Consumers Health Forum of Australia

HEALTH CONSUMERS NSW

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HEALTH CONSUMERS' COUNCIL

SUBMISSION

National Health and Climate Strategy

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P: 02 6273 5444
E: info@chf.org.au

twitter.com/CHFofAustralia
facebook.com/CHFofAustralia

Office Address
7B/17 Napier Close,
Deakin ACT 2600

Postal Address
PO Box 73
Deakin West ACT 2600

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List of Abbreviations

ACF	Australian Conservation Foundation
CAHA	Climate and Health Alliance
DCCEEW	Department of Climate Change, Energy, the Environment, and Water
DISR	Department of Industry, Science and Resources
DOHAC	Department of Health and Aged Care
IAP2	International Association for Public Participation
IUCN	International Union for the Conservation of Nature
NACCHO	National Aboriginal Community-Controlled Health Organisation

Introduction

Consumers Health Forum (CHF) is the national peak body representing the interests of Australian healthcare consumers and those with an interest in healthcare consumer affairs. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems. At the heart of CHF's policy agenda is consumer-centred care. CHF appreciates the opportunity to provide a submission to the Department of Health and Aged Care on their draft for the National Health and Climate Strategy. CHF is a member of the Climate and Health Alliance (CAHA) and supports calls for sustainable healthcare in Australia.

Consumers across Australia know the need for sustainable reform in healthcare. It is vital that the needs of people across Australia are both acknowledged and acted on in order to create equitable reform. As such, in preparing this submission, CHF has been joined by the following state and territory consumer peaks:

- Health Consumers Council Western Australia
- Health Consumers New South Wales
- Health Consumers Queensland

CHF's submission stands in support of the submission tendered by CAHA and supports their responses except where specified.

CHF supports the submission tendered by the Health Consumers Council of the ACT.

General Issues

Inequity as a driver of healthcare's environmental burden

It is well established within the field of public health that inequity, not only in access to health services, but in fields as diverse as housing, food access, economic security, and even social situation, can create adverse health outcomes. Vulnerable people usually have less access to preventive health services and so are at greater risk of poor health. The burdens of both chronic disease support and acute intervention could be lessened substantially by the erasure of health-affecting societal inequity. While this is a complex issue that no single block of policies can eradicate, the issue of inequity cannot just be seen as a caveat on harm-reduction policies, but as a driver of climate change. In order to increase the efficiency of the health sector, and truly tackle preventive health, all social determinants of health, across all sectors, must be addressed.

Taking a systems perspective to explore this; for instance, using systems dynamics modelling, could help find ideal leverage points to address in order to most efficiently and effectively impact public health, inequity, and ensuing environmental consequences.

Consumer Engagement

The involvement of consumers as a stakeholder in the health system is sorely lacking throughout the document. The engagement of diverse and representative consumer groups is

critical in the development of a Strategy that is both just and effective. CHF and co-authors support the establishment of consumer-led deliberative processes to establish and guide the ways in which the Strategy will be implemented. CHF recommends looking into the IAP2 Spectrum of Public Participation to guide further development in this area. The Strategy currently sits within the "consult" or "involve" space on both streams, and CHF advises shifting towards "collaborate" or "empower".

Discussion Questions

For any question not addressed, refer to CAHA's response.

Following consultation with NACCHO, CHF recommends referring to the Priority Reforms within the National Agreement on Closing The Gap. All actions undertaken within this Strategy must be considered in light of the Priority Reforms and must meaningfully engage with the spirit of the National Agreement.

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

The Strategy lists four objectives: Measurement, Mitigation, Adaptation, and Health in All Policies. While all four objectives are crucial aspects of creating a robust strategy for Health and Climate, whether or not they make for the best suite of founding objectives for the Strategy is not clear.

Measurement would be better placed as a mechanism (or enabler) rather than an objective. As discussed in the strategy paper, DCCEEW prepares regular and reliable emissions estimates as it is. While a call for greater granularity of measurements is commendable, it is inappropriate for that to be an objective as opposed to a mechanism of action. If measurement is to be an objective, then there must be clear delineation of the measurement goals. What is being measured? Why? How? Why is it that this takes priority as an objective?

Mitigation, Adaptation, and Health in All Policies are commendable objectives for the Strategy to pursue. CHF has long advocated for Health in All Policies as a way of ensuring that the impact of other policies on health are explicitly taken into consideration when looking at policy reform or initiatives. CHF is pleased to see this linked to the One Health principle. This may be strengthened by presenting a parallel "Climate in All Health Policies" initiative, which would ensure inclusion of climate discussion in workforce, procurement, and other health policies.

Mitigation should include the resourcing of health NGOs to measure and reduce greenhouse gas emissions.

Adaptation must better reflect the diverse needs of the community. Different societal contexts require different adaptations. Aged care and rural healthcare are vital elements of a functioning healthcare system, and key components of a healthcare system that embeds preventive health practices. In addition, the conversation surrounding aged care as a health system burden should be reframed.

CHF recommends the inclusion of Community Engagement as an objective. For a Strategy such as this to be effective, the activation of all stakeholders in the health system must be a priority. Consumers make up the largest group of stakeholders in the system, and climate change is an increasing priority for health consumers across Australia. Ensuring that a diverse and representative body of consumers from across communities at the greatest risk of climate change are proactively engaged in this work is essential. This includes first nations communities, rural and remote communities, and those experiencing health disadvantage.

Referring to the IAP2 Spectrum, as mentioned above, can help identify ways to increase consumer co-design and public participation within both the design and implementation of the Strategy and thus ensure that it is just, representative, and effective.

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

The principles listed could be improved in the following ways.

Principle 6: Partnership-based working across all levels of government and beyond, must be expanded to include health consumers. A strong focus on both mitigation of health inequity and also the role that health inequity has in exacerbating unsustainable health practices is necessary for any examination of health and climate change.

CHF strongly supports the inclusion of the principle of One Health and calls for explicit reference to the protection of biodiversity as a fundamental aspect of environmental protection and the safeguarding of health for both humans and the environment. Worthy of consideration is the inclusion of the health of communities into One Health, which would help solidify the concept of interconnectedness that One Health puts forward.

CHF supports evidence-informed policy making, and supports the prioritisation of actions based on cost-effectiveness, but also points out that the risks of not responding to climate change strongly enough far outweigh the cost benefits. The highest priorities must be mitigation and equity. Too often policies are put in place that protect economic interests at the cost of environmental and social concerns, and the strategy must, in the strongest terms, oppose this.

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

The strategy should include all three types of greenhouse gas emissions. The burden of healthcare emissions cannot be nominally reduced for convenience's sake down to direct emissions when it is well understood that upstream and downstream emissions are an invisible problem directly connected to healthcare. It is imperative that the strategy include decarbonising the entire chain as much as possible, and push for more energy efficient processes across the board. With the caveat that cost-effective solutions are prioritised for expedience's sake, it is not enough to focus on anaesthetic gases and inhalers and ignore the substantial energy burden of healthcare.

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

The proposed focus areas are good points to begin the reduction of emissions within the Australian health system.

It is important that emissions reduction is more accurately framed as a preventive health measure in addition to a responsibility per the Paris agreement. Climate change is the single largest health issue in the world, and by reducing emissions, the health sector is working to ameliorate that health issue.

In addition, it is vital that the Strategy acknowledge that all sectors must reduce emissions. If the Strategy is to purport that it is guiding the approach to climate-based health governance, it cannot ignore the health impacts of the emissions of all sectors. In light of the stated Objective 4, collaboration with other departments, such as DCCEEW and DISR, must form a substantial part of the forthcoming Strategy. "Health in All Policies" cannot just be "Health in All Health Policies".

CHF echoes CAHA's further recommendations surrounding food and waste.

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

In addition to the recommendations in the CAHA submission, the reduction of the necessity of consumer transport would be of benefit in reducing transport emissions. Measures such as 60-day scripts cut the amount of transport that consumers face, by reducing the number of trips that consumers must make. Reducing the level of inequity that consumers experience, and thus increasing the effect of preventive health measures, would similarly decrease the reliance on the healthcare system and need for transport. All aspects of climate change mitigation must touch on inequity for a just and holistic approach to be used.

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 mentioned above, a key element of effective preventive care is the reduction of societal inequity. Increasing the protections of people experiencing health disadvantage across all sectors should be a goal for this strategy in order to both increase public health and thus reduce the impact of the healthcare system. This will require a collaborative approach, engaging with diverse stakeholders, and engaging in good-faith practice to increase housing security, food security, and to reduce the impacts of the social determinants of health. As climate change will exacerbate many of the social determinants of health, this is crucial to address in both the short term and the long term. A systems thinking approach could well support both stakeholder engagement and the identification of points of leverage within the system on which to act to maximise benefit.

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

While acknowledging the potential that 'quick wins' have for providing a post-hoc validation of the Strategy, CHF views a push for quick wins as short-sighted. What is needed is a push towards a system-wide paradigm shift. It is not enough for this Strategy to prioritise a small number of high-visibility changes at the expense of greater-impact systemic change.

With that caveat in mind, in line with CAHA's recommendations, we refer to the 'menu of interventions' in development through the Alliance for Transformative Action on Climate and Health initiative (the ATACH).

It is imperative, however, that any 'quick wins' that are pursued are done so in a manner that does not put vulnerable health consumers at risk. There are already too many health consumers who cannot afford or access necessary healthcare.

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

It is crucial that whatever steps are taken for adaptation action do not widen the gaps in available healthcare to those who are already at a disadvantage. Many people already struggle to balance the costs of healthcare with rising rent and food costs. The choice between medication, housing, and nutrition is not something that anyone should have to make and yet we hear routinely from our consumers that this is a situation that many are in. Access to healthcare cannot be compromised. Quality of healthcare should not be compromised. There is a discussion that must be had about the balance between the efficacy and environmental cost of things such as multilayered packaging, single-use equipment, and consumables. This is a nuanced issue and the reduction of reliance on these products must be balanced by sustained healthcare safety.

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?

CHF has long called for a Health in All Policies approach. As mentioned above, using policies across all sectors as tools to address the social determinants of health is a key part of addressing public health and climate change. By ensuring that access to housing and food and even life satisfaction, we as a society can ensure that individuals and communities are more able to live healthily and thus reduce the burden of the healthcare sector. Increasing equity would foster resilience against the worst impacts of climate-involved natural disasters, increase the scope of measures designed to combat climate change, and generally improve

public health. Health in All Policies is key to improving this. Incorporating One Health, and considering the health of animals and the environment, is a strong and advisable addition.

Points for Consideration

Expansion of scope

The driving factors of climate change include all emissions. The 7% of Australia's health sector greenhouse emissions are only a small fraction of the problem, and for meaningful change to come out of the strategy, it must work in concert with other sectors to reduce emissions across the board. In our consumer consultation, it was mentioned that emissions reduction sectors outside of Health do not fall under the remit of DOHAC. However, the fact that other emissions do form a substantial health risk. As such, DOHAC should place explicit emphasis on pushing to co-ordinate cross sector emissions reduction.

A further weakness of the Strategy as it stands is the singling out of emissions as the sole metric of environmental damage. The health sector uses a huge amount of plastic waste, and while this is rightly mentioned as a source of emissions, the effect of single use plastics on the environment is a health risk that cannot be understated. It presents an explicit and immediate risk to food supplies and biodiversity, as well as an as-yet undetermined potential risk to human health in the form of microplastic intake. We acknowledge that emissions must be the focus of a climate-specific Strategy, but the environmental implications outside of greenhouse gases must also be considered when developing any work centred on sustainability.

Furthermore, the proliferation of items such as single-use smart surgical equipment represents several large and seemingly unconsidered environmental burdens in the forms of mining and extraction of rare earth minerals, production labour, and sterilisation. While the operational advantages of such tools are well established, these aspects must be considered part of the scope of healthcare sustainability.

Community-led Solutions

Enabler 3 advocates effective communication and engagement, particularly with communities that will be hardest hit by the effects of climate change to increase climate resilience. This should go a step further: those communities should be continually engaged to inform and co-lead solutions that will work in their communities and use systems and networks already in place. This should become Enabler 1, informing all subsequent actions.

Increasing the ability of the community to understand the risks, measures and mitigation strategies is key. Building climate literacy for communities to:

- Build resilience
- Take action at a local level
- Understand and interact with decision-makers at a State or Federal level

Social Determinants of health

The social determinants of health are and will continue to be amplified by the effects of climate change. Measures to lessen the disproportionate impact of climate-related conditions such as excessive heat, fire, drought and storm on vulnerable populations are essential. These include (but are in no way limited to):

- Ensuring climate-effective rental accommodation through insulation and shade.
- Incentivise solar panels on rental accommodation to reduce financial disadvantage and increase affordability of air conditioning and other appliances.
- Increased vegetation and shade in heat island areas
- Free access to facilities to manage heat stress such as water parks and pools, especially in lower socio-economic areas.
- Nationally consistent standards to ensure inclusion affected communities in design of solutions.

Equity must be a priority, both as an outcome and as a driver of change. Climate justice should be explicitly noted as a desired outcome, in addition to mitigation.

Continuity of Care in Natural Disasters

How to maintain continuity of care in natural disasters is an important consideration. Some points on this include:

- Consumers are able to access three-day emergency supply of some prescription medicines – this needs to be made clear to consumers, particularly in the lead up to, or in the wake of, a natural disaster
- Records may be lost when services such as pharmacies or general practitioners' premises are damaged or destroyed. Measures to ensure these records are backed up in some way is essential.
- How to ensure people with mobility difficulties are able to evacuate or receive care?
- Solutions to be led by those most affected.

Supporting Government with a Backbone Organisation

Objective 4 can only be achieved by effective communication and collaboration between government departments, levels of government and other organisations, in addition to the

private sector. A "backbone" organisation that is independent to act as a coordinator across these organisations seems a practical solution to the intractable problem of siloing. This could aid in effective co-ordination across national, state, and local governance.

Resilience against the political cycle

The vicissitudes of the electoral cycle are a significant barrier to both long-term decision-making and efficacy of enacted solutions. Whatever is enacted must be resilient to potential waning of political goodwill towards sustainability. The Strategy must be focused on real long-term change, not political expediency.

Conclusion

CHF, in accordance with the state and territory consumer peaks, supports the development of a Health and Climate Strategy. However, significant work is needed to make this Strategy just and comprehensive. There must be a concerted cross-sector effort in emissions reduction, with health as a driving factor. There must be consumer engagement and involvement, not just in the consultation phase, but as a permanent part of the strategy. The recommendations of CAHA represent a good framework through which to improve the Strategy.

As this is a National Strategy, it is crucial that there is a strong partnership with the State and Territory governments, as well as with local governments. This must be partnered with involvement and consultation with consumers. In order to effect the necessary system-wide change, all levels of the system have to be working together, each aware of the role of the other. This must be clearly delineated from the beginning.

The authors of the Strategy requested recommendations for further stakeholders to consult. A significant increase in consumer consultation is needed for to ensure an effective and just approach to climate adaptation and mitigation. CHF recommends that future consultation include the following:

1. Peak bodies representing those at greater risk in the face of climate change. For example:
    a. Asthma Australia
    b. The Lung Foundation Australia
    c. Regional Australia Institute
    d. The Cancer Council
    e. Council of the Ageing
    f. Multiple Sclerosis Australia
    g. Cystic Fibrosis Australia
2. First Nations stakeholders. For example:
    a. NACCHO
    b. Indigenous Climate Change
3. The Australian Council of Social Services and affiliated groups
4. Conservation non-profit organisations (Note: While not immediately health-aligned, if the principle of One Health is to be applied, a holistic view, including protection of biodiversity, must be maintained. This is particularly important for First Nations Health, as our discussion with NACCHO highlighted. Furthermore, protection of health must

include the protection of food supplies and water. In addition to this, conservation groups often have excellent climate modelling.)

   a. ACF
   b. Climate Council
   c. Landcare Australia
   d. Waterwatch Australia
   e. IUCN-affiliated groups
5. Healthcare Unions