



# SARRAH

Services for Australian Rural and Remote Allied Health

1 December 2022

National Health Sustainability and Climate Unit  
Environmental Health and Health Protection Policy Branch  
Australian Government Department of Health and Aged Care

[NHSC.Unit@Health.gov.au](mailto:NHSC.Unit@Health.gov.au)  
[NPHS@health.gov.au](mailto:NPHS@health.gov.au)

Cc: [office@caha.org.au](mailto:office@caha.org.au)

## **Services for Australian Rural and Remote Allied Health (SARRAH) input: National Health and Climate Strategy: Draft Discussion Paper**

Thank you for the opportunity to provide feedback on the draft Discussion Paper to inform development of the National Health and Climate Strategy. We note the Chief Medical Officer has established an Advisory Group to advise on the Government's national climate and health initiatives, which include a National Health and Climate Strategy.

The draft Discussion Paper was shared with Services for Australian Rural and Remote Allied Health (SARRAH), by the Climate and Health Alliance (CAHA), which we understand was represented at a recent Advisory Group meeting. SARRAH is a member of the Climate and Health Alliance.

We welcome the Government's decision to follow through on the Election commitment to develop the Strategy and note the advocacy and support for this initiative over years leading to the commitment came from a wide cross-section of the health sector and broader community. SARRAH commends the initiative.

We understand a draft Strategy is to be developed based on the feedback to the Discussion Paper which will be sought over coming months with the Strategy expected to be released in mid-2023. While this is an ambitious timeframe, the urgency of this work warrants the earliest possible commitment to real and meaningful action.

### Overarching comments

It is critical that the National Health and Climate Strategy and associated action attract the maximum buy-in, broad-based support and the ownership of as many people as possible, especially those working in and setting policy and funding frameworks for our health and associated systems. For this reason, SARRAH strongly recommends that the Discussion Paper be reframed to recognise and engage as much of the Australian health workforce as possible, including the allied health, nursing and midwifery and

other professions that make up the 85-90 per cent who are not medical practitioners. This issue is expanded on in the detailed comments that follow.

The Strategy must be clearly articulated as sharing the same urgency and imperatives that are driving international commitments to address climate change, and especially those impacting the health, well-being and future risks facing Australians. Consequently, without reducing in any way the onus on the health sector to reduce emissions and improve climate resilience, those efforts must be set within a broader policy and action environment that mitigates the extreme risks and enables adaptation to protect and promote population health (as we understand is supported by CAHA).

The Strategy should explicitly include (or link to as part of the Government's broader climate commitments):

- A clear statement of the contemporary state and realistic projection of environmental risk and impacts on all areas of Australia;
- Clear statements on the broad impacts of climate change as it is impacting and expected to impact Australians - including on infectious disease, displacement, water, agriculture, aquaculture, climate-related disasters, damages to infrastructure and effects on key economic sectors; particularly as these impacts pertain to health;
- Acknowledgment of the need for consideration of these issues at a regional level, and a commitment that, going forward, the Strategy will need to deal with the specific, variable, diverse and extreme impacts of climate change on a regional basis.

As a general comment, a substantial portion of the actions proposed are process oriented and seem to lack a strong sense of urgency. In other areas, such as the proposed adoption of principles that prioritise Indigenous cultural knowledge and practice in policy, the draft discussion paper would be improved if more substantial and detailed (potential) actions were identified or explored and an explicit call for other initiatives were included.

We also understand that CAHA believes more emphasis is needed on an intersectoral approach to the Strategy and associated actions, reflecting the systemic approach involving actions across many portfolios and sectors. We fully support this point.

In response to the recent call for advice on climate related health issues that must be included in developing a National Health and Climate Strategy, we would like to offer the following thoughts.

#### Specific comments

- ***Introduction***

The introductory section mentions international migration and pressures. It should also note the immediate regional and Australian domestic drivers and growing need for /examples of internal migration - in desert and island communities. These will increase over the near term.

The Strategy could mention the associated health service conundrum, especially for communities that are substantially disadvantaged in terms of health care access and outcomes already.

Noting "The literature" points to the importance of acting in line with evidence, but this should not in any way justify further delay in acting to address situations that are already evident and worsening rapidly. There needs to be a balance between urgent, purposeful action and ongoing evidence gathering to guide action on an iterative basis, which could be described in the paper.

The Strategy would benefit from including a clear statement of priority for action where the impacts of climate change to date have added substantially to the risks of living in some environments and at least lead to an assessment of what strategies and investments are feasible and desirable to ameliorate or deal with those issues.

In terms of some of the wording used in the discussion paper: addressing the causes and impacts of climate change will hinge fundamentally on peoples' capacity to collaborate for the common good, which requires a marked shift from much of the competitive national or other win/lose frameworks that have shaped events contributing to climate change, war and other major problems. In line with this, it would be helpful if the discussion paper could contribute to promoting a more constructive and collaborative dialogue and avoid terms such as a "call to arms" – especially in describing "a partnership approach with a broad range of stakeholders including state and territory government, non-government organisations, the private sector, academics and experts."

**Under Rationale:** ... *increased collaboration between jurisdictions and other key stakeholders including the sharing and adoption of best practice approaches and reducing duplication of effort.*

- Suggest something be added to reinforce the need for substantial and measurable change.

**Under Proposed Structure:** *It is proposed that the first National Health and Climate Strategy be established for **an initial period of three years.*** (Suggest words in bold be added).

**Re: Principle 3: All Australians have equal access to a strong and climate-resilient health system, both now and in the future**

- **Rationale:** *We must ensure the longer-term resilience of the Australian healthcare system so that it is able to continue delivering quality services to Australians. In addition, this principle acknowledges that some populations, including Aboriginal and Torres Strait Islander people, rural and remote communities, elderly Australians and Australians from lower socio-economic backgrounds, are more vulnerable to poorer health outcomes from the impacts of climate change.*
- Suggest this statement needs to be strengthened considerably, not only to reflect the extent of risk faced by some groups in the population, but to make the extent of the pre-existing inequity in access to health services and outcomes that exists and the compounding risks and impacts of climate change that are likely to exacerbate these inequalities if a) the prospects of further dramatic climate change is not ameliorated and b) adequate policy and service responses are not implemented.

**Re: the Question** - *Are there other principles that should be included? For example, should transparency, reporting and accountability also be included as a key principle underpinning the Strategy?*

- Yes.
- *Others?* A further principle might be to ensure that the Climate and Health Strategy serve to reduce health equity gaps.

**Objectives** – we suggest the current order of the objectives be reversed to be

1. *Maximise the synergies between good climate policy and public health policy.* (Currently 3)
2. *Ensure that the health sector is well-prepared for the impacts of climate.*
3. *Reduce the carbon footprint of the healthcare sector.* (Currently 1)

Reducing the carbon footprint of the health sector (7% of emissions) is a key objective of the Strategy, but it sits within a crucial underpinning context (suggested 1) and must deliver against objective 2 (which should complement and support reduced emissions, but which cannot be replaced or subverted by a reduction in emissions).

It is also crucial to ensure that the priority of securing adequate health care, especially for people who are disadvantaged (noted above) are not further disadvantaged by decisions to reduce emissions at the

cost of their care (e.g., reducing necessary energy costs associated with remote health care delivery – or disproportionately reducing and failing to recognise potentially more limited options to contain or reduce emissions proportionately, without other investment).

### **Key Priority Areas and Actions**

The draft Discussion Paper might call for examples, case studies of exemplars that could inform and add to the Strategy where health care emissions have been reduced without compromising (and ideally benefiting) quality care and access. The paper might explicitly call for such input and possibly signal an intention to promote and promulgate exemplars subject to Budget commitments etc (which should also be pursued).

#### **Re: Investing in communication, education, and workforce capabilities**

Workforce capabilities deserves to be expanded and dealt with more extensively – across the entire health workforce and recognising the variety of environments in which they work and contributions they make.

#### **A Strategy for who: The entire health workforce, the nation....?**

Throughout the document there appears to be no explicit acknowledgement of any health workforce professionals or professional bodies and stakeholders other than the medical colleges. Notwithstanding the vital leadership role of medical practitioners and the advocacy they have contributed to this area, more than 85 per cent of the health professional workforce are not medical practitioners. Frequently – in rural and remote communities for example – there are few or no medical professionals, however, health services must and do continue to operate and they will be impacted by the Strategy.

It is not clear why there is no reference to the broader health workforce in the draft Discussion Paper. If there is a reason, it needs to be explained clearly and is likely to attract comment and reaction in public feedback. SARRAH suggests it be rectified prior to putting the draft Discussion Paper out for consultation as this will engage more of the people who need to contribute to the Strategy and (hopefully) success. It will reduce the prospect that a meaningful and supportable Strategy may not be delivered in the proposed timeframe.

**Proposed Action 7.** It is widely understood the Government (and the Department of Health) faces serious budget constraints. It is also widely understood that globally we face a climate emergency and there are serious ramifications for human health.

On that basis, noting that a small grants process might be considered for innovative local solutions appears to both suggest the Strategy may be considered to be little more than a minor election commitment that needs to be “delivered” and/or a means of acting but without the sense of the importance some stakeholders (and the communities bearing the impacts of climate change now) might attach to it.

A meaningful grant round might instead be flagged as a possible mechanism through which transformative change and options could be identified and promoted to give effect to the objectives of the Strategy.

### **5 Ensuring climate policy considers health impacts**

This section contains interesting but diverse options., some of which invite questions. For instance, it is not clear why point **5.3 - Invest in the development and promote the use of sustainable health hardware in public housing** – restricts the focus to public housing and does not extend beyond

hardware concerns to consider issues such as the lack of reliable clean water, energy connection or sufficient provision as to avoid overcrowding and associated health problems,(which are prevalent in some communities already experiencing severe implications resulting from climate change.

**Re: 5.7** *Encourage consideration of healthier and safer fuel options.* ‘Fuel’ might be better worded as “energy”.

There appears to be considerable potential to expand on these points and to structure them in terms of major themes, with opportunities to act on a cross-portfolio and cross-jurisdictional basis to develop and implement actions which have direct and indirect positive impacts relating to health.

**Re: 6.1** *Establish data tools to measure and report on the economic value of health co-benefits of climate change mitigation and adaptation.*

Strongly support this point be expanded on, with a commitment to promote the issue being sought.

**Re: the diagram – Attachment A. Approach to consultation for the National Health and Climate Strategy.**

In line with earlier comments, there is no direct mention of the majority of the health workforce (other than possibly in the references “Interest Groups” or “Public”). We strongly suggest this be amended.

If you would like to discuss issues raised in SARRAHs response or require further information, please contact me at [catherine@sarrah.org.au](mailto:catherine@sarrah.org.au) or Allan Groth at [allan@sarrah.org.au](mailto:allan@sarrah.org.au).

Yours Sincerely



Cath Maloney  
Chief Executive Officer