

# Submission to National Health and Climate Strategy

Department of Health and Aged Care

31 July 2023

## About ACOSS

The Australian Council of Social Service (ACOSS) is a national voice in support of people affected by poverty, disadvantage and inequality and the peak body for the community services and civil society sector.

ACOSS consists of a network of approximately 4000 organisations and individuals across Australia in metro, regional and remote areas.

Our vision is an end to poverty in all its forms; economies that are fair, sustainable and resilient; and communities that are just, peaceful and inclusive.

Climate change impacts and a poorly managed transition to a net zero economy disproportionately impacts people experiencing socio-economic disadvantage and/or other vulnerabilities to climate change impacts (e.g. people with disability and/or pre-existing health conditions, people in regional or remote areas, people with limited or no English, First Nations communities, etc.).

A rapid transition to net zero emissions, consistent with limiting global warming to 1.5 degrees C, is therefore critical to reducing the impact on people facing disadvantage. This will require Australia prioritising emission reductions this decade and aiming for net zero emissions by 2035.

However, to achieve benefits for everybody, the transition to net zero emissions must be fair and inclusive. Putting people with the least at the centre of policy design means we can rapidly reduce emissions, poverty, and inequality in Australia.

## Summary

ACOSS welcomes the Federal Government's development of a National Health and Climate Strategy. A national strategy is crucial to plan and coordinate actions to prevent and address the impacts of climate change on population health and wellbeing. Given the interconnections between disadvantage and the social, cultural, economic and environmental determinants of health, which are likely to be exacerbated by climate change, the Strategy could be a crucial policy lever to reduce inequality and disadvantage in ways that actively reduce health risks and promote community resilience to climate change impacts.

As the consultation paper points out, rapidly worsening climate change is creating more extreme temperatures, severe weather events and sea level rise, with serious impacts on human morbidity and mortality, as well as implications for air pollution, food and water security, and changes in infectious disease patterns that also impact on human health. People experiencing poverty and disadvantage are already being impacted first, worst and longest because they have fewer resources to cope, adapt and recover from such impacts. Their risks are heightened if actions to address climate change and its health impacts are not fair and inclusive.

The proposed Strategy presents an opportunity to address climate change and improve health and wellbeing outcomes for all, especially for those experiencing financial and social disadvantage.

The consultation paper outlines some positive proposals for the Strategy to address the current and potential risks of climate change to health. However, there are some shortfalls, as outlined in our submission and summarised below.

The Strategy does not but should articulate a vision for the health of the Australian population that sets a policy direction. We welcome the proposed principles to guide the Strategy and recommend strengthening and expanding on these.

We generally support the proposed mitigation and adaptation objectives but consider the Strategy should extend its scope beyond the health system and health sector. That is, to reflect prevention and population health approaches that recognise the social, economic, cultural and environmental determinants of health that are likely to be greatly affected by climate change. For example, improving access to quality housing with good energy performance for people on low income will lower greenhouse gas emissions, lower their energy costs (thereby reducing poverty) and improve their resilience to temperature extremes, with direct and significant impacts for health. Similarly, having reliable access to clean energy as an essential service and access to clean transport options reduce emissions, reduce poverty and have positive health outcomes. Increasing income support reduces poverty and is a resilience measure that provides people on low income with more resources to cope, adapt and respond to climate impacts. We propose measures that recognise these interactions and aim to reduce emissions and/or increase resilience to achieve positive health outcomes for all.

As climate change impacts population health outcomes and widens existing health inequities across many sectors, we strongly support the proposed 'health in all policies' framework. We recommend the Strategy articulate how this will be led, coordinated and policy alignment achieved.

We support the proposal for mitigation of greenhouse gas emissions as one of the four Strategy objectives but given the severe threat of climate change to health, recommend it aim for and support a more ambitious national emission reduction target, in keeping with climate science and our international obligations.

We support the intended engagement with First Nations communities and people on the Strategy and suggest engagement processes be elaborated.

We broadly support the enablers proposed in the consultation paper but suggest strengthening and adding to these.

Our recommendations are summarised below and elaborated in the discussion.

**Recommendation 1** - Adopt prevention and population health approaches that recognise the significant health impacts resulting from the impacts of climate change on the social, cultural, economic and environmental determinants of health and the health system, with a particular focus on healthy homes, access to clean energy as an essential service, access to clean transport options, adequate income support and food and water security. Prevention and population health approaches should aim to improve health outcomes for the entire population by reducing health risks and strengthening resilience.

**Recommendation 2:** Add an overarching vision for the Strategy, for example: "Healthy and climate-resilient people and communities are served by an accessible, resilient, zero emissions health system by 2035."

**Recommendation 3:** Have Strategy objectives better reflect desired health outcomes in dealing with climate change, that are fair, equitable and inclusive.

**Recommendation 4:** Establish Strategy principles as outlined in the consultation paper but strengthen principles 1 and 2, and add three new principles (the right to health for all within and across generations; the right to inclusive and representative health planning and policy making; and uphold First Nations peoples' collective rights to sovereignty and to self-determination).

**Recommendation 5:** Have the Strategy aim for and support a more ambitious national target to achieve net zero emissions by 2035, in keeping with climate science and Australia's international obligations to pursue limits of global warming to 1.5 degrees C, that reduces our contribution to climate change and its adverse health impacts.

**Recommendation 6:** Support First Nations-led approaches to health and climate change via their engagement and representation at all levels in decision-making that affects them (including with National Aboriginal Community Controlled Health Organisation [NACCHO], National Aboriginal and Torres Strait Islander Housing Association [NATSIHA], First Nations Clean Energy Network and others), facilitated through adequate resourcing, information and meaningful participation pathways. Substantially invest in delivering essential services to First Nations communities.

**Recommendation 7:** Support high priority prevention and population health mitigation actions over the next 12-24 months, including: improve energy performance of low-income homes; introduce fuel efficiency and emissions standards for health sector fleets; promote low emission transport options for health staff and patients; rapidly phase out all fossil fuel projects and accelerate clean energy investment; prioritise energy affordability and equity, and reduce energy hardship (including through legislated national objectives); commit to full employment and invest in strategic workforce planning (including for health workforce); and reduce poverty by increasing income support. All mitigation options should be codesigned with communities, especially those experiencing financial and social disadvantage.

**Recommendation 8:** Have the proposed National Health Vulnerability and Adaptation Assessment assess vulnerability across and within communities and be informed in an ongoing way by communities (with facilitated avenues for participation by people experiencing disadvantage), their advocates and key organisations working on climate and health (e.g. Climate and Health Alliance

and Doctors for the Environment, and peak organisations like Disability Advocacy Network Australia and NACCHO). The National Health Adaptation Plan should prioritise adaptation and resilience building for people and communities experiencing financial and social disadvantage.

**Recommendation 9:** Support high priority prevention and population health adaptation actions over the next 12-24 months, including improving: energy performance of low income homes; access to reliable clean low emissions energy; water and food security; capacity of and engagement with communities and the community sector around preparedness and response to disasters; health sector and community responses to heatwaves; health sector workforce capacity; provision of and access to health services in regional and remote areas. All adaptation options should be codesigned with communities, especially those experiencing financial and social disadvantage.

**Recommendation 10:** Have the Department of Health and Aged Care lead coordinated implementation of this framework across different tiers of government and government portfolios. The framework should adopt preventative and population health approaches.

**Recommendation 11:** Strengthen four of the proposed enablers and add two new enablers (one on establishing a fairness, equity and inclusion framework for government action on climate change, and one on committing adequate long-term and sustainable funding for health responses to climate change and its impacts).

**Recommendation 12:** Include a glossary to clarify terminology and definitions.

## Discussion

ACOSS welcomes the opportunity to provide feedback on the Department of Health and Aged Care's National Health and Climate Strategy consultation paper to inform its proposed objectives, principles, enablers. We suggest that the consultation process would benefit from a longer period to allow for further examination of related research and wider consultation with health and community sector organisations, as well as First Nations and culturally and linguistically diverse (CALD) stakeholders, people with disability, regional and remote, and other stakeholders.

ACOSS welcomes the development of a National Health and Climate Strategy. We recognise that rapidly worsening climate change is creating more extreme temperatures, severe events and sea level rise, and has implications for air pollution, food and water security and changes in infectious disease patterns which all impact on human health. People experiencing poverty and disadvantage are already being impacted first, worst and longest by climate change because they have fewer resources and options to cope, adapt and recover from such impacts. They will be placed further at risk if strategies to address climate change and its health impacts are not fair and inclusive.

ACOSS sees that the proposed Strategy presents an opportunity to address climate change, improve the health and wellbeing outcomes for all, and reduce poverty and inequality. That includes for people experiencing socio-economic disadvantage and/or other vulnerabilities to climate change impacts. To do this, there needs to

be deliberate intent to reduce financial and social disadvantage as part of broader prevention and population health approaches.

In general terms, we consider the consultation paper outlines some positive proposals to address current and potential risks posed by climate change to health. However, there are shortfalls that we recommend addressing, as outlined below.

## Positioning - ACOSS calls for the Strategy to adopt preventative and population health approaches, and an overarching vision

The consultation paper is primarily focused on how the health system and health sector are affected by and can address climate change. ACOSS considers this to be too narrow a focus that does not reflect a broader definition of health that recognises its social, cultural, economic and environmental determinants.

We propose that the Strategy adopt prevention and population health approaches that address these broader determinants of health, and which aim to improve health and wellbeing for the entire population. Prevention and population health approaches would recognise and facilitate opportunities to maximise the health co-benefits of carefully designed climate mitigation and adaptation actions. For example, improving access to quality housing with good energy performance for people on low income will lower greenhouse gas emissions, have direct impacts on their health and improve their resilience to temperature extremes.

The consultation paper does not articulate an overall vision of what it hopes to achieve. We propose a vision that speaks to a healthy and equitable Australian community, which is resilient to climate change impacts, and is served by a health system that produces net zero emissions.

**Recommendation 1: Adopt prevention and population health approaches that recognise the significant health impacts resulting from climate change impacts on the social, cultural, economic and environmental determinants of health and the health system, with a particular focus on healthy homes, access to clean energy as an essential service, food and water security, and access to clean transport options. Prevention and population health approaches should aim to improve health outcomes for the entire population by reducing health risks and strengthening resilience.**

**Recommendation 2: Add an overarching vision for the Strategy, for example: "Healthy and climate-resilient people and communities are served by an accessible, resilient, zero emissions health system by 2035."**

## Objectives – ACOSS calls for more detail to reflect desired health and equity outcomes

The consultation paper proposes 4 objectives for the Strategy around: (1) measurement; (2) mitigation of emissions; (3) adaptation; and (4) health in all policies.

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

In general, ACOSS supports the four proposed objectives but consider they could be more detailed to better reflect what is desired in terms of health, fairness, equity and inclusion outcomes in dealing with climate change.

The objectives around measurement of emissions, mitigation and adaptation strategies should allow for strengthening of targets based on tracking data, climate science and our international obligations.

We support the proposal to adopt a 'health in all policies' approach that aims to maximise the synergies between climate and public health policies. This should place an emphasis on prevention that seeks to minimise health risks resulting from changes to the climate and environment, particularly health risks for those experiencing financial and social disadvantage. For example, homes with good energy performance for people on low income will reduce emissions but also reduce energy poverty and prevent indoor temperature extremes as climate changes, both of which will improve health outcomes. Ambitious fuel efficiency standards will promote uptake of electric vehicles, reducing greenhouse gas emissions and air pollution, and thereby reduce the incidence of respiratory illness, cardiovascular disease and cancer.

**Recommendation 3: Have Strategy objectives better reflect desired health outcomes in dealing with climate change that are fair, equitable and inclusive (as per text in bold below):**

- *Measurement:* Measure and report on health system greenhouse gas emissions, so progress in reducing emissions can be tracked, quantified **and strengthened where needed to reduce emissions as quickly as possible, thereby reducing our contribution to climate change and its adverse impacts on health.**
- *Mitigation:* Accelerate the reduction of greenhouse gas emissions from the health system, **as well as through a range of prevention and population health mitigation measures, to achieve net zero by 2035 in line with limiting global warming to 1.5 degrees C. Strategies must be informed by engagement with communities to understand their lived experience and benefit from their knowledge, particularly for people experiencing financial and social disadvantage.**
- *Adaptation:* Strengthen the resilience of the health system and communities to anticipate and respond to the health impacts of climate change, **prioritising resilience of people experiencing financial and social disadvantage. Strategies must be informed by engagement with communities to understand their lived experience and benefit from their knowledge.**
- *Health in All Policies:* Maximise the synergies between good climate policy and public health policy by working across policy areas **at national, state**

**and territory and local government levels**, to prevent and lessen the impact of climate change on the social, **economic, environmental** and cultural determinants of health and wellbeing.

## Principles - ACOSS calls for strengthening and expanding proposed principles

The consultation paper proposes six principles to inform the objectives:

- First Nations leadership
- Tackling health inequities
- Population health and prevention
- One Health
- Evidence-informed policymaking
- Partnership-based working across all levels of government and beyond.

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

ACOSS generally supports the six principles proposed but recommends strengthening the first two and adding three more.

**First Nations leadership:** Principle 1 states that “First Nations’ knowledge and experience must be central to decision-making on climate and health policy at all levels.” ACOSS strongly supports this principle and recommends adding “equipping First Nations people with resources, capacity and pathways to be self-determining in climate and health policy making”. This recognises existing barriers to meaningful engagement with First Nations communities and workers. We also recommend reference to upholding the Government’s Closing the Gap goal in relation to health.

**Tackling health inequities:** We strongly support Principle 2 “Tackling health inequities” but consider that this should be further detailed. This principle is expressed from a deficit viewpoint, referring to community “vulnerabilities and lack of capacity”, rather than acknowledging health inequities often result from barriers to health and health care, such as poverty and social disadvantage, which are a result of structural inequities and policy failures. As expressed in the consultation paper, this principle does not recognise the considerable knowledge and capacity held within disadvantaged communities (including within First Nations and migrant and refugee communities, people with disability, people experiencing poverty, etc) that should be supported to inform and lead policy to improve fairness and equity. We recommend this principle also be expanded to include intra and intergenerational justice.

**Additional three principles:** ACOSS recommends adding three principles:

- *The right to health for all*, within and across generations (as expressed in the UN Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all, at all ages), as a basic premise of the Strategy.

- *The right to inclusive and representative decision making*, centring those with the greatest health needs and at greatest risk. This reflects a strengths-based approach that recognises knowledge and expertise within communities (e.g. within First Nations communities, migrant and refugee communities, among people with disability, etc.) that facilitates community-informed and led policy and decision-making to tackle health issues and inequities.
- *First Nations peoples' collective rights to sovereignty and to self-determination over their lands, resources, cultures and communities*. This recognises that First Nations' people should be able to determine if, when and how resource development projects (including fossil fuel projects) on their lands and territories should proceed to avert adverse health and other consequences for communities.

**Recommendation 4: Establish principles as outlined in the consultation paper but strengthen principles 1 and 2, and add three principles:**

- *Principle 1*: Include "equipping First Nations people with the resources and opportunities to be self-determining in climate and health policy making, and reference relevant Closing the Gap commitments".
- *Principle 2*: Include intra and intergenerational justice, recognise financial and social disadvantage as barriers to health and health care, and facilitate opportunities for the significant knowledge and understanding held by communities to inform ways to tackle health inequities and health issues.
- *Add principle*: The right to health for all, within and across generations.
- *Add principle*: The right to inclusive and representative health planning and policy making that centre in decision-making those with the greatest health needs and at greatest risk of climate change impacts.
- *Add principle*: Uphold First Nations peoples' collective rights to sovereignty and to self-determination over their lands, resources, cultures and communities.

## GHG emissions sources - ACOSS calls for a more ambitious Australian emissions reduction goal

The consultation paper proposes three sources of emissions to target for reduction:

- Scope 1 emissions (direct emissions)
- Scope 2 emissions (energy-related indirect emissions)
- Scope 3 emissions (other indirect emissions).

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

ACOSS considers that all three types of sources should be considered within the scope of the Strategy.



The science indicates an ever-worsening climate emergency that will impact first, worst and longest on people with fewer resources and options to cope, adapt and recover. ACOSS proposes the Strategy reflects the current science and our obligations under the Paris Agreement to keep global warming to below 1.5 degrees above pre-industrial levels. That is, the Strategy should aim for a more ambitious national emissions reduction goal of reducing emissions to 43% below 2005 levels by 2030, and to achieve net zero national emissions by 2035 (rather than the current timeframe of 2050).

**Recommendation 5: Aim for and support a more ambitious national target to achieve net zero emissions by 2035, in keeping with current climate science and Australia’s international obligations to pursue limits of global warming to 1.5 degrees C, thereby reducing our contribution to climate change and its adverse health impacts. Revise this goal as new scientific data and understanding of the climate risk become available.**

## First Nations’ health and climate change - ACOSS supports First Nations-led approaches

ACOSS strongly supports the consultation paper’s inclusion of climate change impacts on First Nations peoples’ health and wellbeing, given their unique connections with Country; existing gaps in health outcomes between First Nations and other Australian population groups; and specific challenges they face around social and other determinants for health. We support reference to the strengths of First Nations cultures, knowledge and cultural practices as holding solutions to the impact of climate change on their health and wellbeing.

We support the Strategy’s having aims to progress the Closing the Gap commitments and Priority 7 of the National Aboriginal Health Plan 2021-2031:

- support and grow the First Nations environmental health workforce
- support community driven housing and infrastructure solutions
- take action to improve food security
- support disaster and pandemic planning, preparedness and recovery at the national and community levels.

We strongly support the proposal to grow the First Nations environmental health workforce, and we acknowledge the importance of delivering culturally appropriate health services.

We add to this a call for substantial government investment in delivering essential services to First Nations communities (particularly in regional and remote locations), including: sufficient quality housing that is climate resilient; water security; and reliable, safe and clean energy supply.

We note that many First Nations communities are facing health and other threats from Australia’s continued investment in and approval of fossil fuel projects on their lands and territories. These projects not only contribute to long term climate change impacts and disasters, they also have immediate impacts on air and soil quality, water and food security, damage to cultural sites and artifacts, ecological

damage, that have associated impacts on health and wellbeing. The rapid development of renewable energy projects on First Nations' lands has the potential to replicate the experience of fossil fuel projects. ACOSS recommends that the Strategy acknowledge these issues through inclusion of principles around First Nations peoples' rights to sovereignty and self-determination over their own lands, resources, cultures and communities.

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?

ACOSS considers that First Nations peoples, leaders, researchers, services and health workers are best placed to advise on the best policies, initiatives, expertise, knowledge and practices to address climate change, and the types of governance forums to facilitate co-design. We call for First Peoples' engagement and representation in decision-making at all levels. This must be facilitated through adequate information, resourcing and meaningful pathways for First Nations peoples, leaders, researchers, services and health workers to co-design the Strategy and assist with its implementation at all levels.

**Recommendation 6: Support First Nations-led approaches to health and climate change via:**

- First Peoples' engagement and representation in health and climate decision-making at all levels (including National Aboriginal Community Controlled Health Organisation [NACCHO], National Aboriginal and Torres Strait Islander Housing Association [NATSIHA], First Nations Clean Energy Network and others), facilitated through adequate resourcing, information and meaningful participation pathways.
- Substantial government investment in delivering essential services to First Nations communities (particularly in regional and remote locations), such as quality housing, food, water and clean energy.

## Proposed Objective 1: Measurement - ACOSS supports accurate and regular measurement of emissions

The consultation paper discusses the need for robust, regularly updated, consistent and sufficiently granular estimates of current emissions levels, drawing on facility-level data and other sources. The paper references:

- The Government’s National Greenhouse and Energy Reporting scheme that focuses on scope 1 and 2 emissions
- The voluntary Climate Active program for organisations that includes scope 1, 2 and 3 emissions
- The Powering Australia plan that aims to reduce public sector emissions to net zero by 2030, focussing on scope 1 and 2 emissions.

6. Beyond the schemes already noted, 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?

ACOSS acknowledges the critical nature of accurate and transparent measurement of greenhouse gas emissions, and their mitigation, within the health system. We agree with the call for measurement to be “robust, regularly updated, consistent and sufficiently granular” – and stress the need for a consistent approach across health systems and jurisdictions, and the open sharing of data to allow for research within and outside of government.

We express our concern that voluntary programs for measurement and reporting can be subject to greenwashing and under- or over-reporting. Where avenues can be created for transparency, independent review and public reporting of emissions, they should be.

## Proposed Objective 2: Mitigation - ACOSS calls for the Strategy to support population health and health system mitigation measures to achieve a fast transition

The consultation paper has as its Objective 2 – “the mitigation of health system greenhouse gas emissions, in a manner that does not undermine quality of care”. The consultation paper discusses emissions reduction being achieved through the Government’s Powering Australia plan to boost the uptake of renewable energy, as well as through more specific initiatives to reduce emissions in built environment facilities, travel and transport, supply chain, medicines and gases, waste, prevention and optimising models of care.

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

ACOSS strongly supports reducing emissions fast to limit our contribution to climate change and avoid worsening inequality. However, strategies also need to be fair and inclusive to ensure that people with the least have improved health outcomes, and to avoid worsening poverty and disadvantage.

We support the consultation paper's proposed areas of focus for the Australian health system to reduce emissions. Additionally, we propose the Strategy support a range of prevention and population health mitigation measures, as outlined below.

**Recommendation 7 Focus the Strategy on high priority prevention and population health actions over the next 12-24 months, including:**

*Built environment and facilities:*

- Improve energy performance of homes via electrification, rooftop solar and energy efficiency (e.g. fund energy performance retrofits of low income homes, introduce new building standards of zero carbon homes by 2025; introduce mandatory disclosure of building energy performance when sold and leased, by 2025; mandate minimum energy efficiency performance standards for rental properties, by 2025; phase out use of gas in existing homes and ban gas in new homes)

*Travel and transport:*

- Introduce standards for health sector fleets to transition to electric and zero emissions vehicles where possible
- Introduce ambitious fuel efficiency standards
- Provide facilities and supports for active, shared and public transport, including for health staff
- Prioritise policies for people on low income to access electric vehicles

*Energy production and supply chain:*

- Rapid phase out of fossil fuel projects, no new projects and no expansion of existing projects; and rapidly reduce fossil fuel exports
- No subsidies, rebates or tax credits for fossil fuels extraction, production, and use
- Accelerate clean energy investment

*Energy as an essential (and life-saving) service:*

- Establish national objectives for energy affordability and equity, and to reduce energy hardship
- Federal Government to work with states and territories to reform:
  - Energy concessions/rebates
  - Ban disconnections for those who can't pay
  - Improve energy hardship and payment difficulty frameworks
  - Improve accessibility of information for consumers about energy market
  - Shift subsidies off bills

*Employment and workforce:*

- Commit to full employment, integrating climate change and labour related objectives:
  - Invest in research and development in industries that reduce emissions and ease climate impacts
  - Commit to lifting workforce participation to ease labour shortages and include people still excluded from paid work
  - Have Jobs and Skills Australia lead strategic workforce planning at national, industry and regional levels; invest in TAFE to provide skills and training

*Other:*

- Reduce poverty as a resilience measure (i.e. so people have the resources necessary to cope, adapt and recover from climate -related health impacts) by increasing income support:
  - Research and communicate the value of emissions reduction and resulting population health outcomes and prevention
  - Codesign mitigation options with consumers.

## Proposed Objective 3: Adaptation - ACOSS supports national vulnerability and adaptation assessment, and health adaptation planning

The consultation paper sets out the need for Australia to adapt to inevitable climate change impacts, including those that have already taken place. It proposes climate risk assessment and adaptation planning, identifying priority actions and developing emergency prevention, response and recovery actions.

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:
- What are the key considerations in developing a methodology?
  - How should their development draw on work already undertaken, for example at the state and territory level, or internationally?
  - 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?

ACOSS recognises that the capacity for individuals and communities to adapt to the health impacts of climate change is greatly compromised if they experience financial and social disadvantage. Reducing disadvantage is a resilience measure in and of itself, and improving equity provides individuals and communities with greater capacity to adapt to changing climate conditions.

We have identified below key risks and vulnerabilities associated with financial and social disadvantage, and associated health impacts, that should be prioritised for adaptation action through the Strategy.

<i>Health impacts:</i>	<i>Risk and vulnerability factors:</i>
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<ul style="list-style-type: none"> <li>• impacts of extreme heat (e.g. on respiratory, chronic and neurological conditions)</li> <li>• impacts of extreme cold</li> <li>• respiratory impacts of air pollution (e.g. from bushfires)</li> <li>• death, injury and trauma from extreme events</li> <li>• poor and/or insufficient nutrition due to food insecurity exacerbated by disruptions to food supply and higher food prices as a result of climate change</li> <li>• increases in disease due to poor water quality and/or lack of hygiene</li> <li>• inability to store/keep medicines cool</li> <li>• impacts on ecological toxicology</li> <li>• increases or shifts in tropical disease</li> <li>• risks to reproductive and maternal health, and children’s early years of disasters and extreme events (e.g. causing higher incidences of preterm birth, growth restriction, low birth weight, increased stillbirth rates, and newborn complications), in addition to pre-existing health risks for groups experiencing disadvantage</li> <li>• increases in family violence during and following disasters, with ramifications for long term health of victim survivors</li> </ul>	<ul style="list-style-type: none"> <li>• experience of homelessness</li> <li>• poor quality and inefficient housing</li> <li>• lacking insurance or being under insured</li> <li>• lack of transport options</li> <li>• food and water insecurity</li> <li>• access to energy that is unreliable, and or polluting energy (e.g. gas, diesel)</li> <li>• poor access to health services</li> <li>• poverty</li> <li>• living with disability</li> <li>• living with chronic health conditions</li> <li>• gender and sexual orientation</li> <li>• age</li> <li>• language and cultural barriers to accessing health care and information</li> <li>• location (e.g. regional and remote areas with limited access to health and other services, regions at high risk of disasters or extreme weather)</li> <li>• existing trauma and/or mental health issues</li> <li>• experiences of domestic or family violence</li> </ul>
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ACOSS supports the consultation paper’s proposal for a National Health Vulnerability and Adaptation Assessment that adopts a nationally consistent approach. This work should assess vulnerability across and within communities. We recommend it be informed in an ongoing way by communities themselves (with facilitated avenues for participation by people experiencing disadvantage), as well as by key organisations, such as the Climate and Health Alliance and Doctors for the Environment, and peak organisations representing specific groups, like Disability Advocacy Network Australia and National Aboriginal Community Controlled Health Organisations, which have detailed information about the needs and priorities of the people they advocate for.

The National Health Adaptation Plan should prioritise adaptation and resilience measures for people experiencing financial and social disadvantage, who are likely to experience climate change impacts first, worst and longest.

**Recommendation 8: Have the proposed National Health Vulnerability and Adaptation Assessment assess vulnerability across and within communities, and be informed in an ongoing way by communities**

**(with facilitated avenues for participation by people experiencing disadvantage), their advocates and key organisations working on climate and health (e.g. Climate and Health Alliance, Doctors for the Environment, and peak organisations like Disability Advocacy Network Australia and NACCHO). The National Health Adaptation Plan should prioritise adaptation and resilience building for people and communities experiencing financial and social disadvantage.**

ACOSS identifies a range of high priority population health adaptation actions that the Strategy should focus on in the next 12-24 months, indicated below.

**Recommendation 9: Support high priority population health adaptation actions over the next 12-24 months, including:**

- Improve energy performance of low-income housing (i.e. through energy efficiency, electrification and renewable energy sources)
- Improve quality and supply of low-income housing that has high energy performance
- Improve access to reliable, clean, low emissions energy, particularly for rural and remote First Nations communities
- Improve water and food security for rural and remote communities
- Build capacity of and engagement with communities and the community sector around preparedness and response to disasters, and deliver accessible information and communication strategies around preparation for and response to disasters
- Prepare responses to heatwaves (including health advice, places to shelter, health responses)
- Build health sector workforce capacity, including Aboriginal and Torres Strait Islander health workforce.
- Increase provision of health services in regional and remote areas.

## Proposed Objective 4: Health in All Policies - ACOSS supports implementation of this framework

The consultation paper proposes establishing governance, leadership and accountability mechanisms that support government agencies to recognise and understand the health and health equity impacts of their policies and find ways to collaborate to design and implement joint public policy for improved health and wellbeing outcomes. This approach is reflected in the national Preventative Health Strategy 2021 – 2030 that considers climate change. It also includes proposals to develop a National Climate Risk Assessment, and to establish an Australian Centre of Disease Control.

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?



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?

ACOSS supports the adoption of a Health in All Policies framework as an approach to benefit health, avoid health risks and advance equity. There are clear connections between climate change, health, water and food security, housing, energy, transport, infrastructure, urban planning, environment, and disaster management that impact on health outcomes. Taking action in these policy areas will benefit from a joined-up approach.

Successful implementation of the Strategy will require a coordinated approach across different tiers of government and government portfolios. The Department of Health and Aged Care should lead this approach and detail how coordination and alignment of policy will be achieved (e.g. dialogue and policy coordination between Departments of Health and Aged Care and Social Services to ensure access to adequate social security for positive health outcomes). This could be through the existing Health Ministers meeting routinely considering climate change issues and engaging and consulting with Ministers for related portfolios (such as DEECCW, Mental Health, Social Services, Resources, Emergency Services, Planning, and Infrastructure).

**Recommendation 10: The Department of Health and Aged Care should lead a coordinated approach to the Health in All Policies framework across different tiers of government and government portfolios.**

## Enablers - ACOSS calls for strengthening the enablers and adding two around equity and funding

The consultation paper identifies five **enablers** to serve as a foundation for action in the health system to tackle climate change:

- Workforce, leadership and training
- Research
- Communication and engagement
- Collaboration
- Monitoring and reporting.

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:

- What is currently working well?
- What actions should the Strategy consider to support delivery?

ACOSS supports the enablers proposed but recommends strengthening these. For example, we note that women dominate the health care and social assistance workforce, at comparatively low rates of pay. Healthcare will take on additional

significance due to climate change, requiring additional skills of workers, increased demand on workers, and potentially greater risks to workforces, all of which should be reflected in fair pay, conditions and support.

We propose adding two enablers around equity mechanisms and funding:

- Australia currently has no mechanism requiring climate change policies and actions to be fair, equitable or inclusive. Enacting legislation requiring a fairness, equity and inclusiveness lens be applied to all climate change action would support the equity principle proposed for this Strategy and many population health actions.
- The consultation paper does not specify funding commitments for implementation of Strategy actions. We call for a commitment to adequate long term and sustainable funding for proposed responses under the Strategy.

### **Recommendation 11: Strengthen four of the proposed enablers:**

- *Workforce leadership and training:* Policy levers and funding be used to build a health workforce knowledgeable about climate change impacts, that increases accessibility to health care for people experiencing financial and social disadvantage. Increased demands on and risks to the health workforce resulting from climate change should be reflected in fair pay, conditions and support.
- *Research:* Investments in climate change and health research include examining risks related to disadvantage, and opportunities for mitigation and adaptation.
- *Communication and engagement:* Communicate and engage meaningfully with communities and individuals experiencing financial and social disadvantage, and their advocates, about the health risks of climate change, and build capacity for mitigation and adaptation.
- *Collaboration:* Establish governance structures for regular collaboration with all stakeholders in health planning and policy making to require representation by people experiencing disadvantage and their advocates.

Add two enablers around equity mechanisms and funding:

- *Fairness, equity and inclusion framework for climate change action:* Legislate a fairness, equity and inclusion framework for government action on climate change (e.g. through amendment of the Climate Change Act).
- *Funding:* Commit to adequate, long term and sustainable government funding for health responses to climate change and its impacts.

## Glossary

Different organisations and sectors have different interpretations of the same terms. The Strategy would benefit from including a glossary for clarification. For example, a “just transition” to a clean economy has been used by some to focus on fair employment outcomes for workers, but by others to speak more broadly of fair outcomes for workers and communities (including those experiencing disadvantage). For some, the term “climate resilience” implies a ‘giving in’ to

the inevitability of climate change impacts and insufficient emphasis on mitigation strategies, while for others it refers to planning for inevitable changes that will take place, to prevent harmful impacts.

**Recommendation 12: Include a glossary to clarify terminology and definitions.**

## Acknowledgements

ACOSS prepared this submission in consultation with members of the ACOSS Climate and Energy, and Health Policy Networks.

## Contact

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