



# NATIONAL HEALTH AND CLIMATE STRATEGY

## Detailed submission form

### Questions for feedback from the Consultation Paper

#### Introduction

1. How could these objectives be improved to better support the vision of the Strategy?
<p>COTA NSW broadly supports the proposed objectives of the Strategy. It is suggested that measurement of success should be applied across both mitigation and adaptation aspects of the strategy. It is assumed that the reporting and measurement of proposed mitigation actions and outputs would be based on existing best practice scientific and quantifiable methodologies. The impacts of climate change are occurring now, with Australia experiencing a range of extreme weather events. The impetus to implement adaptation measures as a matter of urgency has become apparent. The measurement of aspects of adaptation such as community and individual resilience is challenging but should not be avoided as it will be critical component of how health and the general population will meet the significant climate change challenges in the coming years.</p>
2. How could these principles be improved to better inform the objectives of the Strategy?
<p>COTA NSW broadly supports the proposed principles of the Strategy. We would contend that principle number 6 be amended to explicitly include reference to citizen engagement as a core principle in developing actions related to the strategy. It specifies working closely with community, but we do not feel that this a clear commitment. We support principle number 9 within the <i>Climate and Health Alliance</i> framework that lists citizen engagement and consultation with communities as a critical pillar of the new Strategy.</p>
3. Which of the various types of greenhouse gas emissions discussed above should be in scope of the Strategy's emission reduction efforts?
<p>In order to achieve a significant national reduction in emissions, a reduction in all 3 scope emission categories is necessary. Health is a significant industry in Australia, that will be an important contributor to our national mitigation efforts when emission reductions are made. The measurement and reduction of these different categories are not without challenges, but if we are to meet our targets and prevent dramatic planetary warming; then all avenues must be utilised.</p>
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?
<p>COTA NSW defers to the knowledge and expertise of Aboriginal and Torres Strait Islander organisations and representatives to comment on this question.</p>

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?

A response to this may depend on the result of the upcoming referendum. A Voice to Parliament would provide the framework to support the establishment of governance and consultative bodies that would enable First Nations peoples to have a say in matters relating to health and climate in their communities.

If, however, the referendum is not successful the exploration of a similar federal legislated body may be necessary and corresponding state advisory groups established.

Additionally, the importance of local consultation with community cannot be overstated. Local Health Districts must commit to effective engagement with local Aboriginal and Torres Strait Islander communities, allowing them to have inputs into the development of policies, projects and procedures that impact them and their country.

### 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?

No

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

N/A

## Proposed Objective 2: Mitigation

8. What do you think of these proposed focus areas for emissions reduction? Should anything else be included?
The current suggested focus areas encompass the areas of emission reduction that Health systems have direct or in-direct control or influence on.
9. Which specific action areas should be considered relating to the <b>built environment and facilities (including energy and water)</b> , over and above any existing policies or initiatives in this area?
Apart from those measures specified within the consultation paper, the importance of addressing resilience in the functioning of health services in the case of a natural disaster should be explicitly addressed. The use of alternative energy sources onsite with battery storage should be incorporated into the Strategy. This will address the reduction of greenhouse gas emissions and build some vital resilience in the case of future power outages.
10. Which specific action areas should be considered relating to <b>travel and transport</b> , over and above any existing policies or initiatives in this area?
<p>As outlined within the consultation paper, specific targets from the replacement of petrol and diesel vehicles owned by Government within the health sector should be included within the strategy and subsequent action plans. This could be extended, through the introduction of schemes that would provide financial incentives for staff to lease electric vehicles as part of a salary package.</p> <p>It is also critical that facilities such as hospitals and other health centres are serviced by regular and reliable public transport options. In some locations, no public transport is situated near the facility, forcing patients and visitors to use private transport options.</p>
11. Which specific action areas should be considered relating to <b>supply chain</b> , over and above any existing policies or initiatives in this area?
N/A
12. Which specific action areas should be considered relating to <b>medicines and gases</b> , over and above any existing policies or initiatives in this area?
N/A
13. Which specific action areas should be considered relating to <b>waste</b> , over and above any existing policies or initiatives in this area?

N/A

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?

The release of the inaugural Australian Government wellbeing framework is an important first step in measuring a range of economic, social and environmental outcomes that all public policy should be measured by. Within these initial indicators is the measurement for the prevalence of chronic health conditions, with an upward trend indicated across the Australian population. We know that many chronic health conditions can be mitigated or prevented by a range of lifestyle decisions and access to early health care support. However, the percentage of health funding that is provided to preventative health care policies is extremely low. There needs to be a significant investment by Governments in both primary and secondary prevention strategies. This would produce a range of individual, societal and economic benefits – leading to a healthier society and reduced demand for the utilisation of the health system.

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

A possible action to involve private providers within the health system to reduce their emissions is through modification of contracts to include mandatory reporting requirements on a range of mitigation methods. These measures should be negotiated with providers, with achievable implementation dates incorporated into new provider contracts.

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?

COTA NSW is a consumer policy and advocacy peak and as such is not an expert in the field of emissions reduction. We would however, prioritise action in relation to the built environment and facilities – to build resilience into individual buildings, lessen reliance on the grid and reduce emissions. From a holistic perspective, the reduction in demand for health services by investing significantly in preventative health care and education would create broader societal benefits through a healthier community that is essential to ensure that the standard that we expect within our health care system can be maintained.

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

We would suggest the installation of renewable energy generation on the grounds health facilities with adequate battery storage would provide measurable reductions in emissions and improve resilience of the buildings against possible energy disruptions.

### 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?

Australia is highly vulnerable to the impacts of climate change. We will see an increase range of significant natural disasters, such as bushfires, cyclones, and flooding but there will also be the insidious creep of heatwaves, spread water and vector borne diseases. Drought will result in food insecurity, mental health, and the longevity of regional and rural Australia.

It is difficult to prioritise a particular impact or risk, as all these negative outcomes of climate change will impact a large proportion of the Australian population – particularly the most vulnerable. As mentioned within the discussion paper, older people are particularly vulnerable to all these climate related events. As these impacts increase, there will be a greater reliance on the health system to provide health care and support to this group.

All Governments (inc. Local) must work with the community to identify risks and commence planning and implementing pre-emptive measures to protect the health and wellbeing of residents across the country. This will involve identifying local resources and human capital, communities of risk and commence building connections and resilience. This extends beyond the responsibility of a Health and Climate Strategy to a more holistic approach that encompasses science, infrastructure, community cohesion and health.

A number of state jurisdictions are developing or have developed a range of metrics to measure adaptation. It would be prudent that a common set of measures be agreed to across state and territory jurisdictions to ensure confidence in the methodologies and the resultant indicators across.

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?

COTA NSW supports the development of a National Health Vulnerability and Adaptation Assessment and National Health Adaptation Plan. Any methodology should align with the United Nations Climate Change Adaptation Framework. Within Australia, the Victorian State Government has comprehensive adaptation plans in a number of areas, including health and community. The state plan links to regional adaptation plans that have been developed in partnership between the State and Local Governments, with community input.

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, as outlined previously.

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

The development and implementation of robust plans and procedures for preparedness, response and recovery in relation to climate-related disasters and extreme weather events should be mandated across all public health facilities.

COTA NSW also notes with concern the high probability of a strong El Niño emerging in the 2<sup>nd</sup> half of 2023. Extreme high temperatures and dangerous heat waves have occurred in the Northern Hemisphere summer. There is a high risk that Australia will experience similar levels of heat in our summer. Heatwaves can be deadly to older people and planning within the health system must commence now to manage increased presentations of older people with illness related to heat or exacerbated by it. This may mean Health working with local councils to identify cooling spaces for people without the ability or financial capacity to cool their homes. Education of the community must also be implemented before the start of summer.

## 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?

As mentioned within the Discussion paper, a Health in All Policies approach would acknowledge the need for adequate shelter, food and water security and safety and the interplay of these basic necessities on an individual's health and wellbeing and their consequence level of vulnerability to climate change events. This would necessitate the acceptance that we must address these overarching social determinants of health, before other actions can be implemented to improve resilience and adaptation of those vulnerable members of our community.

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?

As outlined previously, it cannot be overstated how critical it is to involve the community in any planning or implementation of climate or health policy or projects. It must be acknowledged that community has the connections, the knowledge and the strengths to address many of these challenges. Adequate funding for local or regionally led initiatives must be established to enable resources to be allocated and prioritised for this critical work.

## Enablers

24. How could these enablers be improved to better inform the objectives of the Strategy?  
Should any enablers be added or removed?

The proposed enablers within the Discussion paper are essential to the success of a proposed strategy and subsequent action plan. However, without an enabler that specifically relates to resourcing then it will be difficult to achieve any of the strategy to the standard that it needs to be in order to address the proposed objectives.

As mentioned previously, a Health and Climate Strategy should align and inform the Australian Governments wellbeing framework that informs economic policy and measures broader outcomes within the community, including health.

25. For each of these enablers:

a. What is currently working well?

b. What actions should the Strategy consider to support delivery?

As outlined within the Discussion paper – the establishment of governance structures (that includes partnering with local communities) and engagement will be critical to the successful implementation of the Strategy and subsequent action plans. The publishing of annual key metrics will be essential to ensure that the Strategy stays on track. Finally, a mechanism to regularly review the Strategy will be needed to ensure that it can be updated to be responsive to changing circumstances.

**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](mailto:Health.Climate.Consultation@health.gov.au).**