prevention of War (Australia)
Have you read and agreed to the Privacy Statement? (NB we will not be able to use your submission unless you tick this box)
☒ I have read and agreed to the Privacy Statement
Do you identify as Aboriginal and/or Torres Strait Islander? (Yes/No/Prefer not to say)
[redacted]
Please select which applies to you: *Health professionals' peace advocacy organisation* ☐ Individual citizen ☐ Health Service Provider ☐ Industry and Life Sciences Organisation or Representative ☐ Academic or Researcher ☐ Primary and/or Allied Health Peak or Advocacy Organisation or Representative ☐ Aged Care Service Provider ☐ First Nations Health Service Provider ☐ First Nations Community Group ☐ First Nations Peak or Advocacy ☐ Medical College or Peak professional body

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Questions for feedback from the Consultation Paper

Introduction

1. How could these objectives be improved to better support the vision of the Strategy?
The objective of 'Health in all policies' is very important for effective health and climate action. Health cannot be compartmentalised, but is affected by a very wide range of policies spanning multiple government departments. *The objective of 'health in all policies' must encompass greenhouse gas emissions from all sectors of society. The one sector which produces a vastly disproportionate percentage of Australia's greenhouse gas emissions (GHG) is the defence sector, and yet these emissions are grossly inadequately scrutinised, reported and targeted for reductions. They must be reduced, and they therefore require far more government attention. Unless this is done, reductions in the health sector – while important - will be comparatively trivial in their impact.* *Since 2012, no emissions data from the Defence Department has been made public, and reporting on energy use has been incomplete. In the period 2001-2012, the Defence Department was responsible for 66% of total Australian Government emissions. In the same period (2001-12) the Department of Health and Ageing was responsible for less than 1% of public sector emissions.* *Thus while sectors such as health rightly strive for emissions reductions, their emissions pale by comparison with those of the defence sector.* *A 'Health in all policies' approach is necessary and very welcome. There should not be exemptions for the sector that produces the majority of the Australia Government's emissions.*
2. How could these principles be improved to better inform the objectives of the Strategy?
The Strategy rightly identifies 'tackling health inequities" as an important principle. The health impacts of climate change currently represent inequity on a grand scale, because the nations that have least contributed to creating climate change are bearing the worst of its impacts, including health impacts. *In addition, the richest countries are spending 30 times as much on their armed forces as they spend on providing climate finance for the world's most vulnerable countries. There must be a redirection of funding away from warfare and its preparation, towards the prevention and mitigation of the health impacts of climate change for the world's most vulnerable people.*
3. Which of the various types of greenhouse gas emissions discussed above should be in scope of the Strategy's emission reduction efforts?

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See above
4. What existing First Nations policies, initiatives, expertise, knowledge and practices should the Strategy align with or draw upon to address climate change and protect First Nations country, culture and wellbeing?
5. What types of governance forums should be utilised to facilitate co-design of the Strategy with First Nations people to ensure First Nations voices, decision-making and leadership are embedded in the Strategy?

Proposed Objective 1: Measurement

6. Beyond the schemes already noted above, is your organisation involved in any existing or planned initiatives to measure and report on health system emissions and/or energy use in Australia?
7. What additional data and information is required to support targeted emissions reduction efforts within health and aged care?

Proposed Objective 2: Mitigation

8. What do you think of these proposed focus areas for emissions reduction? Should anything else be included?
Military operations, their supply chains and huge transport requirements, along with the destruction of vegetation in war and military exercises, and the reconstruction of destroyed infrastructure during and after wars, all contribute to the grossly disproportionate contribution of military activity to GHG emissions.
9. Which specific action areas should be considered relating to the **built environment and facilities (including energy and water)**, over and above any existing policies or initiatives in this area?

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10. Which specific action areas should be considered relating to **travel and transport**, over and above any existing policies or initiatives in this area?
11. Which specific action areas should be considered relating to **supply chain**, over and above any existing policies or initiatives in this area?
12. Which specific action areas should be considered relating to **medicines and gases**, over and above any existing policies or initiatives in this area?
13. Which specific action areas should be considered relating to **waste**, over and above any existing policies or initiatives in this area?
14. Which specific action areas should be considered relating to **prevention and optimising models of care**, over and above any existing policies or initiatives in this area?
15. What can be done to involve private providers within the health system in the Strategy's emissions reduction efforts?
16. Where should the Strategy prioritise its emissions reduction efforts? a. How should the Strategy strike a balance between prioritising emissions reduction areas over which the health system has the most direct control and prioritising the areas where emissions are highest, even if it is harder to reduce emissions in these areas? b. Which of the six sources of emissions discussed above (on pages 13 to 18 of the Consultation Paper) are the highest priorities for action?
17. What 'quick wins' in relation to emissions reduction should be prioritised for delivery in the twelve months following publication of the Strategy?

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- *Australia's commitment to improved measurement, reporting, and scrutiny of military emissions*
- *Including military emissions from all sources and supply chains in overall calculations of Australia's emissions, and the mandating of a reduction target that reflects the urgency of the problem*
- *Working with other states to ensure that military emissions are on the table at the COP28 meeting in December 2023.*

Proposed Objective 3: Adaptation

18. What health impacts, risks and vulnerabilities should be prioritised for adaptation action through the Strategy? What process or methodology should be adopted to prioritise impacts, risks and vulnerabilities for adaptation action?

19. Should the Australian government develop a National Health Vulnerability and Adaptation Assessment and National Health Adaptation Plan? If yes:
    a. What are the key considerations in developing a methodology?
    b. How should their development draw on work already undertaken, for example at the state and territory level, or internationally?
    c. What are the key areas where a national approach will support local/jurisdictional vulnerability assessment and adaptation planning?

20. Would there be value in the Australian government promoting a nationally consistent approach to vulnerability assessment and adaptation planning for the health system specifically, for instance by issuing guidance and associated implementation support tools for states, territories and local health systems? If yes, what topics should be covered to promote a nationally consistent approach? What examples of existing guidance (either from states/territories or internationally) should be drawn from?

21. What immediate high-priority health system adaptation actions are required in the next 12 to 24 months?

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Proposed Objective 4: Health in All Policies

22. What are the key areas in which a Health in All Policies approach might assist in addressing the health and wellbeing impacts of climate change and reducing emissions?
A 'Health in all policies' approach that addresses all areas of government activity in proportion to their GHG emissions would put the major focus where it is needed most – on the biggest polluters - and would therefore bring the greatest benefits in reducing the health impacts of climate change.
23. What are the most effective ways to facilitate collaboration and partnerships between stakeholders to maximise the synergies between climate policy and public health policy? What are some successful examples of collaboration in this area?

Enablers

24. How could these enablers be improved to better inform the objectives of the Strategy? Should any enablers be added or removed?
25. For each of these enablers: a. What is currently working well? b. What actions should the Strategy consider to support delivery?

Thank you for taking the time to complete this survey – your feedback is greatly appreciated!

Please submit this form in Word format to Health.Climate.Consultation@health.gov.au.

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Australian Government
Department of Health and Aged Care

NATIONAL HEALTH AND CLIMATE STRATEGY

Detailed submission form

This form allows you to provide responses to the full set of questions in the Consultation Paper available here.

Alternatively, you may wish to complete the briefer online survey available here.

Please submit this form in Word format to Health.Climate.Consultation@health.gov.au.

Respondent details

What is your name?
[redacted]
What is your email address?
[redacted]
What is your organisation?
Sydney Children's Hospitals Network
Have you read and agreed to the Privacy Statement? (NB we will not be able to use your submission unless you tick this box)
☒ I have read and agreed to the Privacy Statement
Do you identify as Aboriginal and/or Torres Strait Islander? (Yes/No/Prefer not to say)
[redacted]
Please select which applies to you: ☐ Individual citizen ☒ Health Service Provider ☐ Industry and Life Sciences Organisation or Representative ☐ Academic or Researcher ☐ Primary and/or Allied Health Peak or Advocacy Organisation or Representative ☐ Aged Care Service Provider ☐ First Nations Health Service Provider ☐ First Nations Community Group ☐ First Nations Peak or Advocacy ☐ Medical College or Peak professional body

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Questions for feedback from the Consultation Paper

Introduction

1. How could these objectives be improved to better support the vision of the Strategy?
The vision is not clearly articulated. Vision should proceed objectives. Purpose could be stronger given the enormity of the topic. Recommend a specific objective on protecting health from impacts of climate change. This is a DoHAC strategy/policy – (not limiting protecting health to adaptation, as adaptation capacity is finite and while necessary, health impacts/costs should feed back into the urgency of climate mitigation). Objective 1 (measurement) – Important part of adaptation and mitigation, however, we would consider this an enabler rather than an objective. Also suggest reconsidering this being the first objective. Children and young people should be acknowledged as a priority population. Ensure that conflicts of interest are transparent, declared and actively managed to avoid both actual and perceived bias – given that has already been identified as a barrier to effective climate & health policy.
2. How could these principles be improved to better inform the objectives of the Strategy?
Health outcomes and population health are core to this work and should be highlighted here.
3. Which of the various types of greenhouse gas emissions discussed above should be in scope of the Strategy's emission reduction efforts?
All 3 scopes should be included. Would encourage expanding scope 3 to include patient and visitor travel despite it not being required in target reporting. Moving to green power for health care facilities is the single biggest early lever available to all institutions to reduce their GHG footprint, but is avoided initially because of the perceived cost. Government support to achieve the move to green power is essential. Early use of the purchasing power of the federal and state level health care organisations to incentivise external vendors to reduce their footprints (cf: NHS approach to this). Phase it in rapidly.
4. What existing First Nations policies, initiatives, expertise, knowledge and practices should the Strategy align with or draw upon to address climate change and protect First Nations country, culture and wellbeing?

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5. What types of governance forums should be utilised to facilitate co-design of the Strategy with First Nations people to ensure First Nations voices, decision-making and leadership are embedded in the Strategy?

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Proposed Objective 1: Measurement

6. Beyond the schemes already noted above, is your organisation involved in any existing or planned initiatives to measure and report on health system emissions and/or energy use in Australia?
Measurement could be considered as an enabler rather than an objective. Health agencies measuring and reporting on NSW Government Resource Efficiency Policy. Due to the increasing evidence on the health impacts and healthcare costs of climate change on children, health outcomes & costs impacted by climate change should be included. For example, increases in heat-related Emergency Department mental health presentations of children, increases in pollen and bushfire smoke related asthma presentations in children, increases in diarrhoeal illness, malnutrition and vector borne diseases (eg malaria, dengue). This is an important "feedback loop" to health in all policies and whole of government approach to protecting health in the face of climate change. https://www.epa.gov/cira/climate-change-and-childrens-health-report https://journals.sagepub.com/doi/full/10.1177/21677026211040787, https://www.unicef.org/mena/reports/impact-climate-change-children-mena https://www.unicef.org/mena/media/19471/file/UNICEF-climate-crisis-child-rights-crisis.pdf
7. What additional data and information is required to support targeted emissions reduction efforts within health and aged care?
Agreed and standardised emission and normalising factors. Consistent approach and method of measurement, not just for environmental performance but also emissions calculations in models of care and standard procedures.

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Proposed Objective 2: Mitigation

8. What do you think of these proposed focus areas for emissions reduction? Should anything else be included?
Mitigation should include all emissions. In line with the Global healthcare decarbonisation plan, wider societal decarbonisation is a crucial element to healthcare achieving net zero. Mitigation across all sectors is vital to minimising the harmful effects of climate change on children's health. There is a need to single out electricity supply specifically and focus on it as early as possible. Whilst other components are worthy, this is a vital component in the overall response. Government support to move to green power is vital. A "price" conversation needs to occur. For example, currently medical staff are able to access separate funding as part of teaching, education and study leave which generally involves overseas travel. Purchasing carbon offsets or pricing this should be part of any travel approval nationally.
9. Which specific action areas should be considered relating to the **built environment and facilities (including energy and water)**, over and above any existing policies or initiatives in this area?
Consider in the focus area of 'built environment and facilities' an increase in biodiversity, green space, and canopy/vegetation cover, which delivers benefits such as reducing urban heat island effect, shade, clean air etc. Increasing canopy/vegetation cover and green space can reduce building energy use and stormwater run-off to local waterways. Water conservation/efficiency actions are not specifically called out in the points listed in 2.1. Actions could include rainwater harvesting, re-use of water etc. Point 2.1.1.2 should also consider designing facilities to minimise consumption of resources not just materials, eg passive design strategies to reduce energy use.
10. Which specific action areas should be considered relating to **travel and transport**, over and above any existing policies or initiatives in this area?
Need to address logistical challenges of transferring to EV – cost, availability, charging infrastructure etc. Include actions that support sustainable and active transport and staff commuting, travel avoidance (telehealth and remote working). Current challenges with policies working in conflict with one another e.g. ATO tax breaks for novated lease EVs to drive EV uptake conflicts with NSW health FBT tax sharing arrangements. Considering staff commute contributions to GHG emissions, this should be addressed across all sectors. Purchasing carbon offsets should be part of any travel approved nationally.

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11. Which specific action areas should be considered relating to **supply chain**, over and above any existing policies or initiatives in this area?
Targets should be set to drive change in this space. Minimum standards applied to state contracts. Carbon weightings should be introduced into procurement policy.
12. Which specific action areas should be considered relating to **medicines and gases**, over and above any existing policies or initiatives in this area?
Work with key stakeholders on safe disposal. Review and where able reduce/eliminate use of Sulphur Hexafluoride (SF6) out of healthcare. Consideration of incentives/penalties in procurement to drive change in suppliers.
13. Which specific action areas should be considered relating to **waste**, over and above any existing policies or initiatives in this area?
Reduce waste generated by reviewing supply chain delivery methods. Explore and generate circular economy opportunities. 2.5.2 include supporting innovation in packaging, not just in the items. Address procurement practices – over ordering, managing stock to avoid expiration of products. Consider in purchasing decision longevity of equipment and accommodate into design extending the life of equipment rather than routinely replacing equipment. 2.5.1 support re-use opportunities and address legalities to enable this.
14. Which specific action areas should be considered relating to **prevention and optimising models of care**, over and above any existing policies or initiatives in this area?
Preventative health care should also apply to children and young people. Green energy should be considered in prevention and optimising models of care.
15. What can be done to involve private providers within the health system in the Strategy's emissions reduction efforts?

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Review Health Funds and premiums as a means of incentivising the private sector to join emission reduction efforts.
16. Where should the Strategy prioritise its emissions reduction efforts? a. How should the Strategy strike a balance between prioritising emissions reduction areas over which the health system has the most direct control and prioritising the areas where emissions are highest, even if it is harder to reduce emissions in these areas? b. Which of the six sources of emissions discussed above (on pages 13 to 18 of the Consultation Paper) are the highest priorities for action?
Moving to green power, with government support to achieve this in healthcare.
17. What 'quick wins' in relation to emissions reduction should be prioritised for delivery in the twelve months following publication of the Strategy?
Moving to green power, with government support to achieve this in healthcare.

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Proposed Objective 3: Adaptation

18. What health impacts, risks and vulnerabilities should be prioritised for adaptation action through the Strategy? What process or methodology should be adopted to prioritise impacts, risks and vulnerabilities for adaptation action?
There is a need to assess vulnerabilities to inform investment in adaptation. The impacts on children and young people as a priority population group need to be considered. Adaptation is needed because children's health (both physical and mental health) in Australia and globally is already being harmed by anthropogenic climate change and these impacts are known to be increasing. This includes increases in asthma, infections, diarrhoeal illnesses, heat-related mental health distress presentations to emergency departments as well as ongoing mental health impacts of bushfires and floods. On the business as usual trajectory, these harms will continue to rapidly increase over coming years and decades to a point where adaptation is no longer possible. Climate mitigation must occur alongside adaptation, as mitigation to keep as close as possible to 1.5°C of global warming is essential for protecting child health to remain achievable. Adaptation to protect child health and healthcare systems against heat impacts should be considered as a priority both because they affect large proportions of the population, because they are increasing rapidly (and anticipated to be particularly severe over the coming spring-summer of 2023-2024), because relatively low-cost preventative health/public health measures are available and because demonstrating effective action improves outcomes and reduces distress. https://insightplus.mja.com.au/2018/47/children-and-climate-change-no-time-for-games/ https://www.rcpch.ac.uk/resources/impact-climate-change-global-child-health-position-statement https://www.epa.gov/cira/climate-change-and-childrens-health-report
19. Should the Australian government develop a National Health Vulnerability and Adaptation Assessment and National Health Adaptation Plan? If yes: a. What are the key considerations in developing a methodology? b. How should their development draw on work already undertaken, for example at the state and territory level, or internationally? c. What are the key areas where a national approach will support local/jurisdictional vulnerability assessment and adaptation planning?
To plan and implement policy for a climate-resilient health system, which includes child health, measurement of the impacts of climate change on child health (including mental health) is necessary.

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This needs to be based on the best available academic research, First Nations' learnings and community and lived experience input, and input from each group (including NGOs) should require declaration of conflicts of interest.

20. Would there be value in the Australian government promoting a nationally consistent approach to vulnerability assessment and adaptation planning for the health system specifically, for instance by issuing guidance and associated implementation support tools for states, territories and local health systems? If yes, what topics should be covered to promote a nationally consistent approach? What examples of existing guidance (either from states/territories or internationally) should be drawn from?
Yes.
21. What immediate high-priority health system adaptation actions are required in the next 12 to 24 months?

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Proposed Objective 4: Health in All Policies

22. What are the key areas in which a Health in All Policies approach might assist in addressing the health and wellbeing impacts of climate change and reducing emissions?
Feedback/counting of healthcare costs of greenhouse gas emissions (via climate change), both financially and in terms of other objective measures, e.g., Daily Adjusted Life Years of greenhouse gas emissions from other sectors/parts of government. Feedback/counting of other health costs related to greenhouse gas emitting industries e.g., air pollution – so that the true health costs can be considered in decisions across government. Please note – the above are all healthcare savings when prevented/avoided.
23. What are the most effective ways to facilitate collaboration and partnerships between stakeholders to maximise the synergies between climate policy and public health policy? What are some successful examples of collaboration in this area?

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Enablers

24. How could these enablers be improved to better inform the objectives of the Strategy? Should any enablers be added or removed?
Education needs to go beyond training institutions for future health professionals. Needs to include robust educational opportunities for existing health staff. Briefings for policy-makers and decision makers across government at all levels so that balanced, scientifically based information on climate change health impacts informs policies across government departments. Public health education campaigns informed by both the information and best available evidence on how to communicate this in ways that improve people's health and outcomes relevant for communities (e.g., linking information about increasing heat impacts with information about both how to keep oneself and one's family/ community healthy and safe during excess heat AND realistic opportunities to reduce emissions/for sustainable living). Investment into research and best practice implementation is needed. Climate action needs to be embedded across all portfolios to support implementation. Measurement should be considered as an addition here.
25. For each of these enablers: a. What is currently working well? b. What actions should the Strategy consider to support delivery?

Thank you for taking the time to complete this survey – your feedback is greatly appreciated!

Please submit this form in Word format to Health.Climate.Consultation@health.gov.au.

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Response ID ANON-Z8H4-8V7Q-4

Submitted to National Health and Climate Strategy - Consultation
Submitted on 2023-07-19 13:39:52

Introduction

1 What is your name?

Name:
[redacted]

2 What is your email address?

Email:
[redacted]

3 What is your organisation?

Organisation:
Peninsula Health

4 Do you identify as Aboriginal and/or Torres Strait Islander?

[redacted]

5 Have you read and agreed to the privacy statement?

Have you read and agreed to the privacy statement?:
Yes

Broad Strategy Questions

6 Do these objectives (below) support the vision of the Strategy?

No, please detail below.

If no, please provide detail how these objectives could be improved:

These are good objectives however for measurement and reporting to be most useful iterative targets are required. health services require prescriptive measures and strategies to achieve targets

7 Do these principles (below) inform the objectives of the Strategy?

Yes

If no, please provide detail how these principles could be improved:

First Nations Focused

8 What existing First Nations policies, initiatives, expertise, knowledge and practices should the Strategy align with or draw upon?

Please outline the existing First Nations policies, initiatives, expertise, knowledge and practices that the Strategy should align with. :

Closing the gap
Connection to country
Traditional land management practices

9 What types of governance forums should be utilised to facilitate co-design of the Strategy with First Nations people, to ensure First Nations voices, decision-making and leadership are embedded in the Strategy?

Please outline the governance forums that should be utilised to facilitate co-design of the Strategy with First Nations people:

The first nations voice

Measurement and Reduction of Greenhouse Gases

10 Is your organisation involved in any existing or planned initiatives to measure and report on health system emissions and/or energy use in Australia?

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Your organisation's existing or planned initiatives to measure and report health system emissions and/or energy use in Australia.:

Yes through our annual report
NGERS reporting
NPI reporting

11 What additional data and information is required to support targeted emissions reduction efforts within health and aged care?

Additional data and information required to support targeted emissions reduction efforts within health and aged care.:

Governance, structures and resourcing to ensure data is accurate and robust.
Data comes from many places and service providers with no oversight or accountability.
Digital systems capability is needed
Measures of inefficiency
Training and education on how to measure.
Regulation to mandate reporting by suppliers
Health services need the internal capability to monitor and report with clear reporting guidelines this needs to funded

Private Providers

12 What can be done to involve private providers within the health system in the Strategy's emissions reduction efforts?

Involvement of private providers in the Strategy's emissions reduction efforts. :

Regulation - consistent across the sector

Mitigation

13 Please rank the below six sources of emissions in highest priority for action, 1 is the highest priority, 6 is the lowest priority.

Ranking of emissions priorities - Built environment and facilities (including energy and water):
1

Ranking of emissions priorities - Travel and transport:
5

Ranking of emissions priorities - Supply chain:
3

Ranking of emissions priorities - Medicines and gases:
4

Ranking of emissions priorities - Waste:
2

Ranking of emissions priorities - Prevention and optimising models of care:
6

14 Which specific actions should be considered to reduce greenhouse gas emissions from the health system?

Specific actions to reduce greenhouse gas emissions from the health system.:

All renewable energy provision (not reliant on off-sets)
carbon neutral buildings
supply chain carbon neutral
sustainable transport including electric vehicles (heavy vehicles included)

Adaptation

15 What health impacts, risks and vulnerabilities should be prioritised for adaptation action through the Strategy?

Health impacts, risks and vulnerabilities that should be prioritised for adaptation action through the Strategy:

Health impact of climate change:
heat waves
fires
thunderstorm asthma
floods
natural disaster
vector borne disease

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pandemic preparation
food security

16 What immediate, high-priority actions are required in the next 12 to 24 months to enable the health system to respond to the impacts of climate change on health and wellbeing, and reduce the severity of these impacts?

High-priority actions required to enable the health system to respond to the impacts of climate change on health and reduce the severity of these impacts.:

Robust, iterative, ambitious targets
Funding and resources of initiatives to support health services to meet targets
information systems to support monitoring and reporting
Training, education and on-call assistance to support health services develop and implement strategies
Regulation of supply chain

Health in All Policies

17 What actions are needed outside the health system to reduce or avoid the negative impacts of climate change on health and wellbeing?

Actions required outside the health system to reduce or avoid the negative impacts of climate change on health and wellbeing.:

Strong Government leadership to set, measure and report against ambitious iterative targets
Accountability across all sectors to meet targets
investment in emissions and waste reduction initiatives
Discontinue investment and Government support of non-renewable initiatives
Manage climate risk to health through improved planning regulation eg not building on flood plains
Public health initiative to educated the community of how to for themselves in times of climate related crisis eg heat wave to reduce demand on health services
Food security policy to encourage diversification of crops, reduced food waste and improved equity in access to food, community gardens
Walkable cities
Investment in electric vehicle infrastructure and rebates

Enablers

18 In your view, are these the right enablers to inform the objectives of the Strategy? If not, please detail how they could be improved or amended.

No, please detail below.

If no, please provide details on how the enablers could be improved or amended.:
These enables are correct, however investment and resourcing for health services is essential for this strategy to be successful

19 For each of the above enablers please detail what is working well and how the Strategy could support delivery?

Please detail for each of the enabler what is working well and how the Strategy could support delivery. :

These can all be improved as little investment has occurred to date and there has been no strategic approach

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Response ID ANON-Z8H4-8V7U-8

Submitted to National Health and Climate Strategy - Consultation
Submitted on 2023-07-20 17:03:02

Introduction

1 What is your name?

Name:
[redacted]

2 What is your email address?

Email:
[redacted]

3 What is your organisation?

Organisation:
Injury Matters

4 Do you identify as Aboriginal and/or Torres Strait Islander?

[redacted]

5 Have you read and agreed to the privacy statement?

Have you read and agreed to the privacy statement?:
Yes

Broad Strategy Questions

6 Do these objectives (below) support the vision of the Strategy?

No, please detail below.

If no, please provide detail how these objectives could be improved:

The Strategy does not specifically outline a Vision and therefore it is challenging to determine if the Objectives successfully support the Vision. The specification of a Vision is integral to outlining what the Strategy as a whole aims to achieve; therefore, Injury Matters recommends that a specific Vision be included within the final Strategy.

However, based on the interpreted aims of the Strategy and the context provided on page four, it is assumed that the objectives support the vision of the Strategy. Some minor suggested edits to the objectives include broadening objective number one to measure and report on climate change as a whole (not just greenhouse gas emissions) and modifying objective number four to be a proposed outcome of the Strategy as currently, it is more a principle for the Strategy than an objective.

7 Do these principles (below) inform the objectives of the Strategy?

Yes

If no, please provide detail how these principles could be improved:

First Nations Focused

8 What existing First Nations policies, initiatives, expertise, knowledge and practices should the Strategy align with or draw upon?

Please outline the existing First Nations policies, initiatives, expertise, knowledge and practices that the Strategy should align with. :

The Strategy should be congratulated on its recognition that prior to colonisation First Nations cultures protected and managed the resources on their traditional lands, and that a partnership approach is essential to ensuring greater policy and intervention effectiveness. Without this coordinated approach there is no questioning that climate change will further exacerbate the health inequalities experienced by First Nations people.

Injury Matters supports the Strategy's declaration that "improved outcomes will only be achieved if First Nations people are able to make the decisions that impact their health and wellbeing" and that First Nations peoples knowledge is invaluable to informing emergency management planning and preparedness. We also welcome the acknowledgement that the Strategy will incorporate the National Agreement on Closing the Gap and the National Aboriginal Health Plan 2021-2031 within its delivery.

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9 What types of governance forums should be utilised to facilitate co-design of the Strategy with First Nations people, to ensure First Nations voices, decision-making and leadership are embedded in the Strategy?

Please outline the governance forums that should be utilised to facilitate co-design of the Strategy with First Nations people:

-

Measurement and Reduction of Greenhouse Gases

10 Is your organisation involved in any existing or planned initiatives to measure and report on health system emissions and/or energy use in Australia?

Your organisation's existing or planned initiatives to measure and report health system emissions and/or energy use in Australia.:

No we are not.

11 What additional data and information is required to support targeted emissions reduction efforts within health and aged care?

Additional data and information required to support targeted emissions reduction efforts within health and aged care.:

Injury Matters are not informed on the measurement of greenhouse gas emissions to make specific suggestions on what additional information is required.

Private Providers

12 What can be done to involve private providers within the health system in the Strategy's emissions reduction efforts?

Involvement of private providers in the Strategy's emissions reduction efforts. :

The reminder that reducing greenhouse gas emissions aligns with all health professionals' responsibility to do no harm, would be a powerful approach to take when raising awareness among private providers of their responsibility to reduce greenhouse gas emissions.

Given that the Strategy is working towards a reduction in greenhouse gas emissions across the health sector, it is vital that private providers are not excluded from the activities.

Similar to other priorities relating to disability access and inclusion, Government tenders could include reporting requirements to ensure that external bodies such as NGOs who are funded by the Government are supporting the achievement of targets. This reporting process however should not be burdensome.

Mitigation

13 Please rank the below six sources of emissions in highest priority for action, 1 is the highest priority, 6 is the lowest priority.

Ranking of emissions priorities - Built environment and facilities (including energy and water):
1

Ranking of emissions priorities - Travel and transport:
4

Ranking of emissions priorities - Supply chain:
5

Ranking of emissions priorities - Medicines and gases:
6

Ranking of emissions priorities - Waste:
3

Ranking of emissions priorities - Prevention and optimising models of care:
2

14 Which specific actions should be considered to reduce greenhouse gas emissions from the health system?

Specific actions to reduce greenhouse gas emissions from the health system.:

Injury Matters supports all of the actions suggested within the Strategy and places considerable value on the potential role of the following actions in reducing greenhouse gas emissions;
2.1.1. Building Design and Construction.
2.5.1. Greater medical equipment re-use, recycling and reprocessing.
2.6.1. Greater social prescribing and patient education for preventive lifestyle change.

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2.6.2. Review existing health services and models of care to understand their potential to contribute to emissions reductions.

Adaptation

15 What health impacts, risks and vulnerabilities should be prioritised for adaptation action through the Strategy?

Health impacts, risks and vulnerabilities that should be prioritised for adaptation action through the Strategy:

Injury Matters supports the Strategy's reference to the need to provide tailored support to those communities that are more susceptible to the negative health effects from climate-related disasters and extreme weather events, including First Nations peoples, people with a disability, regional residents and older adults. There is no questioning that some members of the community will be more impacted by the effects of climate change. However, this is repeated multiple times throughout the document and therefore it is suggested that some of this is consolidated into one section.

Given Injury Matters focus on injury prevention, community safety and trauma recovery we would naturally suggest the need to prioritise those health impacts relating to these topics. We therefore welcome the inclusion and prioritisation of strategies to mitigate the negative health outcomes related to "injury and mortality from climate-related disasters and extreme weather events", "heat related illness" and "mental and psychological health" outlined on page 24/25. Given that food insecurity and poor housing are risk factors for injury we also support the prioritisation of these actions and those relating to the health and aged care workforce, due to their vital role in safety activities.

16 What immediate, high-priority actions are required in the next 12 to 24 months to enable the health system to respond to the impacts of climate change on health and wellbeing, and reduce the severity of these impacts?

High-priority actions required to enable the health system to respond to the impacts of climate change on health and reduce the severity of these impacts.:

The nature of the issue is very time sensitive and therefore there is immediate action needed. All actions taken in the short-term future (even sooner than the next 12 months) should therefore be focused on reducing the severity of the health consequences in the short term and putting things in place to reduce the long-term harm too.

The recognition within the Strategy of the need for "national leadership" is a foundational concept that Injury Matters supports. By providing Commonwealth leadership it will ensure that all governance regarding the adaptation and response to climate change is streamlined. Defining this governance and ownership of the Strategy should be seen as a high-priority action. If it is determined that it will sit within the Australian Centre of Disease Control (ACDC) additional clarity is required to identify what this facilitation would look like.

As acknowledged within the Strategy there are a number of initiatives underway that align or crossover with the objectives of this Strategy, including the $28 million allocated to support the delivery of a National Climate Risk Assessment and Adaption Plan. A high-priority action should be to map out all existing climate-related plans and allocated funds across the country to ensure this Strategy can enhance these efforts.

Health in All Policies

17 What actions are needed outside the health system to reduce or avoid the negative impacts of climate change on health and wellbeing?

Actions required outside the health system to reduce or avoid the negative impacts of climate change on health and wellbeing.:

The focus on a Health in All Policies approach in the Strategy is welcomed by Injury Matters and one which should be applied to understand both how collaboration via joint policy can be extremely valuable in climate-related action and also to minimise the likelihood of unintended negative impacts occurring. It is essential that this Strategy aligns to other Strategy's to ensure it does not solely operate within the bubble of the health system. For example alignment with the Draft National Injury Prevention Strategy which identifies Climate Change as a cross cutting risk factor for injury.

The acknowledgement within the Strategy of the need for all climate-related initiatives to consider the risk of maladaptation is essential. There is a time-sensitive need for additional climate-related initiatives, however we need to ensure that these initiatives are not harmful, nor cause negative consequences to other facets of our health and wellbeing.

A potential example of an unintended consequence within the injury prevention space would be an increase in eRideable injuries, resulting from an increased use of these devices. As mentioned within the Strategy, switching to electronic devices is an avenue to decreasing greenhouse gas emissions in multiple settings. However, the predicted increase in the use of these devices should be aligned to an increase in funding activities to educate community members on how to safely engage with these devices and environmental changes are needed to ensure that the environment that we are operating the electronic devices in is safe.

Enablers

18 In your view, are these the right enablers to inform the objectives of the Strategy? If not, please detail how they could be improved or amended.

Yes

If no, please provide details on how the enablers could be improved or amended.:

19 For each of the above enablers please detail what is working well and how the Strategy could support delivery?

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Please detail for each of the enabler what is working well and how the Strategy could support delivery. :

Injury Matters are not subject matter experts in climate change initiatives, however we understand the importance of all of the enablers selected.

In regard to “workforce, leadership and training” - the fact that the first enabler that is mentioned is highly valued by Injury Matters. The value that this will bring to the success of the Strategy cannot be undervalued.

The inclusion of “monitoring, evaluation and reporting” is another enabler to be congratulated on. Often this is the element of Strategies that is not considered until after its completion, so it is great to see it within the draft document. To support the value of this enabler Injury Matters suggests that the progress towards the indicators is made publicly available.

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Response ID ANON-Z8H4-8V7G-T

Submitted to National Health and Climate Strategy - Consultation
Submitted on 2023-07-20 23:03:05

Introduction

1 What is your name?

Name:
[redacted]

2 What is your email address?

Email:
[redacted]

3 What is your organisation?

Organisation:
Sweltering Cities

4 Do you identify as Aboriginal and/or Torres Strait Islander?

[redacted]

5 Have you read and agreed to the privacy statement?

Have you read and agreed to the privacy statement?:
Yes

Broad Strategy Questions

6 Do these objectives (below) support the vision of the Strategy?

Not Answered

If no, please provide detail how these objectives could be improved:

We would like to see 'measurement' expanded to include measuring adaptation by doing a baseline analysis of existing climate health impacts and health system resilience and tracking how new policies impact health system and community resilience.

7 Do these principles (below) inform the objectives of the Strategy?

Yes

If no, please provide detail how these principles could be improved:

First Nations Focused

8 What existing First Nations policies, initiatives, expertise, knowledge and practices should the Strategy align with or draw upon?

Please outline the existing First Nations policies, initiatives, expertise, knowledge and practices that the Strategy should align with. :

An integration of health with relationship to country, justice and community based decision making.

9 What types of governance forums should be utilised to facilitate co-design of the Strategy with First Nations people, to ensure First Nations voices, decision-making and leadership are embedded in the Strategy?

Please outline the governance forums that should be utilised to facilitate co-design of the Strategy with First Nations people:

Support of existing community level programs will build trust and hopefully strengthen existing community relationships. Environmental destruction has driven climate change, and listening to First Nations people's call to respect country and end fossil fuel projects will ensure better health outcomes for all.

Measurement and Reduction of Greenhouse Gases

10 Is your organisation involved in any existing or planned initiatives to measure and report on health system emissions and/or energy use in Australia?

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Your organisation's existing or planned initiatives to measure and report health system emissions and/or energy use in Australia.:

No.

11 What additional data and information is required to support targeted emissions reduction efforts within health and aged care?

Additional data and information required to support targeted emissions reduction efforts within health and aged care.:

Increasing energy efficiency of buildings, switching to renewable energy sources and planting trees around health precincts and aged care will all support meeting carbon emissions reduction targets.

Private Providers

12 What can be done to involve private providers within the health system in the Strategy's emissions reduction efforts?

Involvement of private providers in the Strategy's emissions reduction efforts. :

Mandate increased energy efficiency standards for all health service or aged care buildings to reduce emissions and increase heatwave resilience.
Cooperate with private providers to support upgrades with technical advice.

Mitigation

13 Please rank the below six sources of emissions in highest priority for action, 1 is the highest priority, 6 is the lowest priority.

Ranking of emissions priorities - Built environment and facilities (including energy and water):
1

Ranking of emissions priorities - Travel and transport:
4

Ranking of emissions priorities - Supply chain:
2

Ranking of emissions priorities - Medicines and gases:
6

Ranking of emissions priorities - Waste:
3

Ranking of emissions priorities - Prevention and optimising models of care:
5

14 Which specific actions should be considered to reduce greenhouse gas emissions from the health system?

Specific actions to reduce greenhouse gas emissions from the health system.:

Increase built environment energy efficiency in all buildings, including community and local health buildings and aged care institutions.
Improve accessible sustainable transport systems around health precincts (for example, ensure bus stops have shelters so they can be used on hot days).
Improve waste systems to ensure it's easy to recycle or reuse materials.
Utilise renewable energy. Ensure all aged care have solar where possible.

Adaptation

15 What health impacts, risks and vulnerabilities should be prioritised for adaptation action through the Strategy?

Health impacts, risks and vulnerabilities that should be prioritised for adaptation action through the Strategy:

Heat is our most deadly environmental disaster. Reducing heat-related disease should be a priority in the strategy because it has the largest health impact.

Extreme heat is a public health crisis that directly impacts many of our most vulnerable and marginalised communities. Heat impacts our physical and mental health. Some of the most vulnerable community members are older people, people with disabilities, young children and people living in low quality housing. As temperatures rise we will experience unprecedented extreme heat that will lead to illness and death in a larger population of people, especially if we continue to underestimate the risk to our community.

There is also evidence that exposure to high temperatures results in an increase in miscarriages and stillbirths and other maternal and neonatal complications. https://onlinelibrary.wiley.com/doi/10.1111/jmwh.13502

16 What immediate, high-priority actions are required in the next 12 to 24 months to enable the health system to respond to the impacts of climate change on health and wellbeing, and reduce the severity of these impacts?

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High-priority actions required to enable the health system to respond to the impacts of climate change on health and reduce the severity of these impacts.:

The physical and mental health risks of heatwaves are vastly underestimated. Specific measured that we think should be implemented include:

- Heatwave plan for coordination across states. As we can see right now in Europe, North America and Asia, heatwaves aren't confined to one city, state or country at a time. The unprecedented extreme heat of the coming summers requires an urgent national response. As with Covid, there should be national coordination systems ready for heatwaves. The community should be aware that such plans exist to increase confidence in government preparations.
- Get our health system ready for this summer. It's more than likely that we will experience heatwaves at the same time as bushfires and other disasters. We need a well prepared and well funded health system from major city hospitals to remote health services. We can fund and scale up existing programs to be more prepared this summer. For example, local health services such as the Bendigo Community Health Service is delivering heatwave and bushfire information for recently arrived people seeking asylum, but they are doing so with extremely limited resources. Supporting exiting programs that can scale up quickly is an effective way to increase resilience quickly.
- Make sure local infrastructure around health precincts and health services is heatwave safe. This includes making sure all hot suburbs have bus shelters at every stop and investing in more blue and green infrastructure like ponds and parks to reduce local temperatures.
- Improve heatwave disaster communications to more accurately reflect heat health risk. Existing communications strategies are insufficient for communicating the unprecedented impacts that we can expect. Working with the media to update disaster guidelines and educating them on heat health risks will be essential.
- Measure physical and mental health impacts as well as possible in real time in order to be able to report on health impacts as they happen. These measurements will also help us understand changing health impacts.

Health in All Policies

17 What actions are needed outside the health system to reduce or avoid the negative impacts of climate change on health and wellbeing?

Actions required outside the health system to reduce or avoid the negative impacts of climate change on health and wellbeing.:

All infrastructure, environmental, built environment and transport projects should be analysed through the lens of health impacts. By internalising the health impacts in the cost-benefit analysis of policies and projects in other sectors we can ensure that we are not hindering progress towards improved human health.

In regards to the built environment: national and state building standards should be updated to ensure we are building homes, workplaces and infrastructure that are built now should be safe in a future climate. Retrofitting policies can upgrade existing homes and reduce heat-related illness.

Australia must take more ambitious climate action by ending the use of coal and gas and committing to sustainable renewable energy production. Climate change will have catastrophic impacts on human health and it is essential to reduce carbon emissions for health and wellbeing.

Poverty makes people more vulnerable to climate impacts and leads to worse health outcomes. Increasing social support such as raising the rate of Job Seeker will reduce the negative impacts of climate change on the community. Fundamentally, safe homes and access to resources to protect themselves and their families will increase resilience in communities impacted by climate change.

Enablers

18 In your view, are these the right enablers to inform the objectives of the Strategy? If not, please detail how they could be improved or amended.

Yes

If no, please provide details on how the enablers could be improved or amended.:

19 For each of the above enablers please detail what is working well and how the Strategy could support delivery?

Please detail for each of the enabler what is working well and how the Strategy could support delivery. :

Silos and communication barriers prevent effective collaboration between sectors. Increasing opportunities for networking and joint projects between organisations, government and community advocates will have significant benefits. This should be prioritised in order to facilitate communication and cooperation during future crises.

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Response ID ANON-Z8H4-8VT4-4

Submitted to National Health and Climate Strategy - Consultation
Submitted on 2023-07-21 16:06:13

Introduction

1 What is your name?

Name:
The Australian Academy of Health and Medical Sciences

2 What is your email address?

Email:
[redacted]

3 What is your organisation?

Organisation:
The Australian Academy of Health and Medical Sciences

4 Do you identify as Aboriginal and/or Torres Strait Islander?

[redacted]

5 Have you read and agreed to the privacy statement?

Have you read and agreed to the privacy statement?:
Yes

Broad Strategy Questions

6 Do these objectives (below) support the vision of the Strategy?

No, please detail below.

If no, please provide detail how these objectives could be improved:

The Australian Academy of Health and Medical Sciences (AAHMS) welcomes the Australian Government's efforts to develop a National Health and Climate Strategy (Strategy). We strongly support this important initiative and stand ready to assist the Government where needed.

AAHMS is Australia's Learned Academy for health and medicine – the impartial, authoritative, cross-sector voice. We advance research and innovation in Australia to improve everyone's health.
We are an independent, interdisciplinary body of Fellows – elected by peers for outstanding achievements and exceptional contributions to health and medical science in Australia. Collectively, AAHMS Fellows are a representative and independent voice, through which we engage with the community, industry and governments.

Our response has been informed by input from Fellows of the Academy.

AAHMS welcomes the Australian Government's commitment to urgently mitigate health system emissions and support the health system and the community to be better prepared for, and resilient to, the health impacts of climate change. The consultation paper clearly articulates the Government's vision to reduce the carbon footprint of the health system in Australia and AAHMS strongly supports the objectives associated with this vision – 'measurement' and 'mitigation'.

However, we believe the strategy would greatly benefit from a more ambitious "health in all policies" approach, which would help ensure any national strategy fully considers the kind of systems-level change needed to promote the greatest benefits to health and society more broadly. Reducing emissions from the health system will generate critical co-benefits for health but alone it is not sufficient to protect the community from the direct and indirect health impacts of climate change.

The health impacts of climate change cannot be addressed in isolation because the causes of climate change and ecosystem degradation are systemic, complex, and interconnected. Ecological and interdisciplinary approaches that target the drivers of climate change and environmental destruction also deliver valuable co-benefits for health. Addressing the root causes of climate change, with a specific focus on the health-related consequences of human activity and transitioning effectively to net-zero carbon emissions, should safeguard the health, employment and economic stability of the community.

The health sector, guided by the Strategy, should take a leadership role in advocating for health in all policies. AAHMS suggests that the Government should consider expanding and reordering its objective, 'Health in All Policies', to reflect its importance in delivering a vision that aims to truly improve health outcomes for the community in relation to the impacts of climate change. Of the four objectives, three focus primarily on activities happening within health and only one addresses policies across a broader ecosystem, even though these wider changes could have a much more substantial impact

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on health.

7 Do these principles (below) inform the objectives of the Strategy?

No, please detail below

If no, please provide detail how these principles could be improved:

AAHMS strongly supports the principles. However, we do not believe they link well enough to the objectives. Each of the six principles require cross-sector, interdisciplinary change that results from actions that go well beyond those achievable by the health sector alone. For instance, 'Tackling Health Inequities' cannot be done without collaboration that considers housing, education, employment and other factors. This would also be the case for 'One Health' which cannot be achieved without sustainable agriculture. Although all six principles require significant connections with areas outside health, which the consultation paper acknowledges, only one of the objectives reflect this.

The objectives could be designed to map onto these principles at a systems level, or should at least more fully reflect the broader vision for a cross-sector approach built on these principles and driven by a health sector primed to take on this leadership role.

AAHMS also suggests more explicitly incorporating international collaboration into the principles, for instance within principle six, 'Partnerships-based working across all levels of government and beyond'. Australia must engage with its regional responsibilities where the impacts of climate change on health will be greater.

First Nations Focused

8 What existing First Nations policies, initiatives, expertise, knowledge and practices should the Strategy align with or draw upon?

Please outline the existing First Nations policies, initiatives, expertise, knowledge and practices that the Strategy should align with. :

9 What types of governance forums should be utilised to facilitate co-design of the Strategy with First Nations people, to ensure First Nations voices, decision-making and leadership are embedded in the Strategy?

Please outline the governance forums that should be utilised to facilitate co-design of the Strategy with First Nations people:

AAHMS strongly supports any approach to developing a Strategy that is built on First Nations leadership and collaboration, but would note that other organisations are better placed to comment on how to achieve this outcome.

Since colonisation, Aboriginal and Torres Strait Islander people have historically been excluded from the decision-making process on matters affecting their health. This must change if Australia is to tackle the health challenges cause by climate change effectively and equitably. First Nations leadership and collaboration will play a crucial role in addressing climate related health risks for everyone in Australia. The Strategy should promote and acknowledge Aboriginal and Torres Strait Islander leadership and build partnerships that advance the wide-ranging and tailored Indigenous approaches to caretaking and sustainability that span vast geographic areas and multiple generations.

Involvement of the Aboriginal community-controlled health sector must be central to the Strategy and it will be essential to acknowledge that Aboriginal communities living in regional and remote areas of Australia will be disproportionally affected by the impacts of climate change.

Measurement and Reduction of Greenhouse Gases

10 Is your organisation involved in any existing or planned initiatives to measure and report on health system emissions and/or energy use in Australia?

Your organisation's existing or planned initiatives to measure and report health system emissions and/or energy use in Australia.:

11 What additional data and information is required to support targeted emissions reduction efforts within health and aged care?

Additional data and information required to support targeted emissions reduction efforts within health and aged care.:

Private Providers

12 What can be done to involve private providers within the health system in the Strategy's emissions reduction efforts?

Involvement of private providers in the Strategy's emissions reduction efforts. :

Mitigation

13 Please rank the below six sources of emissions in highest priority for action, 1 is the highest priority, 6 is the lowest priority.

Ranking of emissions priorities - Built environment and facilities (including energy and water):

Ranking of emissions priorities - Travel and transport:

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Ranking of emissions priorities - Supply chain:

Ranking of emissions priorities - Medicines and gases:

Ranking of emissions priorities - Waste:

Ranking of emissions priorities - Prevention and optimising models of care:

14 Which specific actions should be considered to reduce greenhouse gas emissions from the health system?

Specific actions to reduce greenhouse gas emissions from the health system.:

Adaptation

15 What health impacts, risks and vulnerabilities should be prioritised for adaptation action through the Strategy?

Health impacts, risks and vulnerabilities that should be prioritised for adaptation action through the Strategy:

Climate change is already having numerous negative effects on health, which will get worse with the predicted rise in global temperatures and extreme weather events. Mitigation should always be the primary avenue for minimising the impacts of climate change, including on health. Where mitigation is not possible, adaptation action through the strategy should consider the direct and indirect health impacts of climate change including:

Direct
• Respiratory and cardiovascular illness
• Heat stroke and heat stress
• Food-, vector- and air- borne diseases
• Mental health
• Eye health
• Health impacts specific to priority populations, infants, children and pregnant women.
• Global health impacts, and in particular the health impacts on our neighbours in the Pacific Islands.

Indirect health impacts resulting from changes to:
• Water availability
• Food security
• Access to healthcare and housing
• Employment and economic stability

It is also important to note that adaptation actions should be prioritised in geographical areas that are particularly vulnerable to the impacts of climate change such as, heat waves, fires, droughts and floods.

AAHMS reinforces that it will be crucial for the Government to enhance adaptive capacity and reduce vulnerability to climate change by integrating human health into all climate change adaptation policies, not just those in the health sector. For instance, town planning, building design and infrastructure, and disaster management adaptation will also have a significant impact on health.

16 What immediate, high-priority actions are required in the next 12 to 24 months to enable the health system to respond to the impacts of climate change on health and wellbeing, and reduce the severity of these impacts?

High-priority actions required to enable the health system to respond to the impacts of climate change on health and reduce the severity of these impacts.:

Health in All Policies

17 What actions are needed outside the health system to reduce or avoid the negative impacts of climate change on health and wellbeing?

Actions required outside the health system to reduce or avoid the negative impacts of climate change on health and wellbeing.:

It will not be possible to avoid the negative impacts of climate change without taking action outside of the health system, as noted above. All sectors with the potential to impact health should be consulted to determine how the Strategy can ensure actions in other areas consider health as a vital aspect of policy development and implementation. In relation to the principles outlined in the consultation paper, collaborations with sectors including transport, agriculture, food and waste, industry, energy, housing, employment and building and cities will be key.

Enablers

18 In your view, are these the right enablers to inform the objectives of the Strategy? If not, please detail how they could be improved or amended.

Yes

If no, please provide details on how the enablers could be improved or amended.:

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19 For each of the above enablers please detail what is working well and how the Strategy could support delivery?

Please detail for each of the enabler what is working well and how the Strategy could support delivery. :

Workforce:
Climate change will impact the way Australia and the world practice healthcare. The delivery of a fully sustainable healthcare system will require an engaged and capable workforce, as recognised in the consultation paper. In addition, as Australia's climate changes, so too will the demands on the workforce – we saw this also, for instance, during the COVID-19 pandemic. Dealing with climate-related health consequences will likely require more expertise within the health system in a range of disciplines, from respiratory illness to mental health, biosecurity, infectious diseases, and public health. Health and medical practitioners in primary care and emergency response settings will also need to be able to identify and manage these health risks. To develop a skilled and engaged workforce that is equipped to face these challenges, AAHMS suggests that the Government considers developing solutions with the higher education sector that can be delivered through health and medical curricula and accreditation standards, guided by the national strategy for health and climate.

Research:
The research sector is ideally placed to play a central role in guiding the direction of a Strategy. Governments in many other regions have funded targeted research into the impacts of climate on human health that has led to a range of climate mitigation and adaptation strategies being established. The Australian Government must do the same if we are to make evidence-informed decisions, specific to an Australian context.

To achieve this, the Strategy must be connected to other activities across the research sector. For instance, there is an ongoing review to better align and coordinate the Government's funding for health and medical research. As part of this review, the Government will develop a national health and medical research strategy. It is imperative that these two strategies are linked so that funding can be allocated strategically across the research pipeline to fill any gaps in our knowledge. Work to identify research gaps has already been done globally, particularly in Europe and this could be used as a starting point to inform Australia's direction in this area.

Given the cross-sector, interdisciplinary nature of health and climate change, it will be essential for the strategy to inform, and to be informed by research outside of health and medicine, such as that funded by the Australian Research Council. Direct and indirect health improvements will derive from a better understanding of interdisciplinary areas like air quality, access to green spaces, transport systems, building planning and clean-energy work environments.

It will also be important to grow and nurture research connections with our neighbours in the Indo-Pacific region who are on the frontline in terms of the impacts of climate change and face specific health hazards. Australia should use its resources to enable and support research led by those in the region, and work directly with governments and communities to advance research that could result in Indo-Pacific health and climate benefits.

Collaboration:
Collaborative action should form the foundation of any strategy that aims to reduce health systems emissions and the health impacts of climate change. The integration of health in all policies will require significant collaboration across government and beyond. A Strategy should inform the direction of that integration including how it is coordinated and aligned with all major policies and activities impacting health.

AAHMS suggests the Government considers the wider determinants of health in prioritising key collaborations for the biggest impact. For instance, the Strategy and its implementation should highlight a framework for collaborating with partners that can counter the negative impacts of the commercial determinants of health and promote any potential positive impacts that can advance progress towards common goals.

AAHMS welcomes the leadership of the Minister for Health and Aged Care, the Assistant Minister for Health and Aged Care and the Department of Health and Aged Care to develop this Strategy. A key consideration for the next phase of work will be to determine who is responsible for leading the implementation of the Strategy.

To affect such a complex issue as the impacts of climate change, the Strategy must – by necessity – set out ambitious targets that incorporate the coordinated and strategic actions of many stakeholders. While the consultation paper mentions establishing governance structures as an enabler, it does not clearly state the governance and administrative arrangement it envisions to lead delivery of the Strategy.

The British National Health Service (NHS) introduced the role of a Chief Sustainability Officer that provides a central leadership point, which focuses on improving the health of patients and the public through a robust and accelerated response to climate change and the broader sustainability agenda – including the agenda to deliver a net zero carbon emitting health system. This approach has helped the UK prioritise collaboration with partners who can develop and deliver solutions while maintaining a coordinated approach to strategy implementation. We appreciate this approach does not apply directly to an Australian context. However, the level of collaboration seen in this, and some other international settings, will be necessary to achieve meaningful progress in Australia. The Australian Government should work closely with the states and territories as part of Strategy delivery.

Monitoring and evaluation:
Research, monitoring and evaluation to inform a dynamic and evolving Strategy must be underpinned by excellent data. The current health and medical research data landscape is vast, with a complex network of data assets, policies, skills and stakeholders. To capitalise on the opportunities afforded by creating a Strategy to tackle the challenges of health and climate change, Australia must make use of the ever-increasing volume of data being collected across the country. We must establish an environment that delivers more coordinated and coherent data infrastructure, assets, policies, governance and ethics processes. In considering enablers for the Strategy, the Government should look at ways to advance Australia's data landscape, particularly in areas like national linked data assets for use across disciplines and sectors that follow the FAIR (findable, accessible, interoperable and reusable) and CARE (collective benefit, authority to control, responsibility and ethics) principles.

Released under the Freedom of Information Act 1982

Response ID ANON-Z8H4-8VTZ-A

Submitted to National Health and Climate Strategy - Consultation
Submitted on 2023-07-22 23:40:52

Introduction

1 What is your name?

Name:
[redacted]

2 What is your email address?

[redacted]

3 What is your organisation?

Organisation:
Grampians Public Health Unit

4 Do you identify as Aboriginal and/or Torres Strait Islander?

[redacted]

5 Have you read and agreed to the privacy statement?

Have you read and agreed to the privacy statement?:
Yes

Broad Strategy Questions

6 Do these objectives (below) support the vision of the Strategy?

No, please detail below.

If no, please provide detail how these objectives could be improved:

CLimate and health strategy is much more than the impacts of climate on the health system, and there should be an explicit recognition and focus that the both climate impacts on health and the capacity to build adaptive capacity and resilience in the wider community are unequally distributed across the community, with the most vulnerable experiencing a triple whammy: systematically less access to the care they need (for socioeconomic and sociodemographic reasons including where they live), more likely to experience the most severe consequences of climate change (food insecurity, at risk housing with less capacity to cool, exacerbations of chronic conditions etc), and less capacity to build resilience in resource and power-constrained social environments.

7 Do these principles (below) inform the objectives of the Strategy?

No, please detail below

If no, please provide detail how these principles could be improved:

The principles do not articulate a strengths perspective - that communities while vulnerable to have strengths - and the all communities should be supported to mobilise the richness of their existing social capital for solution finding

First Nations Focused

8 What existing First Nations policies, initiatives, expertise, knowledge and practices should the Strategy align with or draw upon?

Please outline the existing First Nations policies, initiatives, expertise, knowledge and practices that the Strategy should align with. :

In my experience Aboriginal Co-operatives are exemplars in the form of population health practice where members of a sub-population - who share a sociodemographic, socioeconomic or sociocultural characteristic which makes them particularly vulnerable to social and geocultural determinants of health - are supported and empowered to grow resilience to those determinants, by wrapping supports and assistance around them. This model builds communities and promotes health. This is a model that can be applied to managing the impacts of climate change across all communities, especially for the most vulnerable.

9 What types of governance forums should be utilised to facilitate co-design of the Strategy with First Nations people, to ensure First Nations voices, decision-making and leadership are embedded in the Strategy?

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Please outline the governance forums that should be utilised to facilitate co-design of the Strategy with First Nations people:

Voice to Parliament
Work with jurisdictional representative assemblies where they exist
There are numerous First Nations experts - ask them

Measurement and Reduction of Greenhouse Gases

10 Is your organisation involved in any existing or planned initiatives to measure and report on health system emissions and/or energy use in Australia?

Your organisation's existing or planned initiatives to measure and report health system emissions and/or energy use in Australia.:

Yes - emissions from fossil fuels is reported now by the organisation which hosts us. We are seeking to quantify and understand the emissions associated with procurement of goods and the waste pipeline so that we can measure the impact of circular economy strategies (in the form of formal Health resource Stewardship programs) where implemented to reduce emissions

11 What additional data and information is required to support targeted emissions reduction efforts within health and aged care?

Additional data and information required to support targeted emissions reduction efforts within health and aged care.:

We need to be able to measure much more than emissions from direct FF consumption

Examples include
1) Having data in Australia pertaining to standard metrics in the production, packaging and transport of consumables and human reources would be very useful
2) With that information we can calculate, evaluate and make a case for investing in health resource stewardship to reduce emissions, and save costs - both leading to measurable direct and indirect health co-benefits. That is we could show that the cost of training people to implement circular economy principles is outweighed by saved emissions per unit effort

Private Providers

12 What can be done to involve private providers within the health system in the Strategy's emissions reduction efforts?

Involvement of private providers in the Strategy's emissions reduction efforts.:

CLimate change is a global imperative. Private and public providers should be incentivised to develop circular economy/ health resource stewardship training among staff to enable an Action At All Levels approach (as is occurring in my organisation)

Mitigation

13 Please rank the below six sources of emissions in highest priority for action, 1 is the highest priority, 6 is the lowest priority.

Ranking of emissions priorities - Built environment and facilities (including energy and water):
6

Ranking of emissions priorities - Travel and transport:
3

Ranking of emissions priorities - Supply chain:
2

Ranking of emissions priorities - Medicines and gases:
5

Ranking of emissions priorities - Waste:
4

Ranking of emissions priorities - Prevention and optimising models of care:
1

14 Which specific actions should be considered to reduce greenhouse gas emissions from the health system?

Specific actions to reduce greenhouse gas emissions from the health system.:

1) Mitigation through Action at All Levels: health resource stewardship concerning the sixteen sources of waste, all of which generate preventable emissions. These are
a) energy and products: non-renewable power, supply and overuse of medicines, blood, imaging, pathology, consumables (including plastics, food, single use instruments), prosthetics, devices,
b) models of care: excess beddays (care in a hospital when the person doesn't need to be there), not preventing disease or preventing progression of

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disease, overdiagnosis, overtreatment,
c) human factors waste: adverse event, unwarranted variation, re-do and duplication, overstaffing, delays, teamwork failure
2) Adaptation - tapping into community strengths to mobilise to grow adaptive capacity to permeate all sectors at all levels
3) Health leaders are community leaders and can join with other civic business and social leaders to ensure mitigation and adaptation action outside the health sector

Adaptation

15 What health impacts, risks and vulnerabilities should be prioritised for adaptation action through the Strategy?

Health impacts, risks and vulnerabilities that should be prioritised for adaptation action through the Strategy:

Understanding the drivers of risk, resilience and vulnerability is a good start.

I think of resilience and vulnerability as being at either end of a spectrum affected by two elements, which may or may not be remediable, but if they are then action should be taken to remediate. The two elements which influence vulnerability/ resilience are
a) a person or community's exposure and sensitivity to a hazard plus
b) a person's or community's adaptive capacity (which is determined by the extent to which that person has positive the determinants of adaptive capacity: power, culture, reources, knowledge and Indigenous Knowledge).
Therefore, if we can't manage to reduce the hazard or exposure to the CC hazard, we should be focusing on the determinants of adapative capacity. to leverage and enhace that part of the equation:
Vulnerabity/ Risk = H/E/S + AC

16 What immediate, high-priority actions are required in the next 12 to 24 months to enable the health system to respond to the impacts of climate change on health and wellbeing, and reduce the severity of these impacts?

High-priority actions required to enable the health system to respond to the impacts of climate change on health and reduce the severity of these impacts.:

Climate Action Frameworks for every health service so that an Action at all Levels approach can be implemented
Develop tools to make measuring gains easy to do (and highly motivating)
Health leaders as community leaders support their communities to mobilise to reduce risk and grow adapative capacity

Health in All Policies

17 What actions are needed outside the health system to reduce or avoid the negative impacts of climate change on health and wellbeing?

Actions required outside the health system to reduce or avoid the negative impacts of climate change on health and wellbeing.:

Health and climate in all policies and Boards held to account

Train staff in this stuff - we have training > 300 staff in health resource stewardship since 2019; they are trained to reduce waste in their workplace and at home

Ensure health services have plans in place for extreme events (eg heatweave. -somewhere cool (perhaps in their air conditioned foyers.

Enablers

18 In your view, are these the right enablers to inform the objectives of the Strategy? If not, please detail how they could be improved or amended.

No, please detail below.

If no, please provide details on how the enablers could be improved or amended.:
Governance is missing from this list. Governance concerns the rules and conventions by which a system is enacted or supported - there will need to be strong leadership internal and external to health to ensure work is done and governed for gains

19 For each of the above enablers please detail what is working well and how the Strategy could support delivery?

Please detail for each of the enabler what is working well and how the Strategy could support delivery. :

In my experience there is almost no penetration of climate action and thinking into smaller health services. Leadership, communication, training, research and collaboration are great ideas, but health systems are preoccupied with pressing issues. Governance is key to diffusion, especially if a governance steering committee has thee confidence of the community

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Response ID ANON-Z8H4-8VHW-U

Submitted to National Health and Climate Strategy - Consultation
Submitted on 2023-07-24 09:51:36

Introduction

1 What is your name?

Name:
[redacted]

2 What is your email address?

Email:
[redacted]

3 What is your organisation?

Organisation:
Australian Glass and Window Association

4 Do you identify as Aboriginal and/or Torres Strait Islander?

[redacted]

5 Have you read and agreed to the privacy statement?

Have you read and agreed to the privacy statement?:
Yes

Broad Strategy Questions

6 Do these objectives (below) support the vision of the Strategy?

Not Answered

If no, please provide detail how these objectives could be improved:

7 Do these principles (below) inform the objectives of the Strategy?

Not Answered

If no, please provide detail how these principles could be improved:

First Nations Focused

8 What existing First Nations policies, initiatives, expertise, knowledge and practices should the Strategy align with or draw upon?

Please outline the existing First Nations policies, initiatives, expertise, knowledge and practices that the Strategy should align with. :

9 What types of governance forums should be utilised to facilitate co-design of the Strategy with First Nations people, to ensure First Nations voices, decision-making and leadership are embedded in the Strategy?

Please outline the governance forums that should be utilised to facilitate co-design of the Strategy with First Nations people:

Measurement and Reduction of Greenhouse Gases

10 Is your organisation involved in any existing or planned initiatives to measure and report on health system emissions and/or energy use in Australia?

Your organisation's existing or planned initiatives to measure and report health system emissions and/or energy use in Australia.:

11 What additional data and information is required to support targeted emissions reduction efforts within health and aged care?

Additional data and information required to support targeted emissions reduction efforts within health and aged care.:

Private Providers

Released under the Freedom of Information Act 1982

12 What can be done to involve private providers within the health system in the Strategy's emissions reduction efforts?

Involvement of private providers in the Strategy's emissions reduction efforts. :

Mitigation

13 Please rank the below six sources of emissions in highest priority for action, 1 is the highest priority, 6 is the lowest priority.

Ranking of emissions priorities - Built environment and facilities (including energy and water):

Ranking of emissions priorities - Travel and transport:

Ranking of emissions priorities - Supply chain:

Ranking of emissions priorities - Medicines and gases:

Ranking of emissions priorities - Waste:

Ranking of emissions priorities - Prevention and optimising models of care:

14 Which specific actions should be considered to reduce greenhouse gas emissions from the health system?

Specific actions to reduce greenhouse gas emissions from the health system.:

Adaptation

15 What health impacts, risks and vulnerabilities should be prioritised for adaptation action through the Strategy?

Health impacts, risks and vulnerabilities that should be prioritised for adaptation action through the Strategy:

This response was intended for Question 22. This survey does not include some later questions so the response has been entered here.

Healthy homes
One area where the prevention and optimisation of care in the health system can be improved while also addressing climate change and emissions is by ensuring that people are comfortable in their homes and so do not have their health jeopardised by extremes of indoor temperatures.
Australia has the least efficient homes among the developed countries and that means that during periods of low or high temperatures many more Australians need health care. Many people also die from the cold and from high temperatures. We believe that the Federal Government needs to focus on providing energy efficient upgrades to low income and vulnerable people in order to limit the damage wrought by our climate.
We believe that any strategy for social and affordable housing should include energy efficient products to at least NCC 7-star energy requirements. We also believe that future policies regarding retro fit upgrades should include, at a minimum, an approach to social housing that sees that buildings be upgraded to have “Climate Safe Rooms” where higher performing window/glazing and building systems are used to create cost effective and resilient living spaces in which the most venerable in society can avoid the increasingly variable climate extremes in our built environment without risk to health or their hip pocket.

Health Facility Design
The design of health care facilities like hospitals and aged care facilities, particularly that have patients staying overnight and longer should ensure that there is access to sufficient natural daylight. The health benefits of daylight exposure during hospital stays are well documented.
Key findings have demonstrated that in healthcare, access to daylight provides a reduction in the average length of hospital stay, quicker post-operative recovery, reduced requirements for pain relief, faster recovery from depressive illness and disinfectant qualities.
Further supporting the many studies in this area Choi (Choi et al 2012), found that “a significant relationship appears to exist between indoor daylight environments and a patient’s average length of stay (ALOS) in a hospital” with patients having a reduced ALOS. Another review of the impact of light on outcomes in healthcare settings by Anjali Joseph (Joseph, 2006) found that a retrospective study of myocardial infarction patients in a cardiac intensive-care unit treated in either sunny rooms or dull rooms found that female patients stayed a shorter time in sunny rooms. Mortality in both sexes was consistently higher in dull rooms. Yet another study, this time from Federman (Federman et al 2000) found that Veterans Health Administration medical centres located in sunnier, warmer and drier climates had shorter length of stay of patients.
Research has demonstrated a clear link between daylight/sunlight and a reduced requirement for pain relief medication in hospitals. A study published in the Journal of Psychosomatic Medicine (Walch et al 1995) concluded: ‘Consecutive patients undergoing elective spinal surgery who were assigned postoperatively to rooms on either the bright or dim side of the hospital unit. The patients staying on the bright side received 46% more natural sunlight and required 22% less opioid equivalent analgesic medications during their hospitalization. The patients staying on the bright side also experienced a 21% reduction in analgesic medication cost compared with patients on the dim side.’

Choi JH, Beltran L and Kim H. Impacts of indoor daylight environments on patient average length of stay (ALOS) in a healthcare facility. Building and Environment 2012; 50: 65-75
Federman EJ, Drebing CE, Boisvert C, Penk W, Binus G, Rosenheck R. Relationship between climate and psychiatric inpatient length of stay in Veterans Health Administration hospitals. Am J Psychiatry. 2000 Oct;157(10):1669-73. doi: 10.1176/appi.ajp.157.10.1669. PMID: 11007722.
Joseph A The Impact of Light on Outcomes in Healthcare settings. Issue Paper 2 The Centre for Health Design 2006
Walch JM, Rabin BS, Day R, Williams JN, Choi K and Kang JD. The effect of sunlight on postoperative analgesic medication usage: A prospective study of spinal surgery patients. Psychosomatic Medicine 2005; 67(1): 156-163.

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16 What immediate, high-priority actions are required in the next 12 to 24 months to enable the health system to respond to the impacts of climate change on health and wellbeing, and reduce the severity of these impacts?

High-priority actions required to enable the health system to respond to the impacts of climate change on health and reduce the severity of these impacts.:

Health in All Policies

17 What actions are needed outside the health system to reduce or avoid the negative impacts of climate change on health and wellbeing?

Actions required outside the health system to reduce or avoid the negative impacts of climate change on health and wellbeing.:

Enablers

18 In your view, are these the right enablers to inform the objectives of the Strategy? If not, please detail how they could be improved or amended.

Not Answered

If no, please provide details on how the enablers could be improved or amended.:

19 For each of the above enablers please detail what is working well and how the Strategy could support delivery?

Please detail for each of the enabler what is working well and how the Strategy could support delivery. :

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Response ID ANON-Z8H4-8VHN-J

Submitted to National Health and Climate Strategy - Consultation
Submitted on 2023-07-24 10:46:07

Introduction

1 What is your name?

Name:
[redacted]

2 What is your email address?

Email:
[redacted]

3 What is your organisation?

Organisation:
Cancer Council Australia

4 Do you identify as Aboriginal and/or Torres Strait Islander?

[redacted]

5 Have you read and agreed to the privacy statement?

Have you read and agreed to the privacy statement?:
Yes

Broad Strategy Questions

6 Do these objectives (below) support the vision of the Strategy?

No, please detail below.

If no, please provide detail how these objectives could be improved:

Cancer Council Australia support these objectives in principle. However, we would like to see the Strategy, through its Objectives, take a more deliberate focus on the effects of climate change on health (as is reflected in the Principles) rather than the effects of health care on climate change.
Additionally, we would like to see a greater focus on the prevention of chronic health conditions that have been linked to climate change, for example, lung cancer caused by dangerous levels of air pollution, and the increased risk of cancers resulting from food insecurity and decreased nutritional content due to climate change effects. It is estimated that hundreds of thousands of lung cancer deaths annually worldwide are attributable to particulate matter in air pollution.1 Similarly, changes in dietary patterns of populations because of food insecurity may promote increased consumption of ultra-processed foods which is partly responsible for the obesity epidemic.2

1. Turner MC, Andersen ZJ, Baccarelli A, Diver WR, Gapstur SM, Pope CA, 3rd, et al. Outdoor air pollution and cancer: An overview of the current evidence and public health recommendations. CA Cancer J Clin. 2020.
2. Vineis P, Huybrechts I, Millett C, Weiderpass E. Climate change and cancer: Converging policies. Mol Oncol. 2021;15(3):764-9.

7 Do these principles (below) inform the objectives of the Strategy?

No, please detail below

If no, please provide detail how these principles could be improved:

There is a disconnect between the principles and the objectives, with the principles more focused on the effects of climate change on health and health outcomes, and the objectives more focused on the effects of health care on climate change. We strongly support the focus on the effects of climate change on the health of all Australians, and the particular focus on groups at a higher risk of adverse health outcomes as a result of climate change processes, which would include older and very young people, outdoor workers, and those with comorbidities.

First Nations Focused

8 What existing First Nations policies, initiatives, expertise, knowledge and practices should the Strategy align with or draw upon?

Please outline the existing First Nations policies, initiatives, expertise, knowledge and practices that the Strategy should align with. :

9 What types of governance forums should be utilised to facilitate co-design of the Strategy with First Nations people, to ensure First Nations voices, decision-making and leadership are embedded in the Strategy?

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Please outline the governance forums that should be utilised to facilitate co-design of the Strategy with First Nations people:

Measurement and Reduction of Greenhouse Gases

10 Is your organisation involved in any existing or planned initiatives to measure and report on health system emissions and/or energy use in Australia?

Your organisation's existing or planned initiatives to measure and report health system emissions and/or energy use in Australia.:

11 What additional data and information is required to support targeted emissions reduction efforts within health and aged care?

Additional data and information required to support targeted emissions reduction efforts within health and aged care.:

Private Providers

12 What can be done to involve private providers within the health system in the Strategy's emissions reduction efforts?

Involvement of private providers in the Strategy's emissions reduction efforts. :

Mitigation

13 Please rank the below six sources of emissions in highest priority for action, 1 is the highest priority, 6 is the lowest priority.

Ranking of emissions priorities - Built environment and facilities (including energy and water):
3

Ranking of emissions priorities - Travel and transport:
2

Ranking of emissions priorities - Supply chain:
4

Ranking of emissions priorities - Medicines and gases:
6

Ranking of emissions priorities - Waste:
5

Ranking of emissions priorities - Prevention and optimising models of care:
1

14 Which specific actions should be considered to reduce greenhouse gas emissions from the health system?

Specific actions to reduce greenhouse gas emissions from the health system.:

Adaptation

15 What health impacts, risks and vulnerabilities should be prioritised for adaptation action through the Strategy?

Health impacts, risks and vulnerabilities that should be prioritised for adaptation action through the Strategy:

There are many mechanisms through which climate change may affect population health, such as air pollution. 13 million deaths worldwide are linked to environmental factors, including 8.5 million deaths from non-communicable diseases, according to the World Health Organization (WHO). Cancers are the third largest disease group represented in these statistics, accounting for 1.8 million deaths.(1) In Australia, these impacts are disproportionately felt by socio-economically disadvantaged households, with 90% of the burden of air pollution falling upon low- and middle-income households compared to 0.1% of the burden of air pollution that falls on the highest income households.(2) Ambient and indoor air pollution together account for 7 million deaths a year worldwide, with chronic lung diseases, lung cancer, and acute respiratory infections accounting for the largest share of these deaths.(3) The effects of air pollution and climate change on cancer control, including cancer prevention and cancer care, are increasing with the largest effects yet to be realised.(4) This makes strategies to reduce the impact of air pollution a priority for any health strategy.
Another strong priority is building resilient health care in Australia as the number of climate change driven weather events increases. These weather events often leave those with long-term chronic health conditions like cancer at risk of inadequate care and worsens their health outcomes.(5) By planning for frequent and severe weather events within all aspects of the health system, the ability to mitigate the disruptions to cancer care can be realised.
1. World Health Organization. Checklists to assess vulnerabilities in health care facilities in the context of climate change. Geneva; 2021. https://www.who.int/publications/i/item/9789240022904
2. Australian Conservation Foundation. The dirty truth: Australia’s most polluted postcodes 2018. https://apo.org.au/node/203811
3. World Health Organization. Household air pollution. Geneva; 2022. https://www.who.int/news-room/fact-sheets/detail/household-air-pollution-and-health
4. Turner MC, Andersen ZJ, Baccarelli A, Diver WR, Gapstur SM, Pope CA, 3rd, et al. Outdoor air pollution and cancer: An overview of the current evidence

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and public health recommendations. CA Cancer J Clin. 2020.
5. Prohaska TR, Peters KE. Impact of natural disasters on health outcomes and cancer among older adults. The Gerontologist. 2019;59(Supplement_1):S50-S6.

16 What immediate, high-priority actions are required in the next 12 to 24 months to enable the health system to respond to the impacts of climate change on health and wellbeing, and reduce the severity of these impacts?

High-priority actions required to enable the health system to respond to the impacts of climate change on health and reduce the severity of these impacts.:

There is an immediate need for a focus on upskilling and enhancing the public health workforce. We believe that the continued development and inclusion of professional development opportunities, with a focus on creating a disaster resilient workforce is required in the short term. To support the prioritisation of public health workforce upskilling and training, a nationally consistent approach to vulnerability assessments and adaptation planning within the state and territory health services is required. This would ensure Australian health services are prepared for the ongoing effects of climate change. There is a need to assess both long term and short terms risks, including vulnerability to adverse weather events, such as fires and floods, as well as slow onset events such as the health effects of air pollution and poor nutrition because of climate change effects. When promoting a nationally consistent approach, the differing environments, populations, and challenges that face each state and territory should be considered by providing them with the flexibility to implement strategies that best fit their needs, while ensuring/maintaining consistent benchmarks are achieved. When developing vulnerability assessments and adaption plans, the World Health Organization have developed materials and guidance for implementing such plans and assessments that may be drawn upon.(1)
1. World Health Organization. Checklists to assess vulnerabilities in health care facilities in the context of climate change. Geneva; 2021. https://www.who.int/publications/i/item/9789240022904

Health in All Policies

17 What actions are needed outside the health system to reduce or avoid the negative impacts of climate change on health and wellbeing?

Actions required outside the health system to reduce or avoid the negative impacts of climate change on health and wellbeing.:

Cancer Council Australia support the inclusion of a health in all policies approach in this Strategy, with the following commitments recommended:
*Recognising the importance of climate to Australia's commitments to preventing and controlling non-communicable diseases, including cancer.
*Incorporating commitments to improve air quality and reduce exposure to air pollution across portfolios.
*Supporting measures that have co-benefits for physical activity promotion while reducing air pollution, such as promoting active transport options.
*Supporting healthy built environment measures that enable both heat mitigation and provide high quality shade, which enables adequate sun protection as skin cancer prevention.
*Addressing the commercial and social determinants of health in relation to health and climate change.
*Supporting action on climate and health in Australia's foreign policy, including developing policy and increasing engagement with Pacific countries.
*Increasing access to healthy foods through collaboration with the Department of Agriculture, Fisheries and Forestry.

Enablers

18 In your view, are these the right enablers to inform the objectives of the Strategy? If not, please detail how they could be improved or amended.

Yes

If no, please provide details on how the enablers could be improved or amended.:

19 For each of the above enablers please detail what is working well and how the Strategy could support delivery?

Please detail for each of the enabler what is working well and how the Strategy could support delivery. :

1. Workforce, leadership and training. Supporting the workforce is essential and such initiatives need to continue to be enhanced. The Strategy should include a focus on retaining the skilled workforce, alongside increased training opportunities and active recruitment and retention plans. Additionally, incentivising healthcare professionals to move to areas most at risk of climate change emergencies, such as rural and remote areas, is required. .
2. Research. Increased funding for research to investigate ways the healthcare sector can better prepare for the health effects of climate change, and how to reduce emissions from healthcare is needed. This includes seed funding to facilitate project inception, cross-sector collaboration, and grant writing.
3. Communication and Engagement. As climate change will affect almost every Federal portfolio, the Strategy should be developed in collaboration with stakeholders from various portfolios.
4. Collaboration. There is a need for strong First Nations leadership in any climate change policy or strategy, and First Nations expertise should be sought, and prioritised when developing this Strategy.
5. Monitoring and Evaluation. Strong metrics for monitoring and evaluation should be decided upon before the commencement of the strategy, with a focus on benchmarking across states, and internationally, to ensure that Australia is cohesively reaching the goals as determined by the objectives. Measurement should not be completed haphazardly, and the usefulness of the measures should be reassessed often.

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Response ID ANON-Z8H4-8VHB-6

Submitted to National Health and Climate Strategy - Consultation
Submitted on 2023-07-24 12:08:07

Introduction

1 What is your name?

Name:
[redacted]

2 What is your email address?

Email:
[redacted]

3 What is your organisation?

Organisation:
Breastfeeding Advocacy Australia

4 Do you identify as Aboriginal and/or Torres Strait Islander?

[redacted]

5 Have you read and agreed to the privacy statement?

Have you read and agreed to the privacy statement?:
Yes

Broad Strategy Questions

6 Do these objectives (below) support the vision of the Strategy?

Yes

If no, please provide detail how these objectives could be improved:

7 Do these principles (below) inform the objectives of the Strategy?

Yes

If no, please provide detail how these principles could be improved:

As stated in the journal article: A commentary on the carbon footprint of milk formula: harms to planetary health and policy implications-

"A ground-breaking study in 2016 showed emissions from just six Asia Pacific countries were equivalent to 6 billion miles of car travel. Each kilogram (kg) of milk formula generated 4 kg of (carbon dioxide (CO_2) equivalent) greenhouse gas during production. Much of this was from unnecessary toddler formula. Recent research reveals that if looking at the full product lifecycle, including consumer use, GHG emissions per kg are actually three times higher than these pioneering estimates. Environment and health harms combined with economic evidence highlight the place for a strong public health response on this issue."

We expect that the formula industry is included in the action when considering these principles.

First Nations Focused

8 What existing First Nations policies, initiatives, expertise, knowledge and practices should the Strategy align with or draw upon?

Please outline the existing First Nations policies, initiatives, expertise, knowledge and practices that the Strategy should align with. :

According to the AIHW: "Evidence indicates that feeding with infant formula had almost twice the carbon footprint of breastmilk (Andresen et al. 2022). Infant formulas can negatively impact the environment through production processes related to cattle farming, deforestation, packaging and transportation (Becker and Ryan-Fogarty et al. 2019; Smith 2019). In comparison, breastfeeding uses few resources and produces minimal or no waste.

Breastfeeding practices among First Nations communities have been disrupted by colonisation, prior to which First Nations mothers routinely breastfed their infants, usually for two to four years (Mitchell et al. 2023).

The reduced transmission of cultural breastfeeding practices – and the introduction of non-Indigenous practices such as bottle feeding and the use of

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infant formula – contribute to the lower breastfeeding rates among First Nations women, especially in urban areas (Springall et al. 2022)."

the Strategy should align upon the knowledge and cultural practices of breastfeeding that allowed for the survival of First Nations children for millennia. Support should be given to the mothers in order to restore the cultural expertise amongst vulnerable groups, which in turn will reduce the unneccesary consumption of ultra processed infant foods- resulting in decrease from industries excessive emissions.

9 What types of governance forums should be utilised to facilitate co-design of the Strategy with First Nations people, to ensure First Nations voices, decision-making and leadership are embedded in the Strategy?

Please outline the governance forums that should be utilised to facilitate co-design of the Strategy with First Nations people:

An open forum needs to be used in order to have effective discussion and understanding. There must be First Nations experts in every sector, where possible, to contribute to the various objectives of the Strategy

Measurement and Reduction of Greenhouse Gases

10 Is your organisation involved in any existing or planned initiatives to measure and report on health system emissions and/or energy use in Australia?

Your organisation's existing or planned initiatives to measure and report health system emissions and/or energy use in Australia.:

Although we are not directly involved in the act research currently, BAA reports on various ways that the UPF indutry contributes to emissions and/or energy use and the impact this has on the health of Australian children. We know that it is not only the manufacturing processes itself that contributes to emissions, but the impact the use of infant formula products has on the health system unnecessarily. This is creating a flow on effect and contributes to the health systems output of emissions and energy.

11 What additional data and information is required to support targeted emissions reduction efforts within health and aged care?

Additional data and information required to support targeted emissions reduction efforts within health and aged care.:

"Baby milk formula requires mass production by the dairy industry, with plastic and other waste and degradation of land and waterways. The scale of the damage to planetary health now revealed by studies of the resulting greenhouse gas emissions is staggering, and warrants urgent action to protect breastfeeding in all country settings.

In December 2015, governments meeting in Paris agreed on doing something about climate change. Negotiations were high level, and the links between human health, climate change and the environment hardly rated a mention amidst the detailed accounting for lost profit and reduced emissions. No one mentioned the world's mothers and babies, or the environmental consequences of how most of the infants and children are now fed."

This type of data and information is imperative to support targeted emissions reduction efforts within health care.

This journal is a starting point: https://internationalbreastfeedingjournal.biomedcentral.com/articles/10.1186/s13006-019-0243-8

Private Providers

12 What can be done to involve private providers within the health system in the Strategy's emissions reduction efforts?

Involvement of private providers in the Strategy's emissions reduction efforts. :

Encouraging diverse views and opinions from private providers may encourage involvement. There must be a way to facilitate conversation and collaboration. Online forums are a great way to involve various sectors, or a National Conference in order to meet with and ensure involvement from providers.

Mitigation

13 Please rank the below six sources of emissions in highest priority for action, 1 is the highest priority, 6 is the lowest priority.

Ranking of emissions priorities - Built environment and facilities (including energy and water):
4

Ranking of emissions priorities - Travel and transport:
3

Ranking of emissions priorities - Supply chain:
2

Ranking of emissions priorities - Medicines and gases:
6

Ranking of emissions priorities - Waste:
5

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Ranking of emissions priorities - Prevention and optimising models of care:
1

14 Which specific actions should be considered to reduce greenhouse gas emissions from the health system?

Specific actions to reduce greenhouse gas emissions from the health system.:

-Encourage medical colleges and other education and training institutions to ensure the impacts of climate change on health form part of the training curriculum for all health care professionals.
This MUST include unbiased and independent training on infant feeding, and the risks associated with the unnecessary use of infant formula

-Increase public awareness of the health impacts of climate change to empower individuals and communities to take actions to reduce emissions and build climate resilience.
This must also include awareness in the health system for the cascading impacts of the dairy industry.

- the multi-level public health strategy – Australian National Breastfeeding Strategy 2019 should be implemented and included in the scope of actions

Adaptation

15 What health impacts, risks and vulnerabilities should be prioritised for adaptation action through the Strategy?

Health impacts, risks and vulnerabilities that should be prioritised for adaptation action through the Strategy:

Mothers and babies are a vulnerable group of Australians who MUST be prioritised.

Breastfeeding plays a critical role in mitigating the risk of non-communicable diseases, including obesity, diabetes, allergies, asthma, and gastrointestinal illnesses. By not breastfeeding, and using ultra-processed infant formulas and toddler milks, the risks of health issues increases significantly.

Extensive research from reputable institutions such as the Academy of Breastfeeding Medicine, Centres for Disease Control and Prevention (CDC), and the American Academy of Pediatrics (AAP) consistently demonstrates that breastfeeding offers long-term health benefits to both infants and mothers.
Breastfed infants are less likely to develop obesity, diabetes, allergies, asthma, and gastrointestinal illnesses later in life.
The protective effects of breastfeeding extend into adulthood, contributing to reduced healthcare costs and improved overall population health.

By limiting the consumption of these products, the health of not only mothers and children are prioritised, but the impact on planetary health will be reduced. Energy usage will be lowered due to less of a demand for the product manufacturing.

16 What immediate, high-priority actions are required in the next 12 to 24 months to enable the health system to respond to the impacts of climate change on health and wellbeing, and reduce the severity of these impacts?

High-priority actions required to enable the health system to respond to the impacts of climate change on health and reduce the severity of these impacts.:

The implementation of the multi-level public health strategy – Australian National Breastfeeding Strategy 2019 Australian National Breastfeeding Strategy: 2019 and beyond (ANBS/The Strategy). The ANBS was commissioned by the Council of Australian Governments (COAG) to create an enduring framework for scaling up breastfeeding in Australia. It states:
“(The Strategy) provides a framework for integrated, coordinated action to shape and inform Commonwealth, state, territory and local government policies and programs as they support mothers, fathers/partners and their babies throughout their breastfeeding journeys. It sets out a vision, objectives, principles, priority areas and action areas to provide a supportive and enabling environment for breastfeeding”.

It is clearly stated int he ANBS Strategy that breastfeeding benefits society and the environment:

"Breastfeeding also has many benefits and implications beyond health...
Breastfeeding also has benefits for the environment. Breastmilk is an environmentally friendly product, as it does not waste scarce resources or create pollution. There are no packages involved and no transportation is needed to deliver the product, as opposed to infant formulas and other substitutes for human milk, which require packaging and transport. Feeding babies with non-human milk is associated with a range of poorer outcomes for mothers and babies and, more widely, is detrimental economically and ecologically.
Breastfeeding provides a dependable method of infant feeding in rural and remote locations with limited or sporadic access to alternative infant feeding options. It also provides a safe and reliable method of infant feeding in emergencies, providing a consistent source of adequate nutrition and protection against infections."

This is a strategy that must be implemented and can have immediate impacts if done so effectively and with the right collaborations.

Health in All Policies

17 What actions are needed outside the health system to reduce or avoid the negative impacts of climate change on health and wellbeing?

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Actions required outside the health system to reduce or avoid the negative impacts of climate change on health and wellbeing.:

Investment in skilled and knowledgeable support for mothers to successfully feed their children.

Enablers

18 In your view, are these the right enablers to inform the objectives of the Strategy? If not, please detail how they could be improved or amended.

No, please detail below.

If no, please provide details on how the enablers could be improved or amended.:
Enablers must exclude the influential tactics of offending industries.

19 For each of the above enablers please detail what is working well and how the Strategy could support delivery?

Please detail for each of the enabler what is working well and how the Strategy could support delivery. :

As we are a NGO, we would require further resources on the delivery of support to the enablers described.

From our perspective, we know that there needs to be further support in all of these areas in order to protect our youngest generation from the widespread negative impacts idustry is having on our environment, health and wellbeing.

All of these enablers are lacking in addressing the inappropriate marketing of infant formula and unnecessary growing up milks. We invite the department of health and aged care to consider the implications of this industry and how each of the enablers can address our concerns. We would be willing to meet to discuss this further.

Released under the Freedom of Information Act 1982

Response ID ANON-Z8H4-8VHQ-N

Submitted to National Health and Climate Strategy - Consultation
Submitted on 2023-07-24 13:27:31

Introduction

1 What is your name?

Name:
Tiffany Harrison

2 What is your email address?

Email:
tiffany.harrison@gccn.org.au

3 What is your organisation?

Organisation:
Gippsland Alliance for Climate Action

4 Do you identify as Aboriginal and/or Torres Strait Islander?

No

5 Have you read and agreed to the privacy statement?

Have you read and agreed to the privacy statement?:
Yes

Broad Strategy Questions

6 Do these objectives (below) support the vision of the Strategy?

No, please detail below.

If no, please provide detail how these objectives could be improved:

Community health and resilience as the primary objective of this Strategy:
The objectives should be re-prioritised so that the focus of this Strategy is about enhancing community health, wellbeing and resilience to climate change induced health challenges, and increasing the capacity of the health care system in Australia to deal with additional pressures to the system. Adequately addressing population health and wellbeing across the nation with regard to climate impacts is a challenging and complex enough piece of work. Therefore the first two objectives around health sector decarbonisation should be separated out from this Strategy. If mitigation is integrated, it should considered more holistically.

Mitigation beyond the health sector:
Climate mitigation should be considered more holistically in relation to health and wellbeing, beyond the limited scope of actions to reduce emissions from the health sector. The Strategy should consider more broadly the climate mitigation actions that also enhance community health and resilience, such as improved energy efficiency and thermal comfort of housing across the nation, and reduction in pollution from Internal Combustion Engine (ICE) vehicles.
It should also be emphasised that the reduction of climate impacts and pressures on community health can be best achieved by the rapid transition to a zero emissions economy across all sectors. The Intergovernmental Panel on Climate Change (IPCC) has stated that in order to avert catastrophic health impacts and millions of climate change-related deaths, climate change must be limited to a rise to 1.5°C.

Data and measurement beyond health sector emissions:
Objective 1 on measurement needs to be expanded to include measurement of health risks and pressures from climate change, and assessment of the ability for the health sector to respond.

7 Do these principles (below) inform the objectives of the Strategy?

No, please detail below

If no, please provide detail how these principles could be improved:

Harm minimisation and the human right to health:
Harm minimisation, the maximum protection of life, and the fundamental human right to health should be principles underpinning the Strategy. The current and predicted health impacts and deaths associated with climate change are counter to the “The right to the highest attainable standard of health”.

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The minimisation of risks to human health should be a key driver in decision making and the setting of all relevant policies, more broadly than the health sector, taking a “health in all policies” approach. It should underpin the setting of Australia’s emissions reduction targets, with a rapid transition to zero emissions by 2035.

Partnership-based working:
We support the inclusion of the principle of partnership-based working. There needs to be greater alignment of local, state and national health systems, whilst allowing for the variation of local needs. Local governments play a key role in community health, but regional councils in particular face resource constraints. Consideration should be given as to how to better support the delivery and alignment of local government Municipal Health and Wellbeing Plans, which under the Climate Change Act 2017 are required to consider climate change.

First Nations Focused

8 What existing First Nations policies, initiatives, expertise, knowledge and practices should the Strategy align with or draw upon?

Please outline the existing First Nations policies, initiatives, expertise, knowledge and practices that the Strategy should align with. :

First Nations knowledge and experience as the oldest living culture on earth is crucial in the consideration of resilience and systemic change that is needed at the heart of climate and health policy. The recent bushfires of the 2019/2020 summer provide an important example, where it was only after such extreme events that First Nations management of fire has been taken more seriously. Longer term incorporation of this knowledge can reduce the ongoing direct and indirect community health impacts from fire, but only through systematic adoption. This Strategy is an opportunity to be incorporating and embedding First Nations thinking in a more proactive rather than reactive manner.

9 What types of governance forums should be utilised to facilitate co-design of the Strategy with First Nations people, to ensure First Nations voices, decision-making and leadership are embedded in the Strategy?

Please outline the governance forums that should be utilised to facilitate co-design of the Strategy with First Nations people:

Including in the co-design of this National Strategy the perspectives of over 250 First Nations groups is a complex challenge which needs considerable planning, if co-design is to be truly undertaken rather than consultation.

Existing structures such as The National Aboriginal Community Controlled Health Organisation (NACCHO) can provide a starting point in the conversation. However, the needs of First Nations across diverse communities and beyond those formal structures must be heard. The co-design process of the Strategy should take place at the beginning, and extend to the design of the engagement process so that First Nations can determine the best way to bring in diverse voices.

Measurement and Reduction of Greenhouse Gases

10 Is your organisation involved in any existing or planned initiatives to measure and report on health system emissions and/or energy use in Australia?

Your organisation's existing or planned initiatives to measure and report health system emissions and/or energy use in Australia.:

The Victorian Greenhouse Alliances- which the Gippsland Alliance for Climate Action is a part of- works to measure and mitigate greenhouse emissions across municipalities. Local government members often access and utilise information on municipal emissions profiles and top emitters, including the health sector, in order to assess priority actions for community wide emissions reduction.

Local governments across Victoria undertake voluntary emissions monitoring, including the use of online emissions monitoring platforms. These learnings can be applied to the health sector.

11 What additional data and information is required to support targeted emissions reduction efforts within health and aged care?

Additional data and information required to support targeted emissions reduction efforts within health and aged care.:

Overall, much more accurate and detailed data on health and aged care sector emissions is needed, with estimates and assumptions currently underpinning the data. Scope 2 emissions are likely significant for the sector nationally, but they aren’t disaggregated from the broader Commercial Services category.

More granular data is also needed from individual health sector organisations and facilities, with only some organisations reporting under the NGER scheme.

To be able to set clear emissions reduction targets, assess emission reduction priorities, and track emissions reduction outcomes for both the sector overall and individual organisations, data must first be vastly improved.

Private Providers

12 What can be done to involve private providers within the health system in the Strategy's emissions reduction efforts?

Involvement of private providers in the Strategy's emissions reduction efforts. :

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A broader consideration beyond the health care sector should be around the introduction of mandatory emissions reporting and mitigation for private organisations.

A decarbonisation plan for the sector shoould be developed outside of this Strategy, which sets clear targets and mitigation pathways for the sector overall, but also provides clear guidance for private providers. This should include guidance on assessing and tracking emissions, and the key mitigation opportunities available across a range of organisation types.

Training and education should to be provided to increase understanding amongst key decision makers within private organisations, and clearly make the link between their duty of care and the risk of inaction.

Mitigation

13 Please rank the below six sources of emissions in highest priority for action, 1 is the highest priority, 6 is the lowest priority.

Ranking of emissions priorities - Built environment and facilities (including energy and water):
1

Ranking of emissions priorities - Travel and transport:
3

Ranking of emissions priorities - Supply chain:
2

Ranking of emissions priorities - Medicines and gases:
6

Ranking of emissions priorities - Waste:
5

Ranking of emissions priorities - Prevention and optimising models of care:
4

14 Which specific actions should be considered to reduce greenhouse gas emissions from the health system?

Specific actions to reduce greenhouse gas emissions from the health system.:

The prioritisation of emissions reduction actions should be assessed against the emissions profile of the health sector or for individual organisations. More accurate emissions data must first be obtained, and then a marginal abatement cost curve could be used to assess priorities.

Nationally, more support to the health care sector could provide funding and/or coordination for actions such as:
• Installation of solar PV and battery storage across health sector facilities
• Use of geothermal, in available regions, for heating and energy in hospitals and other facilities
• Coordination of a Power Purchase Agreement for health organisations
• Regional planning with relevant stakeholders, including DNSPs, to assess how the health sector can contribute to a 100% renewables grid
• Energy efficiency and electrification retrofits for facilities
• Transitioning fleet to EVs
• Highly energy efficient new buildings
• Utilisation of low carbon materials in buildings and infrastructure
• Working with suppliers to measure and reduce Scope 3 emissions

We also note again that the mitigation component should be broadened to think more holistically about climate mitigation actions that support positive public health outcomes. For example, the investment in home energy efficiency and electrification retrofits will improve health and wellbeing outcomes for the community, including vulnerable cohorts, and ultimately reduce demand for and costs of health care services.

Adaptation

15 What health impacts, risks and vulnerabilities should be prioritised for adaptation action through the Strategy?

Health impacts, risks and vulnerabilities that should be prioritised for adaptation action through the Strategy:

This Strategy should address all climate associated risks to health across Australia, considering both the national risks at a broader level, as well as more granular risks across municipalities. The Strategy needs to include management of acute health impacts, such as heat waves and climate-related disasters, as well as the longer-term impacts from climate change.

A national framework and methodology should be created for assessing vulnerability to climate risks. At a State level, this Strategy should consider existing vulnerability assessments such as the “Heatwaves in Victoria Vulnerability Assessment”. Risk assessments should also be undertaken at the local level to understand the key climate hazards related to health in that area, as well as the variance in vulnerability across the community.

Support, including funding, training and guidance, should be given to the organisations working at a local level who can undertake these local risk assessments, including local government. Currently, much of the work around climate risk and resilience falls to councils, who often have limited capacity

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and funds.
Adaptation and resilience plans should then be funded to respond to those identified health risks. In Victoria, the requirement for climate to be embedded within the Municipal Health and Wellbeing Plans means that most councils are already working in this space, alongside local health organisations. This Strategy should consider the best ways in which to support existing efforts.

16 What immediate, high-priority actions are required in the next 12 to 24 months to enable the health system to respond to the impacts of climate change on health and wellbeing, and reduce the severity of these impacts?

High-priority actions required to enable the health system to respond to the impacts of climate change on health and reduce the severity of these impacts.:

1. A comprehensive assessment of the health system's adaptive capacity needs to be undertaken, in order to assess priority areas that need strengthening. This should include analysis of previous acute climate related health events, such as the heat waves in 2014 which stretched services and saw 25% more ambulance call-outs and 7% increase in public hospital emergency admissions in Victoria. The assessment should identify the increase in funding and capacity of health services that is needed to handle additional pressures from climate change.

2. Increase resources to health and emergency services, including community health organisations.

3. Education and training to increase knowledge and capacity among policymakers, health sector workers and emergency services. Education for community members to increase resilience and understanding about climate-related health impacts is also key.

4. Mandate having regard to climate change in all municipal public health and wellbeing and emergency management planning.

Health in All Policies

17 What actions are needed outside the health system to reduce or avoid the negative impacts of climate change on health and wellbeing?

Actions required outside the health system to reduce or avoid the negative impacts of climate change on health and wellbeing.:

As identified in the Strategy, a 'Health in all policies' approach is essential, recognising that many determinants affecting health sit outside of the health sector, including policies on housing, transport, emergency management and agriculture. Policies from across the whole suite of government services, and at all levels of government, should be evaluated to ensure that they contribute to positive health outcomes. In order to support this, training and development of skills in those other portfolios should be undertaken, to increase understanding and ability to embed health outcomes.

This Strategy must holistically consider how to increase community health and wellbeing and capacity to adapt to climate impacts. A preventative approach should be taken to increase community health and resilience, which would reduce the demand on health services. A plan should identify preventative actions, such as major funding for the improved energy efficiency and thermal comfort of homes across Australia, focusing on the most vulnerable households.

The need to minimise risks to public health and wellbeing should underpin our national and state emissions reduction targets, with action taken across all sectors to rapidly reduce emissions.

Enablers

18 In your view, are these the right enablers to inform the objectives of the Strategy? If not, please detail how they could be improved or amended.

No, please detail below.

If no, please provide details on how the enablers could be improved or amended.:
Finance and resourcing This should be added as a key enabler. Increased recourses are needed across the health sector, including financing an increase in the health and aged care workforce. Financial support is also needed for other organisations working in this space who deliver on climate and health outcomes for their communities, such as community organisations and local governments. Workforce, leadership and training This is an important enabler, recognising the need to ensure a sustainable workforce, and plan for disruptions caused by climate pressures. Cross sectoral training in climate and health is important, but this must be delivered whilst addressing capacity issues of the workforce who are already overstretched. Research Research and an evidence based approach are needed to underpin this Strategy and associated action. It is recommended that this research includes an assessment of the capacity of the heath care system, and systems overall, to respond to the health impacts from climate change. Collaboration This enabler emphasises the establishment of structures to foster collaboration, but it should also review and work with existing structures of collaboration, and assess what additional support these structures or frameworks may need. Barriers to collaboration should be identified and addressed. Roles and responsibilities of the various stakeholders need to be transparent and articulated. Monitoring, evaluation and reporting Additional to the monitoring of the agreed KPIs from this Strategy, long-term monitoring of community resilience to climate risks should be undertaken, along with ongoing assessments of the capacity of the heath sector to respond to additional health pressures from climate change.

19 For each of the above enablers please detail what is working well and how the Strategy could support delivery?

Please detail for each of the enabler what is working well and how the Strategy could support delivery. :

The identified enablers are all important factors in the Strategy's success, and while research, workforce training, communication and collaboration in this space do exist, there are large gaps that highlight the importance of a National Strategy.

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Local governments have an important role in collaborating across departments on climate and health outcomes, and working with local stakeholders. Local government risk assessments and adaptation planning inform municipal health and climate outcomes. The sharing of information across local governments can also be utilised as a model for collaboration. However, greater support is needed, with a national approach to provide consistent methodology and increase capacity.

This Strategy should also consider how to best support the work of state governments. For example, lack of funding is a barrier to implementation of the Victorian Adaptation Action Plans, including the Health and Human Services Climate Change Adaptation Action Plan. Therefore the Victorian Department of Health has been applying for and competing for grant funding to enable implementation, such as applying to the Emergency Management Victoria Risk and Resilience program, rather than being able to coordinate and collaborate with others working in this space.

Organisations such as the Climate and Health Alliance provide a platform for the health sector to address climate change, producing important research and policy frameworks. This Strategy should consider how this research can be built upon and utilised.

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Response ID ANON-Z8H4-8VHY-W

Submitted to National Health and Climate Strategy - Consultation
Submitted on 2023-07-24 15:21:42

Introduction

1 What is your name?

Name:
[redacted]

2 What is your email address?

Email:
[redacted]

3 What is your organisation?

Organisation:
Australasian College of Paramedicine

4 Do you identify as Aboriginal and/or Torres Strait Islander?

[redacted]

5 Have you read and agreed to the privacy statement?

Have you read and agreed to the privacy statement?:
Yes

Broad Strategy Questions

6 Do these objectives (below) support the vision of the Strategy?

Yes

If no, please provide detail how these objectives could be improved:

7 Do these principles (below) inform the objectives of the Strategy?

Yes

If no, please provide detail how these principles could be improved:

First Nations Focused

8 What existing First Nations policies, initiatives, expertise, knowledge and practices should the Strategy align with or draw upon?

Please outline the existing First Nations policies, initiatives, expertise, knowledge and practices that the Strategy should align with. :

The College supports First Nations leadership and dissolution of health inequalities. The strategy should prioritise the voices and expertise of First Nations people. It is essential to include First Nations people in healthcare planning and to create roles and services in response to need.

The strategies outlined in this consultation paper (National Aboriginal and Torres Strait Islander Health Plan for 2021–2031, the National Aboriginal and Torres Strait Islander Health Workforce Plan and the National Agreement on Closing the Gap) appropriately reflect necessary cultural and health considerations. Additionally, the College recommends drawing upon the newly released framework by the Office of the National Rural Health Commissioner, the Ngayubah Gadan (Coming Together) Consensus Statement: Rural and Remote Multidisciplinary Health Teams. The Statement recognises the deep connection First Nations people have to country and community, and has created a framework rooted in First Nation's strengths and knowledge. This Statement is evidence that codesigned programs are more successful in rural and remote communities than those that are not.

9 What types of governance forums should be utilised to facilitate co-design of the Strategy with First Nations people, to ensure First Nations voices, decision-making and leadership are embedded in the Strategy?

Please outline the governance forums that should be utilised to facilitate co-design of the Strategy with First Nations people:

The College agrees with the proposed governance forums outlined in the consultation paper. Additionally, the College has accepted an invitation from the Department of Health and Aged Care to attend the 'Workshop to inform National Health and Climate Strategy' on July 28.

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Measurement and Reduction of Greenhouse Gases

10 Is your organisation involved in any existing or planned initiatives to measure and report on health system emissions and/or energy use in Australia?

Your organisation's existing or planned initiatives to measure and report health system emissions and/or energy use in Australia.:

No, the College is not engaged in any current initiatives, but would welcome any such invitations as paramedicine is a health profession which is directly impacted by climate change (I.e., healthcare access, delivery and workforce).

11 What additional data and information is required to support targeted emissions reduction efforts within health and aged care?

Additional data and information required to support targeted emissions reduction efforts within health and aged care.:

The College supports the use of appropriate measuring systems of climate events and impacts, looking at extreme weather, air quality and sanitation as this greatly effects the quality of patient-centred care and outcomes in the Australian community. A USA example worth considering for evaluation and data would be the Building Resilience Against Climate Effects (BRACE) framework. BRACE has been essential to preparing for the effects of climate change in the USA.

Private Providers

12 What can be done to involve private providers within the health system in the Strategy's emissions reduction efforts?

Involvement of private providers in the Strategy's emissions reduction efforts. :

Efforts undertaken by individual providers to reduce the effects of climate change add up to having a collective impact on the surrounding community. To increase the value of these efforts one suggestion is to formally measure and recognise these efforts under a body or structure to ensure both private and public providers are accountable for reducing emissions. Measures like this would bring the community together to take collective action against climate change.

Mitigation

13 Please rank the below six sources of emissions in highest priority for action, 1 is the highest priority, 6 is the lowest priority.

Ranking of emissions priorities - Built environment and facilities (including energy and water):

Ranking of emissions priorities - Travel and transport:

Ranking of emissions priorities - Supply chain:

Ranking of emissions priorities - Medicines and gases:

Ranking of emissions priorities - Waste:

Ranking of emissions priorities - Prevention and optimising models of care:

14 Which specific actions should be considered to reduce greenhouse gas emissions from the health system?

Specific actions to reduce greenhouse gas emissions from the health system.:

Specific actions to reduce greenhouse gas emissions from the health system could include:
- Appropriate disposal of medical waste and environmentally friendly packaging for medical waste disposal.
- Reduce transport emissions from daily operations by adopting innovative models of care which complement the objectives outlined. Innovative models include:
- Community paramedicine model – has the potential to reduce transport emissions produced by unnecessary trips to the ED.
- Multidisciplinary teams – much like the community paramedicine model, these teams reduce the need for patients to travel to see numerous health professionals by providing a central point of care.
- Telehealth - Investment in high-quality telehealth services also has the potential to reduce the need for travel and medical waste.

Adaptation

15 What health impacts, risks and vulnerabilities should be prioritised for adaptation action through the Strategy?

Health impacts, risks and vulnerabilities that should be prioritised for adaptation action through the Strategy:

Change in the environment impacts the health of individuals and communities, healthcare delivery, emergency care response and the healthcare workforce. Policies and legislation, as well as programs (I.e., literacy, training, and education) must be prioritised to support the health workforce in delivering high-quality healthcare and adapting to climate and health initiatives.

Climate change will impact air quality, sanitation and weather, which will increase the number of cases related to mental and physical health. For

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example, due to severe weather events there will be an increase in vector borne diseases and injuries (I.e., parasites, viruses and bacteria spread by insects); or due to uncertainty, could increase mental health distress present in the community and/or exacerbate existing mental health conditions.

16 What immediate, high-priority actions are required in the next 12 to 24 months to enable the health system to respond to the impacts of climate change on health and wellbeing, and reduce the severity of these impacts?

High-priority actions required to enable the health system to respond to the impacts of climate change on health and reduce the severity of these impacts.:

To enable the health system to act against the impacts of climate change, the College recommends the following considerations:

Environmental resources: Where able, integration of alternative energy sources into health services and vehicles is important. Introducing environmentally friendly medical disposal and dedicating attention to alternative healthcare services which in turn, will reduce the public's contribution to greenhouse gas emissions (I.e., digital health).

Workforce resources: Resources that reflect environmental change need to be available to the health workforce to ensure the delivery of high-quality person-centred care. Resources may include new educational tools and training, innovative devices to assist paramedics in the field, and funding to further expand the availability of wellbeing services.

Patient outcomes and accessibility: Outcomes and accessibility have been impacted over the past few years as Australia experienced a number of record-breaking heatwaves. This has impacted the health and wellbeing of the population resulting in a greater need for healthcare as conditions such as heat exhaustion, heat stroke, head pain, fatigue and mental health conditions increase. Health literacy initiatives and programs would help inform and educate consumers about the potential health issues/conditions impacted by climate change and which health profession has the capabilities to provide high-quality care.

Paramedic health and wellbeing: Paramedics need support to adjust to the personal and psychological impacts of climate change independently. There could be an increased risk of PTSD and emotional responses during attendance due to more trauma work. There could also be higher levels of suicidality, in line with the anticipated increase in the general population.1,2 To support paramedics, access to mental health services and resources needs to be a top priority.

1. Doctors for the environment Australia. HOW CLIMATE CHANGE AFFECTS MENTAL HEALTH IN AUSTRALIA. Internet: Doctors for the Environment Australia; 2021.
2. The mental health impacts of climate change [position paper]. Internet: The Royal Australian and New Zealand College of Psychiatrists, 12.2021.

Health in All Policies

17 What actions are needed outside the health system to reduce or avoid the negative impacts of climate change on health and wellbeing?

Actions required outside the health system to reduce or avoid the negative impacts of climate change on health and wellbeing.:

A holistic view of climate change requires adjustments across all government portfolios to avoid roadblocks in adaptation and execution of programs and initiatives. One can't happen without the other. International governments have already made moves towards reducing and preparing for the impacts of climate change. The Australian government should look to international strategies. Examples to consider:

- BRACE: In USA, the Building Resilience Against Climate Effects framework plans for the health impacts of climate change in conjunction with existing healthcare models. This could inform and support equitable distribution of care across the metro, regional, rural and remote areas of Australia which is both accessible and sustainable.

- The Climate Policy Council: Sweden's Climate Act and Climate Policy Framework is broken up into three parts; long-term goals, a planning and monitoring system, and a climate policy council. This council holds the government accountable to climate commitments by evaluating and reviewing government policies and progress. Enacting something similar in Australia would support the uptake of climate change policies and assist in identifying and then changing restrictive legislation preventing emission reduction.

Enablers

18 In your view, are these the right enablers to inform the objectives of the Strategy? If not, please detail how they could be improved or amended.

Yes

If no, please provide details on how the enablers could be improved or amended.:
Enablers are only useful if provided with appropriate regulation and funding. If this strategy is implemented with strong stakeholder accountability, we could see significant change flow into the community from high level government. The enablers outlined in this paper provide policy makers with reasonable goals and guidelines.

19 For each of the above enablers please detail what is working well and how the Strategy could support delivery?

Please detail for each of the enabler what is working well and how the Strategy could support delivery. :

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Enabler 1: Workforce, Leadership and Training
The College supports the ongoing development of workforce, leadership and training. The College recommends Chief Paramedic Officers (CPO) be appointed at federal, state and territory levels to ensure leadership, oversight and the successful implementation of health and climate change strategies and plans.

The role of the Chief Paramedic Officer would sit alongside other Chief Clinical Officers as part of the clinical leadership team for health and is critical in ensuring that difficult problems facing health systems, such as climate change, can be addressed with a co-designed, multidisciplinary, interprofessional approach. The role of CPO is to provide expert leadership, professional representation, strategic clinical advice, and advocacy on all aspects of government and the healthcare system.

Enabler 2: Research
The College supports evidence-based practice and is committed to upholding robust research standards to create high-quality articles and datasets that contribute to profession and system-wide objectives. We would welcome the opportunity to collaborate with governments on research projects in this space providing a paramedic perspective.

Enabler 3: Communication and Engagement
The College communicates and engages with our members and the wider profession regularly, and we believe it is essential to developing resources, messaging, and high-level documents. For our members, communication and engagement are essential to creating positive patient experiences. It is important to ensure people and communities understand the role of paramedicine and their capabilities so paramedics can continue to deliver high-quality healthcare to those who need them.

For example, paramedicine professionals codesign with First Nations Leaders to deliver programs with communities (I.e., Ngangganawili Aboriginal Health Service at the forefront of community paramedicine in Australia, from the College Response Magazine: Summer 2022 Edition), and from these interactions' communication and engagement is an essential step in the development of a strategy's long-term acceptance and success in the community.

Enabler 4: Collaboration
The new National Health, Sustainability and Climate Unit is bringing attention to the growing connections between public health and climate change, therefore collaboration between health professionals and climate officials is key to preparing for the health and environmental impacts to come. Given the unique nature of paramedicine, in addition to being capable of managing low-acuity and urgent presentations in primary healthcare settings, paramedics are qualified to respond to unexpected presentations and situations, and have a clear and integral role to play in this strategy.

The College would welcome the opportunity to be further involved in this consultation providing a unique perspective to policy makers on paramedicine, community intervention, and health promotion.

Enabler 5: Monitoring and Evaluation
Reporting data would be useful in our advocacy work to improve workforce wellbeing, career growth, and person-centred care. It would inform future and complementary work for paramedicine, particularly for actions involving vulnerable communities, First Nations peoples, and infrastructure planning.

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Response ID ANON-Z8H4-8VH8-V

Submitted to National Health and Climate Strategy - Consultation
Submitted on 2023-07-24 15:22:14

Introduction

1 What is your name?

Name:
[redacted]

2 What is your email address?

Email:
[redacted]

3 What is your organisation?

Organisation:
South East Councils Climate Change Alliance

4 Do you identify as Aboriginal and/or Torres Strait Islander?

[redacted]

5 Have you read and agreed to the privacy statement?

Have you read and agreed to the privacy statement?:
Yes

Broad Strategy Questions

6 Do these objectives (below) support the vision of the Strategy?

Not Answered

If no, please provide detail how these objectives could be improved:

Areas for improvement:
Clearly articulate vision and purpose.
Firstly, the Consultation Paper does not yet contain a clear Vision Statement to underpin the objectives of the Strategy and SECCCA recommends this should be addressed. The most effective strategies are those with a clear vision and purpose whereby tangible actions are underpinned.
We recognise the overarching purpose of the Strategy as outlined in the Consultation Paper (page 4) is "protecting the health and wellbeing of Australians from the impacts of climate change", however the Consultation Paper lacks clarity about how the Strategy will achieve this.

Therefore we propose the following:
Vision: A climate resilient community and net zero healthcare system.
Purpose: To support the development and coordination of initiatives that urgently minimises the impacts of climate change on the health of all population groups, and on the health system, and to guide efforts to achieve a net zero healthcare sector.

Primary focus must be population health and wellbeing.
Whilst SECCCA recognises that although a key outcome of the Strategy includes minimising healthcare systems' contribution to emissions and ensuring health systems resilience, the Strategy must also achieve the outcome of preventing illness, injury and death associated with climate change. Whilst the introduction of the Consultation paper highlights the risks of illness, injury and death from climate change impacts, it remains unclear how the Strategy will specifically address these risks. The current objectives lack a population and health prevention and promotion approach to climate change which need to be addressed.
Addressing the health impacts of climate change must give consideration to the wider determinants of health (e.g. social, ecological, cultural, economic). Policies that are carefully designed incorporate both climate mitigation and adaptation actions that maximise co-benefits from a number of broader determinants (e.g. health, employment, equity) should be at the heart of the Strategy. This can be achieved through a Health in All Policies approach and embedding this as the central focus of the strategy (as opposed to an objective) .

We recommend the following changes to the Objectives:
- Objective 1: Promoting and protecting health and wellbeing – the Strategy will inform and guide the development of policy and initiatives that embed health and climate considerations across all portfolios at both national, state and local government level.
- Objective 2: A climate resilient community – the Strategy will support the development of initiatives to build community, health and aged care system resilience and capacity to respond to the health impacts of climate change, with primary focus on population groups most vulnerable to the impacts of climate change, to ensure a just transition.
- Objective 3 – A net zero health and aged care system – the Strategy will support the development of a national net zero plan for health and aged care,

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informed by a comprehensive assessment of Australia's health care sector's carbon footprint, reflecting best scientific evidence.
Other comments:
- Any amendment to current objectives need to provide a clear outline about what the objectives are and what they will achieve.
- Need to include clearly articulated specific emission reduction targets into Strategy. SECCCA recommends proposing a reduction in greenhouse gas emissions of 75% below 2005 levels by 2030 and net zero emissions by 2035 for all sectors, including healthcare.
- Achieving these objectives requires dedicated systems and processes to bring a health prevention lens to policy development that evaluates health risks and benefits in other sectors, through a Health In All Policies approach including energy, transport, planning, agriculture, environment and infrastructure. The Strategy must clearly outline how the Department of Health and Aged Care is going to lead and contribute to achieving such an effort.

7 Do these principles (below) inform the objectives of the Strategy?

No, please detail below

If no, please provide detail how these principles could be improved:

SECCCA generally supports the six principles outlined, particularly those that recognise First Nations leadership and broader determinants of health and prevention.
Areas for improvement:
- Including the human right to health and intergenerational justice as overarching principles to the Strategy.
- Changing Principle 4 'One Health' to adopting a Planetary Health approach instead. It is crucial the Strategy fully captures the inextricable link between planetary health and human health and ensures the Strategy outcomes achieved are in the context of planetary boundaries and sustainable development.
- Expanding Principle 6 to include healthcare workforce, including all settings including primary, tertiary and community care.
- Expanding Principle 6 to outline how the Strategy will establish mechanisms, programs and initiatives that enable and facilitate partnership between all levels of government and other relevant stakeholders.
- Principle 6 to expand to better incorporate community engagement/co-design

First Nations Focused

8 What existing First Nations policies, initiatives, expertise, knowledge and practices should the Strategy align with or draw upon?

Please outline the existing First Nations policies, initiatives, expertise, knowledge and practices that the Strategy should align with. :

SECCCA strongly supports for the inclusion of the impacts of climate change on First Nations peoples health and wellbeing and utilising a strengths based approach of First Nations cultural knowledge.
The Strategy must involve genuine engagement with First Nations leaders, Elders and communities and clearly outlined how this will occur, how leadership will be fostered and how the health and wellbeing of First Nations peoples will be advanced through the Strategy.

9 What types of governance forums should be utilised to facilitate co-design of the Strategy with First Nations people, to ensure First Nations voices, decision-making and leadership are embedded in the Strategy?

Please outline the governance forums that should be utilised to facilitate co-design of the Strategy with First Nations people:

SECCCA strongly supports for the co-design of robust governance structures for the Strategy with First Nations peoples. The Strategy will only be effective for First Nations peoples if it is underpinned by genuine engagement and co-design principles. Most importantly, the Strategy must ensure there is an ongoing process to embed First Nations voices, values and cultural knowledge and practice into its goals, targets and actions.

Measurement and Reduction of Greenhouse Gases

10 Is your organisation involved in any existing or planned initiatives to measure and report on health system emissions and/or energy use in Australia?

Your organisation's existing or planned initiatives to measure and report health system emissions and/or energy use in Australia.:

A clear definition of what 'health system' means is required to ensure emissions across the healthcare chain are accounted for (e.g. if this include suppliers and manufactures).
Although Objective 1 is crucial to the decarbonisation of the health system, this must not be emphasised as a standalone objective. Instead, it should be understood as an enabler to mitigation. The purpose of the Strategy should instead be underpinned by a Health in All Policies approach to achieve the primary purpose of the Strategy of how it's going to act on the impacts of climate and health.
Need for Strategy to establish emission reduction targets based on current scientific evidence and be as ambitious as possible.

11 What additional data and information is required to support targeted emissions reduction efforts within health and aged care?

Additional data and information required to support targeted emissions reduction efforts within health and aged care.:

All emissions that occur as a consequence of the Australian health sector should be measured. This includes patient/consumer experience and outcomes. The Strategy should include, where possible, data and information of the lived experience of consumers of all settings of the healthcare sector.

Private Providers

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12 What can be done to involve private providers within the health system in the Strategy's emissions reduction efforts?

Involvement of private providers in the Strategy's emissions reduction efforts. :

SECCCA generally supports for the inclusion of private providers within the health system, managing conflicts of interest where required. The Strategy should set a goal that requires all services and providers to conduct a climate change risk assessments as a core risk management strategy. This will also require capacity building and building understanding of health executives and boards in relation to their duty of care to account for climate risks in strategic and organisational plans.

Mitigation

13 Please rank the below six sources of emissions in highest priority for action, 1 is the highest priority, 6 is the lowest priority.

Ranking of emissions priorities - Built environment and facilities (including energy and water):
3

Ranking of emissions priorities - Travel and transport:
1

Ranking of emissions priorities - Supply chain:
4

Ranking of emissions priorities - Medicines and gases:
6

Ranking of emissions priorities - Waste:
5

Ranking of emissions priorities - Prevention and optimising models of care:
2

14 Which specific actions should be considered to reduce greenhouse gas emissions from the health system?

Specific actions to reduce greenhouse gas emissions from the health system.:

SECCCA generally supports immediate action to reduce emissions where possible. The Strategy should provide an emissions reduction strategy that is informed by best practice, and based on co-benefits (i.e. best 'bang for buck') including emission reduction, financial savings, health benefits and ensuring any effort is done with a planetary health approach.

Adaptation

15 What health impacts, risks and vulnerabilities should be prioritised for adaptation action through the Strategy?

Health impacts, risks and vulnerabilities that should be prioritised for adaptation action through the Strategy:

SECCCA strongly supports the inclusion of communities experiencing vulnerability, acknowledging that impacts of climate change are current and long-lasting, even if mitigation is achieved by 2030 is achieved.
Areas for improvement:
- Adaptation priorities must be underpinned by recent scientific research and evidence-base. Also leveraging off previous work. SECCCA's Enhancing Community Resilience Project is currently assessing the vulnerability of the SECCCA region's community to climate change. Working with SECCCA council members and climate science experts, the project will identify and visualise the community services, demographics, locations, and communities that are exposed to the impacts of climate change. SECCCA is open to discuss how project findings can inform the development of this Strategy.
- It is crucial that the Strategy seeks to address harms to vulnerable communities that are associated with incremental climate change, including heatwaves and sea level rise.
- Adaptation will only be effective if the wider community understands the risks to health from climate change and are empowered to take appropriate action to increase their preparedness and resilience. The Strategy should detail how the Department of Health and Aged Care will support key stakeholders, such as local government, to communicate climate health risks and adaptation opportunities and benefits to community. Including a strategy on engaging culturally and linguistically diverse communities.
- The Strategy should prioritise those adaptation options that also achieves climate mitigation.
- Adaptation should include focus on thriving ecosystems.
- The Strategy should recognise that health and aged care facilities can be damaged during extreme weather events and goals and targets must be developed to prepare them for future climate impacts.
- The overall burden of disease should be recognised and include goals and targets as part of resilience planning.
- Mental impacts, such as climate anxiety, access to services during extreme weather events, access to open and safe spaces, must be explicitly outlined.
- The Strategy must address the cost of inaction, which is a critical aspect of resilience. The Strategy must focus on planning for building resilient communities, instead of prioritising emergency response. SECCCA recommends the Strategy reflect the cost effectiveness of investment in preparedness vs. response.

16 What immediate, high-priority actions are required in the next 12 to 24 months to enable the health system to respond to the impacts of climate change on health and wellbeing, and reduce the severity of these impacts?

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High-priority actions required to enable the health system to respond to the impacts of climate change on health and reduce the severity of these impacts.:

The Strategy should support:
- Adoption of a Health in All Policies approach. Actions to reduce the health risks from climate change requires working across all sectors and all levels of government. Department of Health and Aged Care must lead the climate response and be a key agency in the national response to the climate crisis with a strong direction towards reducing current risks to population health from climate change, and to maximise the health co-benefits from adaptation and mitigation actions.
- Leveraging existing local government policies and efforts in increasing community resilience.
- Resourcing local government to continue building community resilience as well as supporting community during a climate emergency.
- Resourcing the health promotion/prevention workforce to respond to escalating inequity and morbidity to reduce burden on primary healthcare systems.
- Preparedness for health impacts from extreme weather events. Particular focus on vulnerable communities and adaptation options.
- Resourcing emergency services with scientific data on who are the most vulnerable communities to the impacts of climate change and their adaptation options.
- Education and capacity building with local government sectors, health workforce, emergency services, community and health organisations and disaster preparedness agencies and services.
- Full consideration given to costs of climate inaction on human health and wellbeing. Including evaluation of the economic costs of climate change under current emissions reduction scenarios along with modelling the economic savings associated with the health benefits of emissions reductions across a range of sectors.

Health in All Policies

17 What actions are needed outside the health system to reduce or avoid the negative impacts of climate change on health and wellbeing?

Actions required outside the health system to reduce or avoid the negative impacts of climate change on health and wellbeing.:

As above.

Enablers

18 In your view, are these the right enablers to inform the objectives of the Strategy? If not, please detail how they could be improved or amended.

No, please detail below.

If no, please provide details on how the enablers could be improved or amended.:
See response to Q19.

19 For each of the above enablers please detail what is working well and how the Strategy could support delivery?

Please detail for each of the enabler what is working well and how the Strategy could support delivery. :

- Workforce, Leadership and Training: adequate support will need to reach beyond training and provide detail about change theory and process. Contingencies are required where workforce staff and/or facilities are not available during an extreme weather event. There is also a lack of support for workforce capacity building and training in climate and health beyond the health workforce. There is a need for a national cross discipline professional development program on climate change and health. It needs to encourage or support collaboration and affordable.
- Research : requires more detail. Why is the scan of current research needed and what type of research will it encompass? In addition, there is a high priority need for more accurate and timely data gathering and monitoring on climate related health & wellbeing outcomes. Requires collaboration with key stakeholders such as local government, to understand climate risk to specific communities.
- Communication and Engagement: local government are key stakeholders who require further resourcing and support to help achieve public awareness of the health impacts of climate change to empower individuals and communities to take actions to reduce emissions and build climate resilience.
- Collaboration: due to the interdisciplinary nature of climate and health, it should be a priority of the Department of Health and Aged Car to address barriers and foster enablers for mechanisms for collaboration between all sectors. Climate and health objectives are the responsibility of disciplines beyond the health sector, thus Department must lead a Health in All Policies approach across sectors.
- Monitoring and reporting: Long-term monitoring and updating of climate and health data with robust indicators is vital. This will help local government and others to understand climate change risk, identify specific vulnerabilities and highlight and action region-specific mitigation and adaptation opportunities.

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Response ID ANON-Z8H4-8VTD-M

Submitted to National Health and Climate Strategy - Consultation
Submitted on 2023-07-24 15:25:45

Introduction

1 What is your name?

Name:
[redacted]

2 What is your email address?

Email:
[redacted]

3 What is your organisation?

Organisation:
Beyond Zero Emissions

4 Do you identify as Aboriginal and/or Torres Strait Islander?

[redacted]

5 Have you read and agreed to the privacy statement?

Have you read and agreed to the privacy statement?:
Yes

Broad Strategy Questions

6 Do these objectives (below) support the vision of the Strategy?

Yes

If no, please provide detail how these objectives could be improved:

7 Do these principles (below) inform the objectives of the Strategy?

Yes

If no, please provide detail how these principles could be improved:

First Nations Focused

8 What existing First Nations policies, initiatives, expertise, knowledge and practices should the Strategy align with or draw upon?

Please outline the existing First Nations policies, initiatives, expertise, knowledge and practices that the Strategy should align with. :

First Nations Clean Energy Network guidelines have recently launched, these were designed by Australian National University with community. BZE is a proponent of using this strong framework to guide meaningful, considered engagement with First Nations communities. New guidelines relating to Aboriginal and Torres Strait Islander Best Practice Principles for Clean Energy Projects and a Clean Energy Negotiations Guide for First Nations will soon be released.
https://www.firstnationscleanenergy.org.au/

9 What types of governance forums should be utilised to facilitate co-design of the Strategy with First Nations people, to ensure First Nations voices, decision-making and leadership are embedded in the Strategy?

Please outline the governance forums that should be utilised to facilitate co-design of the Strategy with First Nations people:

We defer to the expertise of others on this topic.

Measurement and Reduction of Greenhouse Gases

10 Is your organisation involved in any existing or planned initiatives to measure and report on health system emissions and/or energy use in Australia?

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Your organisation's existing or planned initiatives to measure and report health system emissions and/or energy use in Australia.:

Beyond Zero Emissions research covers all sectors of the economy but does not report the emissions from the health sector from others.

11 What additional data and information is required to support targeted emissions reduction efforts within health and aged care?

Additional data and information required to support targeted emissions reduction efforts within health and aged care.:

To support targeted emissions reduction efforts within health and aged care we need clear information on the assets within these systems that need to be managed and maintained, so that supply chain interdependencies and vulnerabilities for maintenance and development can be developed.

As the world decarbonises, the shift to renewable energy and vast build-out of electric technologies and equipment will put huge pressures on critical minerals extraction and recycling, building materials availability, zero-emissions transport and our labour force. Decisions about emissions reduction efforts need to be made in the context of a rapidly changing economy and environment to make sure that the most efficient (time, materials and labour) solutions are prioritised.

Private Providers

12 What can be done to involve private providers within the health system in the Strategy's emissions reduction efforts?

Involvement of private providers in the Strategy's emissions reduction efforts. :

We defer to the expertise of others on this topic.

Mitigation

13 Please rank the below six sources of emissions in highest priority for action, 1 is the highest priority, 6 is the lowest priority.

Ranking of emissions priorities - Built environment and facilities (including energy and water):
3

Ranking of emissions priorities - Travel and transport:
4

Ranking of emissions priorities - Supply chain:
1

Ranking of emissions priorities - Medicines and gases:
6

Ranking of emissions priorities - Waste:
5

Ranking of emissions priorities - Prevention and optimising models of care:
2

14 Which specific actions should be considered to reduce greenhouse gas emissions from the health system?

Specific actions to reduce greenhouse gas emissions from the health system.:

Energy efficiency is the fastest way to reduce operational emissions from health facilities. Effective building management systems, good data sharing between facilities, and a focus on using less energy, water and materials will all reduce emissions.
The easiest action to implement to take is to change over all gas boilers to heat pumps in buildings. Our research shows that this is the most efficient use of energy, and lowest emissions when powered by renewables. There is relatively small impact to facility operations from this change-over, although the impact on grid demand will need to be coordinated with the electricity network.
Health services vehicles can also be moved to all-electric relatively easily. Many vehicle models already exist and supply of these vehicles into the Australian market will be increased when large fleets, like public/private health services, are committed to all-electric within an ambitious timeframe.

Adaptation

15 What health impacts, risks and vulnerabilities should be prioritised for adaptation action through the Strategy?

Health impacts, risks and vulnerabilities that should be prioritised for adaptation action through the Strategy:

We defer to the expertise of others on this topic.

16 What immediate, high-priority actions are required in the next 12 to 24 months to enable the health system to respond to the impacts of climate change on health and wellbeing, and reduce the severity of these impacts?

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High-priority actions required to enable the health system to respond to the impacts of climate change on health and reduce the severity of these impacts.:

We defer to the expertise of others on this topic.

Health in All Policies

17 What actions are needed outside the health system to reduce or avoid the negative impacts of climate change on health and wellbeing?

Actions required outside the health system to reduce or avoid the negative impacts of climate change on health and wellbeing.:

Outside of the health system, our energy, transport, buildings, land use and industrial sectors need to eliminate the use of fossil fuels as quickly as possible. This transition is underway, but action in all sectors is moving far too slowly to meet critical emissions targets set by the IPCC.
Beyond Zero Emissions has published decarbonisation plans for all sectors of the economy since 2010 and shown that the technology already exists - we need to now focus on manufacturing and deploying it at scale, and in consultation with vulnerable communities most affected by the transition. Refer to our research at www.bze.org.au/research
A National Health and Climate Strategy will play a critical role in elevating the importance of a healthy, 'zero-emissions' environment to delivering good public health outcomes.

Enablers

18 In your view, are these the right enablers to inform the objectives of the Strategy? If not, please detail how they could be improved or amended.

Yes

If no, please provide details on how the enablers could be improved or amended.:

19 For each of the above enablers please detail what is working well and how the Strategy could support delivery?

Please detail for each of the enabler what is working well and how the Strategy could support delivery. :

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Response ID ANON-Z8H4-8VHH-C

Submitted to National Health and Climate Strategy - Consultation
Submitted on 2023-07-24 16:35:42

Introduction

1 What is your name?

Name:
[redacted]

2 What is your email address?

Email:
[redacted]

3 What is your organisation?

Organisation:
Australian Private Hospitals Association

4 Do you identify as Aboriginal and/or Torres Strait Islander?

[redacted]

5 Have you read and agreed to the privacy statement?

Have you read and agreed to the privacy statement?:
Yes

Broad Strategy Questions

6 Do these objectives (below) support the vision of the Strategy?

Not Answered

If no, please provide detail how these objectives could be improved:

7 Do these principles (below) inform the objectives of the Strategy?

Not Answered

If no, please provide detail how these principles could be improved:

APHA welcomes inclusion of the principle "Partnership-based working across all levels of government and beyond". In a sector such as health where services rely heavily on partnerships between many organizations and individuals. In the private sector there are a relatively small number of organisations with sufficient scale to address these issues alone. The sector as a whole would benefit greatly by being able to come together around nationally standardized agreements on key issues such as definition and measurement.

First Nations Focused

8 What existing First Nations policies, initiatives, expertise, knowledge and practices should the Strategy align with or draw upon?

Please outline the existing First Nations policies, initiatives, expertise, knowledge and practices that the Strategy should align with. :

9 What types of governance forums should be utilised to facilitate co-design of the Strategy with First Nations people, to ensure First Nations voices, decision-making and leadership are embedded in the Strategy?

Please outline the governance forums that should be utilised to facilitate co-design of the Strategy with First Nations people:

Measurement and Reduction of Greenhouse Gases

10 Is your organisation involved in any existing or planned initiatives to measure and report on health system emissions and/or energy use in Australia?

Your organisation's existing or planned initiatives to measure and report health system emissions and/or energy use in Australia.:

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A number of private hospital operators have commenced their own initiatives to measure and report on their emissions and/or energy use in Australia. The high cost of energy has been a significant driver of increased interest in this issue as well as growing interest in this area as an element of good governance and corporate responsibility.

11 What additional data and information is required to support targeted emissions reduction efforts within health and aged care?

Additional data and information required to support targeted emissions reduction efforts within health and aged care.:

Private operators are interested to understand best practice approaches. One particular challenge is the capture of information across supply chains. Another is the capture of information that can inform clinicial practice.

Private Providers

12 What can be done to involve private providers within the health system in the Strategy's emissions reduction efforts?

Involvement of private providers in the Strategy's emissions reduction efforts. :

Private hospital operators are keen to learn more about these issues and to be involved in discussions with the public sector and with government. APHA would welcome the opportunity for greater engagement with government particularly in relation to issues of measurement, reporting and accountability.

The private hospital sector (which encompasses both overnight and day hospitals) is diverse. It has driven efficiencies in the delivery of care over many years but now faces severe financial pressures. The ABS reported that in FY 2021-22, only 30.1% of businesses in the private hospital sector reported a break-even or better result; down from 88.9% in FY 2019-20 and 93% in FY 2020-21. For the sector as a whole, the profit margin as a whole was only 1% in 2021-22, compared with a high of 9.6% in 2017-18. These results partly reflect some of the long run economic impact of the COVID-19 pandemic, there are also factors that predate the pandemic and leave the sector in a weak position to take on new challenges. These economic pressures are so pervasive that they will need to be taken into account. APHA is keen to explore with government, how the economic benefits of emissions reduction can be identified and how progress might be leveraged through partnerships between public and private sectors. It may also be necessary to consider some form of financial support, particularly in the near term so that timely investment can be made towards the achievement of emissions reductions.

Mitigation

13 Please rank the below six sources of emissions in highest priority for action, 1 is the highest priority, 6 is the lowest priority.

Ranking of emissions priorities - Built environment and facilities (including energy and water):

Ranking of emissions priorities - Travel and transport:

Ranking of emissions priorities - Supply chain:

Ranking of emissions priorities - Medicines and gases:

Ranking of emissions priorities - Waste:

Ranking of emissions priorities - Prevention and optimising models of care:

14 Which specific actions should be considered to reduce greenhouse gas emissions from the health system?

Specific actions to reduce greenhouse gas emissions from the health system.:

APHA is not in a position to comment on which actions should be prioritised or which actions would be the most effective.

APHA would like to emphasis that some of these priorities would particularly benefit from coorperation and national coordination in order to identify and harness:

1) the diversity of perspectives and expertise from across the sector
2) intersections with areas of government regulation, for example private hospitals are already required to meet regulations at both State and Federal level some of which intersect either directly or indirectly with issues raised in this strategy. To the extent that regulatory measures are invoked to progress the strategy, these need to be carefully aligned so that regulatory burden is not increased. Where possible regulatory consistency should be increased across jurisdictions and regulatory frameworks and duplication of processes and accountabilities should be minimised.
3) interdependencies need to be carefully understood particularly in relation to supply chain and waste management.
4) prevention and optimization of models of care is a complex area in which APHA would welcome greater engagement. Too often discussion of these issues is siloed along regulatory and funding responsibilities with the result that innovation and constructive problem solving is stifled. The private hospital sector is currently prevented in a number of areas from pivoting towards models of care that would have a lower carbon footprint. Examples include barriers to the adoption of virtual health technologies and expansion of acute care services services in the home and other ambulatory settings. Some of these restrictions pose direct barriers to the adoption of practices which have proven their effectiveness in the public sector. For too long health policy has suffered from attempt to solve problems in one area which have only resulted in other problems emerging elsewhere. Resource constraints and pressures are present across the sector. Consequently a 'cross-silo' discussion is more important than ever.

Adaptation

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15 What health impacts, risks and vulnerabilities should be prioritised for adaptation action through the Strategy?

Health impacts, risks and vulnerabilities that should be prioritised for adaptation action through the Strategy:

16 What immediate, high-priority actions are required in the next 12 to 24 months to enable the health system to respond to the impacts of climate change on health and wellbeing, and reduce the severity of these impacts?

High-priority actions required to enable the health system to respond to the impacts of climate change on health and reduce the severity of these impacts.:

Health in All Policies

17 What actions are needed outside the health system to reduce or avoid the negative impacts of climate change on health and wellbeing?

Actions required outside the health system to reduce or avoid the negative impacts of climate change on health and wellbeing.:

Enablers

18 In your view, are these the right enablers to inform the objectives of the Strategy? If not, please detail how they could be improved or amended.

Not Answered

If no, please provide details on how the enablers could be improved or amended.:

19 For each of the above enablers please detail what is working well and how the Strategy could support delivery?

Please detail for each of the enabler what is working well and how the Strategy could support delivery. :

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Response ID ANON-Z8H4-8VHX-V

Submitted to National Health and Climate Strategy - Consultation
Submitted on 2023-07-24 16:48:35

Introduction

1 What is your name?

Name:
[redacted]

2 What is your email address?

Email:
[redacted]

3 What is your organisation?

Organisation:
Private Healthcare Australia

4 Do you identify as Aboriginal and/or Torres Strait Islander?

[redacted]

5 Have you read and agreed to the privacy statement?

Have you read and agreed to the privacy statement?:
Yes

Broad Strategy Questions

6 Do these objectives (below) support the vision of the Strategy?

Yes

If no, please provide detail how these objectives could be improved:

About Private Healthcare Australia

Private Healthcare Australia (PHA) is the Australian private health insurance industry's peak representative body. We have 24 registered health funds throughout Australia as members and collectively represent 98% of people covered by private health insurance. PHA member funds provide healthcare benefits for over 14 million Australians.

Introduction
PHA welcomes the Australian Government's commitment to a National Health and Climate Strategy.
The health risks of climate change are both obvious and uncertain. It is clear that a warmer climate will adversely affect health, but it is unclear whether obesity, transmissible disease, respiratory diseases, changes to food and water supply, mental health or stress will cause the greatest issues.

Health funds have a limited role in delivering health care, but a primary role in funding care for millions of Australians. Uncertainty is an enemy to insurance, and thus to premiums. Climate change is going to affect health funders, both through an increased need for health care and the uncertainty that climate change brings.

Health funds have been leaders in businesses' response to climate change. Many health funds are publicly committed to net zero emissions, or are on the pathway to do so. Many funds have already achieved carbon neutrality for their own operations. Several have responsible investment strategies to take into account environmental, social and governance factors such as climate change, such as not investing in fossil fuel extraction industries.

However, current regulations prohibit health funds from using their members' purchasing power to influence environmentally friendly health care from providers. Australia's regulatory framework prioritises hospital-based care over home-based care, and the high prices paid for medical devices favours devices over medicines, and encourages the import of devices rather than domestic production.
In addition to the leadership from health funds, Australia's private health sector has many providers taking climate change action, including Australia's largest hospital provider, Ramsay, making the commitment to net zero emissions. Many Catholic Health Australia members have already made net zero emissions pledges with more to follow. (Australia's other major hospital provider, Healthscope, owned by Brookfield, has not made a net zero commitment.) The Australian Medical Association has declared climate change a health emergency. Learned Colleges, including the Royal Australasian College of Surgeons, have signed up to initiatives such as the green College guidelines.

Our response to the consultation paper, below, will highlight areas where PHA has particular input, and not include nil responses. For example, PHA will defer to scientific experts on issues such as types of greenhouse gas emissions and the built environment.

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PHA supports the four objectives of the Strategy (question 1).

7 Do these principles (below) inform the objectives of the Strategy?

Yes

If no, please provide detail how these principles could be improved:

The principles are sound. However, they lack accountability. PHA recommends that a principle be added that highlights that all players in the health system, including (but not limited to) providers, suppliers, consumers, funders and researchers are responsible for influencing practice where they can (question 2). For example, several funds have a responsible investment strategy (see example in box).

Responsible investment
HCF's Responsible Investment Policy, takes into account environmental, social and governance factors such as climate change. Within the international equities portfolio, there are a range of threshold exclusions as part of the investment mandate which include for example businesses engaged in Thermal Coal Extraction, Oil Sands Extraction and Oil & Gas Exploration & Production. In 2022, HCF invested $30 million in an impact bond strategy. The proceeds of the strategy are not only used to help mitigate and adapt to the impact of climate change but also to create a positive social and sustainable impact. View HCF's Responsible Investment Policy.

First Nations Focused

8 What existing First Nations policies, initiatives, expertise, knowledge and practices should the Strategy align with or draw upon?

Please outline the existing First Nations policies, initiatives, expertise, knowledge and practices that the Strategy should align with. :

PHA supports the need for First Nations voices in health and climate policy (questions 4, 5). Many health funds have Reconciliation Action Plans to guide their internal processes (see example in box on following page).

nib Reconciliation Action Plan
Health funds are committed to working with First Nations peoples. For example, nib's commitment to reconciliation is reflected and embedded in their broader approach to business, including sustainability; diversity, equity and inclusion; and community investment
Artwork: 'the beginning' by Michelle Kerrin, a proud Arrernte and Luritja woman and artist of nib's Innovate RAP

9 What types of governance forums should be utilised to facilitate co-design of the Strategy with First Nations people, to ensure First Nations voices, decision-making and leadership are embedded in the Strategy?

Please outline the governance forums that should be utilised to facilitate co-design of the Strategy with First Nations people:

See attached submission paper for further details

Measurement and Reduction of Greenhouse Gases

10 Is your organisation involved in any existing or planned initiatives to measure and report on health system emissions and/or energy use in Australia?

Your organisation's existing or planned initiatives to measure and report health system emissions and/or energy use in Australia.:

Several funds already measure their output and have taken measures to reduce emissions. Work has been ongoing for many years across the industry; for example, HIF became Australia's first carbon neutral health fund as certified by the Carbon Reduction Institute back in 2008 and has been recertified every year since.

11 What additional data and information is required to support targeted emissions reduction efforts within health and aged care?

Additional data and information required to support targeted emissions reduction efforts within health and aged care.:

See attached submission paper for further details

Private Providers

12 What can be done to involve private providers within the health system in the Strategy's emissions reduction efforts?

Involvement of private providers in the Strategy's emissions reduction efforts. :

See attached submission paper for further details

Mitigation

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13 Please rank the below six sources of emissions in highest priority for action, 1 is the highest priority, 6 is the lowest priority.

Ranking of emissions priorities - Built environment and facilities (including energy and water):

Ranking of emissions priorities - Travel and transport:

Ranking of emissions priorities - Supply chain:

Ranking of emissions priorities - Medicines and gases:

Ranking of emissions priorities - Waste:

Ranking of emissions priorities - Prevention and optimising models of care:

14 Which specific actions should be considered to reduce greenhouse gas emissions from the health system?

Specific actions to reduce greenhouse gas emissions from the health system.:

PHA supports the six areas of focus for the Australian health system to reduce emissions (question 8). However, we recommend an additional area of focus, to fit between waste and optimising models of care:
• Built environment
• Travel and transport
• Supply chain
• Medicines and gases
• Waste,
• Low value care, and
• Prevention and optimising models of care
Health funds are acting on the build environment for their own operations. For example, HCF has transitioned to 100% renewable energy for HCF occupied floors at offices located in Sydney CBD, St Leonards and Parramatta, as well as dental, eyecare and retail locations; and Bupa uses 100% Renewable electricity in directly controlled sites in Australia saving approximately 25,000 tonnes of CO_2 from the atmosphere each year.

PHA supports better measurement to support health funds' demonstrated commitment to improved design, construction and operation (question 9). The supply chain issues identified in the report (questions 11, 15) highlight the need to improve procurement practices. For medical devices, Australian Government's regulation reinforces poor environmental practices. The Prescribed List of Medical Devices and Human Tissue Products (the PL) concentrates supply to incumbent international manufacturers, who have sought to further control the supply chain through a range of measures, including a large network of salespeople and providing incentives to hospitals and health practitioners. The lack of competitive neutrality in regulation between medical devices and pharmaceuticals also results in Australia tending towards a higher rate of medical device use rather than pharmaceutical intervention, at a greater cost to the environment.

The recent Mandala report Australia's Surgical Surcharge: How Australians are paying too much for medical devices through the Prescribed List of Medical Devices, highlights the concentration of international supply and proposes changes to encourage more local manufacturing.

Furthermore, the fee-per-item structure of the PL, together with the inflated benefits health funds are required to pay, creates a strong incentive for wasteful use, which is fuelled by sales-based commissions common in the medical device sector. The practice of upselling additional products into surgical cases, like glues, haemostatic substances and tissue substitutes is widespread. When the excess is inevitably discarded it is highly toxic to the environment, even when protocols for the disposal of medical waste are followed. The packaging for these items is mostly single-use plastics which are all discarded. We have long campaigned for a major overhaul of this system to remove the perverse incentives leading directly to wasteful overconsumption of surgical implants and supplies.

We understand significant work is taking place in the anaesthetics and pain clinical community to reduce the usage of anaesthetic gases which cause harmful emissions. PHA supports these initiatives, even if the alternatives are more costly.

We do, however, believe the most effective mechanism to address this is to remove low value care from the health system as much as possible. This means having a clear process in place to identify and disinvest in health interventions which are ineffective, which is independent from powerful vested interests.

PHA recommends adding low value care as a priority area (question 8). Reducing or eliminating low value care is likely to be the single most effective method of reducing carbon emissions in our health system. Low value care is any intervention where the costs of providing the service are higher than the benefits. Australia's health system is prone to low value care, as the direct financial costs of care are not borne by the patient directly nor the provider. The Australian Government, through Medicare, and individuals, through private health funds, provide the vast bulk of private health funding. While low value care is mentioned briefly as part of prevention and optimising models of care, a specific focus on low value care would provide a strong return on investment for the environment. Braithwaite et al (2020) notes, "While change is everywhere, performance has flatlined: 60% of care on average is in line with evidence- or consensus-based guidelines, 30% is some form of waste or of low value, and 10% is harm." Reducing low value care has the potential to reduce emissions significantly. Some areas of identified low value care have a disproportionate impact on the environment. For example, imaging for lower back pain, is identified as being poor value care and having a significant impact on the environment.

PHA supports a focus on prevention and reducing hospitalisation as a pathway to fewer harmful emissions (questions 14, 15). PHA has recently highlighted that over 10% of hospitalisations in Australia could be moved to lower burdensome options such as out of hospital care or reduced length of stay, with no decrease in quality or outcomes, and in many cases, improved outcomes. Our report, There's no place like home – reforming out-of-hospital care highlights key areas where the private sector can improve models of care. Reducing the burden of treatment for consumers will also reduce the

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burden on the environment.

As noted previously, many in the private sector, including health funds, many private hospital groups and other providers have made substantial commitments to reduce emissions (question 15). Other organisations have not. Transparency is key, and PHA will encourage all of our member funds to consider highlighting to customer organisations that have (or have not) made commitments. Some level of public reporting by government may also be considered, as funds, hospitals and other providers are subject to regulation by the Australian Government.

Adaptation

15 What health impacts, risks and vulnerabilities should be prioritised for adaptation action through the Strategy?

Health impacts, risks and vulnerabilities that should be prioritised for adaptation action through the Strategy:

Objective 3: adaptation
PHA notes the selection of negative health outcomes related to climate change outlined in the consultation paper. These and other risks are of significant concern to health funds, both for the health of their customers and the impact on their businesses supporting fund members.

Some funds have already worked to quantify the anticipated impact (see the Medibank example in the box). Developing simple, cost-effective tools to assist all businesses to assess their vulnerability would be welcomed (question 20).

The volatile nature of climate change makes it hard to predict the priority areas. All health services will need to be ready to adapt quickly, particularly with a projected increase in natural disasters. Health funds are well practised at helping members with emergency assistance, including natural disasters. Recent examples include support for people affected by floods, fires and pandemics. Funds have provided practical assistance, financial assistance and charitable support for those affected. For example, nib has supported communities affected by flooding (see “responding to disasters” in the nib Community Report). Many funds have provided premium relief and other assistance to their customers (question 21).

Medibank Climate Scenario Analysis
From the Medibank Sustainability Report
In 2021, we worked with independent specialists to undertake our first climate scenario analysis against two scenarios: a 2°C scenario aligned to the Paris Agreement (RCP 2.6) and a high emissions future (RCP 8.5) to align with the recommendations of the Climate Measurements Standards Initiative (CMSI). We reviewed more than 50 pieces of external research relating to the health impacts of climate change to identify the key health issues relevant in Australia and to our business. We then explored climate-related risks and opportunities aligned to our current operations as well as future strategic planning. To better understand our exposure to chronic and acute physical risks, we analysed historical data during periods of bushfire and heatwaves, reviewing our claims data and telehealth call volume information. We examined this by state and territory and overlaid regional climate projections. This enabled us to forecast a projected financial impact of $6.3 million by 2050 for the low emissions scenario (RCP 2.6) and $15.5 million for the high emissions scenario (RCP 8.5). The analysis found we have a number of climate resilience measures already in place, such as business continuity through flexible and remote working. Potential transition risks identified include increased regulation, emerging disclosure requirements and increased external pressure to transition to a zero carbon investment portfolio.

16 What immediate, high-priority actions are required in the next 12 to 24 months to enable the health system to respond to the impacts of climate change on health and wellbeing, and reduce the severity of these impacts?

High-priority actions required to enable the health system to respond to the impacts of climate change on health and reduce the severity of these impacts.:

The ‘quick wins’ for emissions reduction strategies in health (question 17) will occur where policy levers, such as improving medical device pricing and access and promoting out of hospital care, consider environmental factors rather than focusing on funding reform options. As highlighted in the principles, all actors need to consider the environment with each decision. This includes policy decisions from government.

Health in All Policies

17 What actions are needed outside the health system to reduce or avoid the negative impacts of climate change on health and wellbeing?

Actions required outside the health system to reduce or avoid the negative impacts of climate change on health and wellbeing.:

PHA supports an approach of health in all policies. As articulated in the consultation paper, health is affected by a range of policy levers, including housing, shelter and safety; inclusion, respect and connection; wealth and access to services; and several other influences and determinants.

A good place to start would be to ask all policy areas within the Department of Health and Aged Care to consider the environmental impact of their policies and regulatory decisions (question 22). Current government private health policy favours in-hospital treatment; supports the import of medical devices; and subsidises and encourages low value care. Assessing the environmental costs of these policies is likely to tip the balance towards removing these harmful regulatory practices.

Enablers

18 In your view, are these the right enablers to inform the objectives of the Strategy? If not, please detail how they could be improved or amended.

No, please detail below.

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If no, please provide details on how the enablers could be improved or amended.:
The consultation paper identifies a range of enablers for greater action on climate change within the health system. The consultation paper clearly identifies the issues and has a strong focus on action. However, it is less clear on responsibility and accountability. This may result in significant goodwill and strong policy parameters failing to be implemented. PHA recommends that the strategy add two enablers. The first is accountability, where specific actors are identified as having accountability for actions (question 24). This could include greater levels of transparency and reporting requirements, or specific incentives and penalties for performance. PHA also recommends implementation be identified as an enabler. A strong policy implementation approach is needed to reduce the impact of health care on our environment (question 24).

19 For each of the above enablers please detail what is working well and how the Strategy could support delivery?

Please detail for each of the enabler what is working well and how the Strategy could support delivery. :

Conclusion
PHA commends the Australian Government for their improved focus on environmental issues. Climate change will significantly affect our planet, our country and the lands, waters and skies with which we live.

The proposed National Health and Climate Strategy is an important step towards all Australians understanding and taking responsibility for the actions we take, and those we do not, to reduce emissions.

We look forward to working with the Australian Government, our member health funds, their 14 million customers, and others across the health system to improve our environment.

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