

Survey of Health Professionals' Opinions around a National Strategy on Climate, Health and Wellbeing for Australia

PRELIMINARY REPORT

September 2016



CLIMATE AND
HEALTH
ALLIANCE

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Executive summary

This report provides an overview of the responses to the online survey accompanying the *Discussion Paper: Towards a National Strategy on Climate, Health and Wellbeing for Australia*.

The results represent the first national snapshot of the knowledge and views of healthcare stakeholders regarding the health impacts of climate change and on the health sector's preparedness to deal with these impacts.

The Discussion Paper was developed by the Climate and Health Alliance (www.caha.org.au) to assist Australia in meeting its national interests in protecting population health from the impact of climate change, as well as its international obligations to consider health in the context of its climate policies in signing the global climate agreement, the Paris Agreement, through the development and implementation of a National Strategy for Climate, Health and Well-being for Australia.

The Discussion Paper proposed key elements of a National Strategy for Climate, Health and Well-being and invited health care stakeholders and interested parties to respond to the ideas raised through the online survey.

The survey results reveal overwhelming concern regarding the lack of a national strategy to protect Australians from the health impacts of global warming, described by the World Health Organization as the 'greatest threat to global health in the 21st century'.

The 134 respondents, including doctors, nurses, midwives, public health practitioners and psychologists from peak bodies and unions, are in almost universal agreement on the need for a National Strategy on Climate, Health and Well-being (98%).

There was a very high level of awareness about the health risks of climate change among the respondents (100%) and the health benefits of climate mitigation and adaptation strategies (87%).

The majority of respondents considered the current federal government's climate policies to be ineffective (52% considered the Direct Action Plan to be 'not at all effective', while 0% considered it 'very effective').

Significantly, this highly informed group could name almost no policies at either the national or state level that specifically address the health impacts of climate change.

Very few (7%) were aware of detail of the only national policy to specifically reference climate change in the context of health, the National Climate Resilience and Adaptation Strategy. There was a low level of confidence in the value of the strategy, with 55% indicating the policies were 'not at all sufficient', 55% 'did not know if they were being implemented' and 44% held the view they were 'not being implemented'.

These results echo the findings of a 2015 global survey which found Australia lags behind comparable countries in developing policies to tackle the current and future impacts of climate change on the health of its citizens.

The results of this survey will be presented to health leaders and parliamentarians at a meeting in Canberra in October 2016. They will inform the development of a Framework for a National Strategy on Climate, Health and Wellbeing to be presented to the federal government and members of federal parliament in 2017.

Introduction

This Preliminary Report presents insights from a national survey of health professionals distributed as part of the consultation process surrounding the *Discussion Paper: Towards a National Strategy on Climate, Health and Wellbeing for Australia*. The survey opened on the 19 July 2016 and was circulated through existing CAHA networks and via snowball sampling (n=350 contacted). This report provides an overview of responses and preliminary interpretations as at 24 August 2016 when 134 responses had been collected. This survey will remain open until 31 November 2016 following which a full technical report will be released that supersedes this document.

The Preliminary Report presents information regarding the demographic of respondents (who spoke?), data outlining respondents' knowledge and awareness of climate-related policy and health risks/benefits of climate change (what did they know?) and opinions about the need for a National Strategy on Climate, Health and Wellbeing (what did they think?).

Who spoke?

Respondent demographics

1a: Individual vs organisational response

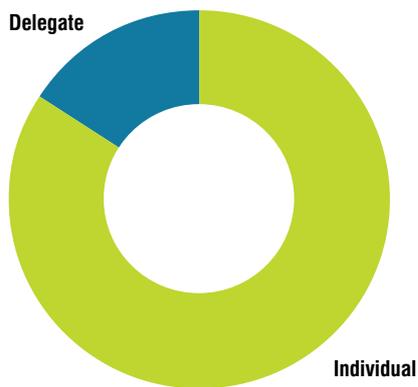


Fig.1 Individual and organisational response ratio

The majority of respondents were individuals (84.3) with 15.67% representing organisations.

1b: Professional backgrounds

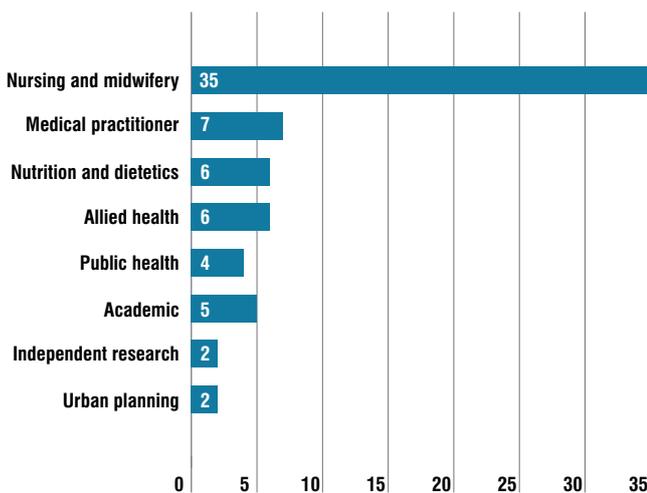


Fig. 2 Survey respondents by professional background (number of responses)

Survey respondents (134) were from a range of professional backgrounds including nurses, doctors, dieticians, allied health professionals (e.g. psychologist, physiotherapist), public health practitioners and academics.

1c: Type of organisation

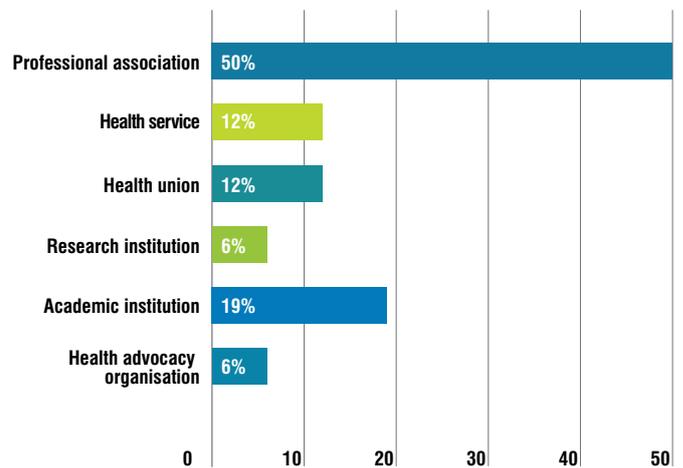


Fig. 3 Type of organisations represented by respondents

Of those who responded on behalf of an organisation 50% were from a professional association, 19% from an academic institution, 12% from a health service, 12% from a health union, 6% from a research institution, and 6% from health advocacy organisation.

1d: Size of organisation

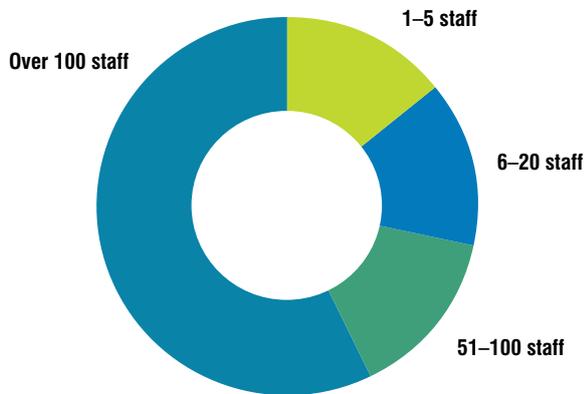


Fig. 4 Size of organisation by respondent

The majority of organisational respondents were from large organisations.

1e: Size of organisations

Those that responded on behalf of membership-based organisation (n = 16) were from large organisations i.e. 33.3% had 1,000–10,000 and 27% had members of between 10,001–100,000 members.

1f: Type of organisation respondents worked in

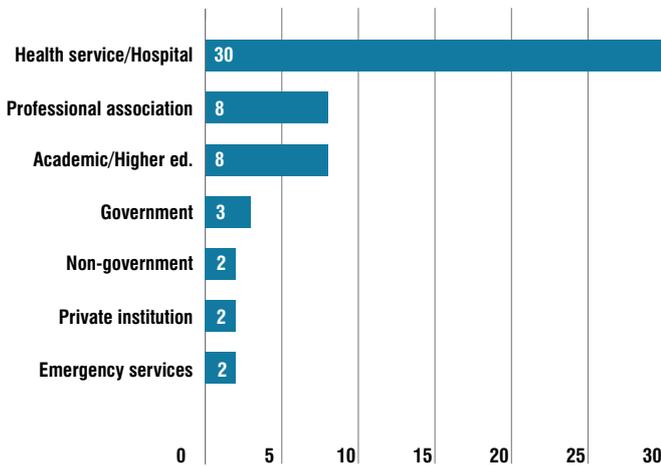


Fig. 5. Sectors represented by respondent (number of responses)

Respondents in the survey (n=57/134) were working in different sectors, with a clear majority working within a health service.

1g: Role in organisation

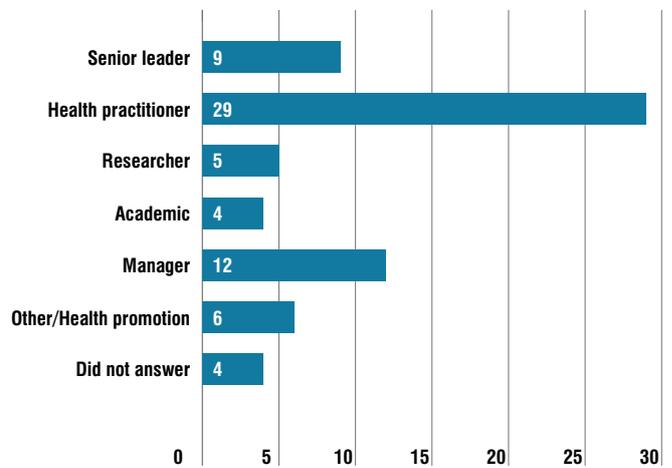


Fig. 6. Respondent role in organisation (number of responses)

Respondents to the survey (n=69/134) included a wide spectrum of roles, ranging from senior leaders (presidents, CEOs, directors), health practitioners (nurses, physicians, medical registrars, psychologists), researchers, academics (lecturers, professors, associate deans), practitioner managers (policy and professional standards) through to other professional roles, e.g. health promotion and communications/campaigning professionals.

1h: CAHA membership

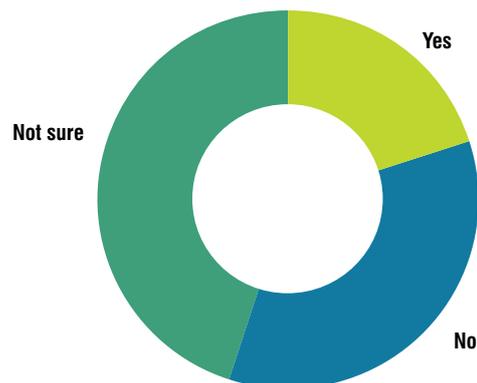


Fig. 7. CAHA membership representation by respondent

Given the intention of this project to reach beyond the existing CAHA network it is positive that the survey of health professionals reached beyond the CAHA membership.

What did they know?

Knowledge and awareness of climate and health issues

2a: Awareness of health risks associated with climate change

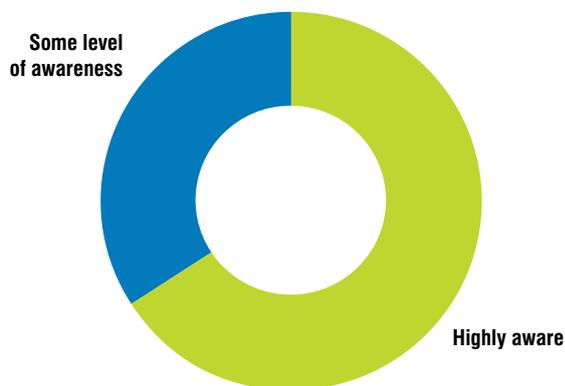


Fig.8 Levels of awareness by respondent

Respondents (n=106) were 100% aware of the health risks of climate change with 66% reporting being 'highly aware'.

2b: Health impacts of climate change

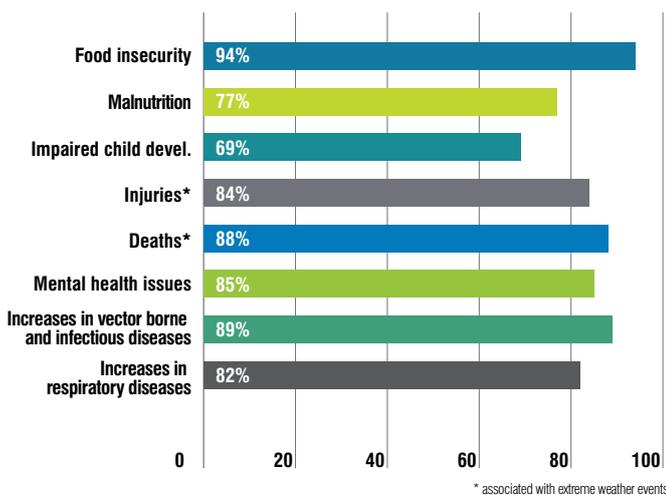


Fig. 9. Identification of Health impacts of climate change by respondent

In terms of particular health threats, there was a strong awareness of the type and range of health risks from climate change, with 94% identifying food security, deaths and injuries associated with extreme weather events (88% and 84% respectively), increases in vector borne and infectious disease (89%), mental health issues (85%), and malnutrition (77%) as critical threats.

The comments indicated there was a strong understanding of the complex range of factors associated with climate change that impact human health.

E.g. *"All of these matters will impact human health as a result of climate change."*

Other health issues raised under 'comments' indicated awareness of 'multiple and varied social impacts' including displacement, forced migration and conflict, e.g. *"Injuries and deaths from conflict as a result of climate change"*.

Respondent comments also illustrated an awareness of environment-mediated health risks and adverse impacts on ecosystem and animal health.

"Our environment is our foundation for health—any gaps holes or weaknesses will result in ill health."

The majority (61%) of respondents were able to identify all of the listed health risks. Those who said they were highly aware of the risks correctly recognised on average seven of the risks, whereas those who said they had some level of awareness recognised between five and six of the risks.

Together with demographics, responses to questions regarding the health impacts of climate change suggest the responding health professionals are largely well informed about the topic and therefore well positioned to comment on the problems and solutions.

2c: Awareness of health benefits of climate mitigation and adaptation strategies

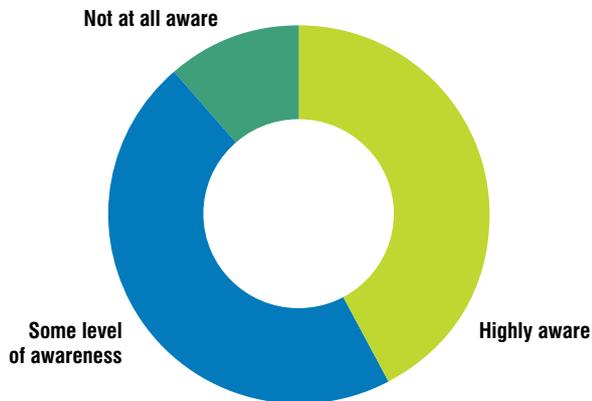


Fig. 10. Level of awareness of health benefits by respondent

Most respondents were aware of the health benefits of climate change mitigation and adaptation strategies with 43% reporting being 'highly aware' and 48% 'some level of awareness'.

2d: Awareness of specific health benefits from climate mitigation and adaptation strategies

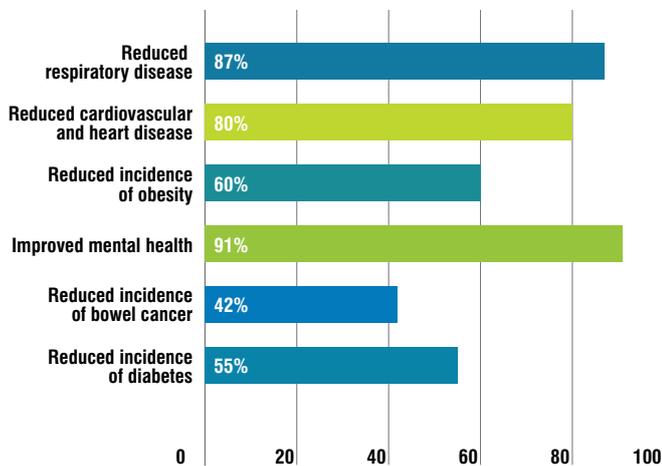


Fig. 11. Identification of health benefits from climate change mitigation strategies by respondent

There was a high level of awareness about the opportunities for reduced illness and improved health and wellbeing from climate mitigation and adaptation, with 91% identifying improved mental health and wellbeing, 89% respiratory and 80% cardiovascular and heart disease. Comments pointed to '*many more co-benefits*' including active transport and healthy sustainable food systems. Health benefits such as improved mental health and well-being also are mirrored in the health risks in which 85% of respondents, for instance, identified mental health as a particular risk from climate change.

One-third (33%) of respondents recognised all the health benefits of climate change mitigation. Those who were 'highly aware' of the benefits recognised between four and five benefits on average, those who had 'some level of awareness' recognised three benefits, and those who said they were 'not at all aware' recognised between one and two benefits. This indicates that respondents made a fairly good judgement of their own awareness of health benefits of climate change mitigation.

An overall health knowledge score was constructed based on the numbers of health benefits and risks correctly recognised.

Thirty of 88 respondents who answered these questions recognised all the risks and benefits, and are assigned a score of 3 to denote their level of knowledge, in the remainder of this report. Forty-one respondents recognised between 8 and 13 risks and benefits and are assigned a score of 2 to denote their level of knowledge. Thirty-two respondents recognised between 0 and 7 risks and benefits and are assigned a score of 1 to denote their level of knowledge.

Knowledge and awareness of policy issues

3a: Awareness of Direct Action Plan as a means to reduce Australia's greenhouse gas emissions

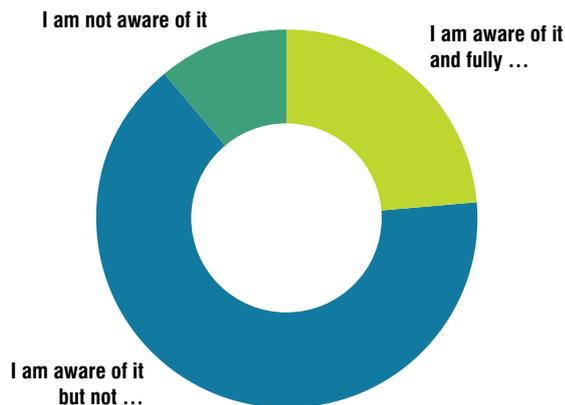


Fig. 12. Levels of awareness of the Direct Action Plan by respondent

Most respondents were aware of the federal government's main climate policy, the Direct Action Plan, with 65% reporting being 'aware' but not of the finer detail and 24% reported being 'fully aware'.

Comments reflected concern that the Direct Action Plan was inadequate, with respondents stating:

"Inadequate and unambitious."

"Compared to other countries, DAP is a poor plan."

3b: Effectiveness of Direct Action Plan

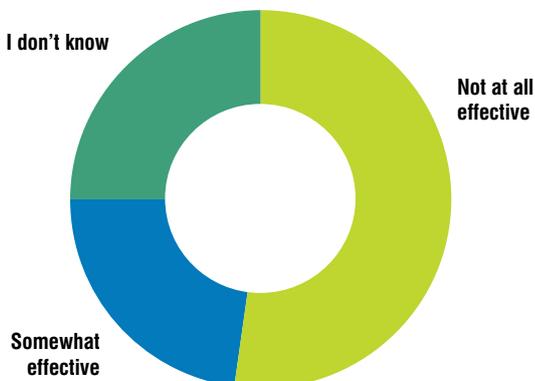


Fig. 13. Effectiveness of Direct Action plan by respondent

The majority of respondents, 52%, felt that the DAP was 'ineffective'. 23% reported it as being 'somewhat effective'. 25% reported 'not knowing' if it is effective, however, perhaps, more importantly no respondents felt it was 'very effective'.

Respondent comments pointed to minimal evidence of its implementation with *"emissions rising despite it"* and concerns that it is being *"undermined by other federal and state policies and by fostering the fossil fuel sector"*.

3c: Awareness of the Renewable Energy Target

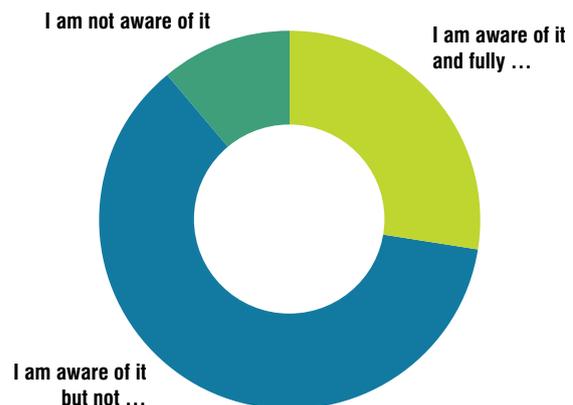


Fig. 14. Level of awareness of the Renewable Energy Target by respondent

The vast majority of respondents were either 'highly aware' 28% or 'aware' 61% of the Renewable Energy Target.

“ Although Australia alone can't fix the problem, the joint recalcitrance of nations would be broken if Australia broke the deadlock by taking leadership in stopping new coal mining and phasing out most of the old coal mines, while replacing the subsidies/favours currently granted to coal mining with investment in renewable forms of energy. ”

3d: Effectiveness of Renewable Energy Target

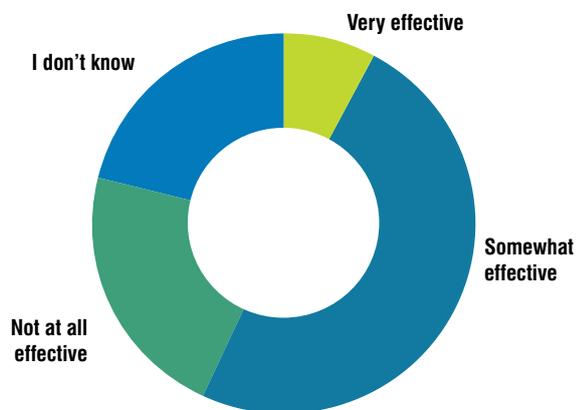


Fig 15. Extent of effectiveness of Renewable Energy Target

Half of the respondents believed that the RET was 'somewhat effective' with fewer than 10% believing it to be 'very effective'. Twenty-one percent of respondents felt it to be 'not at all effective'.

Comments suggested the RET is one of the federal climate policies viewed in the most favourable light in terms of potential for emissions abatement. However many viewed its implementation and continual review as a risk to its effectiveness.

"It is one of the more effective parts of past and present Government strategies to support transition to a renewable energy economy."

Numerous comments suggested that the target is not high enough:

"For the RET to be truly effective it has to be a lot more ambitious than it is currently."

"More needs to be done if we want to achieve a 1.5 degree target."

"The Renewable Energy Target should have stayed at the original 41,000 GWh, or have been even higher. This gives the industry a clear signal to invest substantial capital into renewables."

"Lacking ambition—it is dangerously insufficient."

3e: Awareness of other climate mitigation policies

Comments demonstrated awareness of a range of policies and initiatives at multiple levels. Respondents referred to current and past, national and state policies on transport, energy, water, environmental protection, conservation, other as well as international policies. Some of the policies and initiatives mentioned included: United Nations Framework Convention on Climate Change, Paris Agreement, National Energy Productivity Plan (NEPP), National Australian Built Environment Rating System (NABERS), Clean Energy Finance Corporation (CEFC), Australian Renewable Energy Agency (ARENA) and National Climate Change Adaptation Research Facility (NCCARF). Carbon pricing, solar rebates and housing insulation initiatives were also identified. Green Army and Landcare were mentioned along with transport policies.

3f: Policies that will deliver positive health impacts

There was a large number of responses to this question, compared to other open-ended questions, with comments revealing high levels of awareness about the types of policies that would deliver health benefits.

The responses reveal a preference for the Renewable Energy Target as the only policy with the potential to deliver health benefit:

"The Renewable Energy Target has the potential to have a positive impact on health if it is increased on an ongoing basis, and not scaled down."

"Renewable Energy Target will have the most positive impact on health because it will stimulate economic growth in the renewable energy sector, this means there will be a decrease in the non-renewable energy sector and related harms such as respiratory diseases."

“ The Renewable Energy Target has the potential to have a positive impact on health if it is increased on an ongoing basis, and not scaled down. ”

“The renewable energy target would if it was a comprehensive target that achieved our commitment to the Paris agreement, but as it falls well short and the policies are largely ineffective, there are no policies which will effectively and positively impact on health.”

Comments also suggest respondents think much more should be done to develop and implement climate policies that specifically address risks to health:

“Policies that are designed to tackle climate change will have a positive impact on health outcomes. But many of these policies do not go far enough (even in combination) to mitigate the impacts of climate change.”

“All are insufficient but could be built upon. Some policies aren’t really being fully implemented and are taking too long in order to translate to timely health outcomes.”

“Very few. None of these policies address the reality that the ongoing threat of climate change is a here and now reality and environmental stressor that is having appreciable psychological and social impacts, which are not being adequately identified, documented, and monitored.”

“None of these policies address the reality that the ongoing threat of climate change is a here and now reality and environmental stressor that is having appreciable psychological and social impacts, which are not being adequately identified, documented, and monitored.”

National Resilience and Adaptation Strategy (NCRAS) awareness

4a: Awareness of National Climate Resilience and Adaptation Strategy (NCRAS)

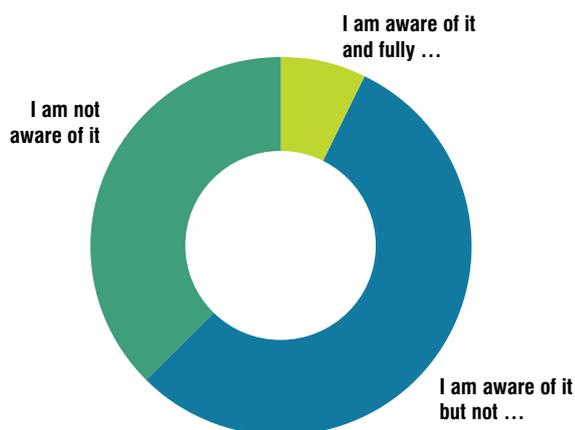


Fig. 16. Extent of awareness of NCRAS

Only 7% of respondents reported being ‘fully aware of the detail’ with 55% reported being ‘aware but not familiar with detail’. Compared to other policies referred to in the survey, less was known about the NCRAS.

Comments revealed a lack of confidence in its effectiveness, its ability to lead to improved outcomes and even in whether it will be implemented:

“It’s a hopelessly inadequate document. The strategy for food security is looking at resilience for 5 crops that are cash cows—not designed to feed the nation. It makes all these wonderful statements about what the government has long been doing that are absolutely diametrically opposite to the reality on the ground. The entire section on water manages to fail to mention the risks of fracking and coal mining—both serious threats to ground water and aquifers and fracking especially uses far too much water—yet they look at reducing household use.”

“There appears to be zero acknowledgement of the interconnectedness of heat and cities and heat-island effect.”

4b: Awareness of health as one of eight priorities in NCRAS

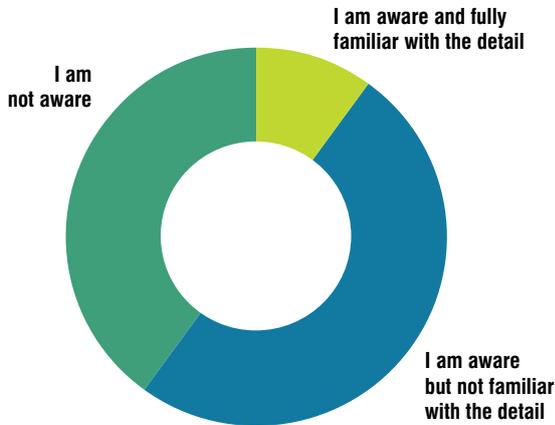


Fig. 17. Extent of awareness of health priorities in NCRAS

Given the low level of awareness of the existence of the policy, not surprisingly, few were aware that health is included with 40% 'not aware', 50% had 'some awareness but not of the detail', and just 10% knew about the health aspects of the policy.

4c: Achievability, sufficiency and implementation of NCRAS strategies

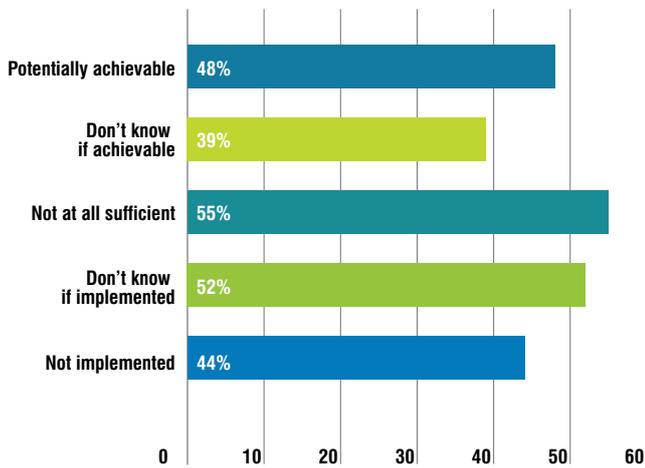


Fig. 18. Achievability, sufficiency and implementation of NCRAS strategies

There was a low level of confidence among respondents regarding the value of this strategy. While 48% thought the policies were 'potentially achievable', 39% were 'unsure' if the strategies were achievable, 55% thought the policies were 'not at all sufficient', 52% 'did not know if they were being implemented', and 44% held the view that they were 'not being implemented'.

4d: Awareness of national and state policies

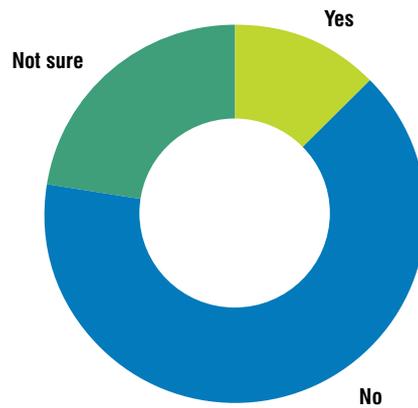


Fig. 19. Awareness of national and state policies by respondent

Overwhelming this seemingly well-informed group could not identify many policies at national or state levels specifically targeting the health effects of climate change. 65% respondents said they were 'not aware' of any policies with only 13% were aware of any policies. This ranged from 17% of those who were highly knowledgeable about the health risks and benefits to under 4% of those who had a low level of knowledge. Those that were aware commented primarily on state level policies but they also went on to problematize them:

"Most states have and are in the process of enacting heat polices. Disaster preparedness is at a more advanced stage in each state—focusing on floods, fires, droughts and storms. However, many of these are limited to websites. Promulgation throughout the community has not been an active component."

Knowledge and awareness of the Paris Agreement

5a: Awareness of Paris Agreement

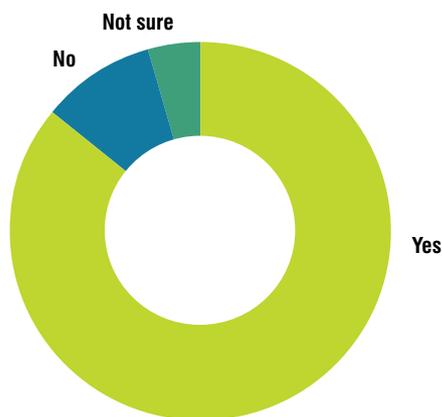


Fig. 20. Awareness of Paris Agreement by respondent

A large majority (86%) of respondents were aware that Australia had signed the Paris Agreement and that it obliges Australia to pursue 'efforts to limit the temperature increase to 1.5 °C above pre- industrial levels' and consider the 'right to health' of its citizens and the value of health co-benefits in developing climate mitigation options.

5b: Consistency of Australian climate mitigation policies with this pledge

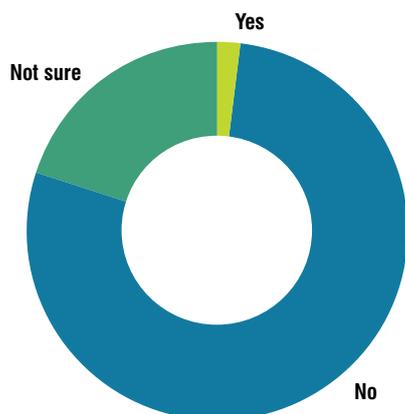


Fig. 21. Extent of consistency with the Paris Agreement

Most respondents (78%) did not consider Australia's current climate change mitigation policies to be consistent with its pledge under the Paris Agreement. 19% were not sure, and just 2% thought they were consistent.

None of those who were highly knowledgeable about the risks and benefits considered Australia's current climate change policies to be consistent with the pledge, although 4% of those with a low level of knowledge did.

5c: Implications of Australia's failure to meet its international obligations on climate change

Loss of credibility internationally was a strong theme. International condemnation, a negative impact on Australia's reputation, as well as the adverse impact on the national economy, due to the failure to capitalise on the economic opportunities of low carbon technologies. The broad reaching impacts (for economy, society and the environment) and strength of these concerns are captured within these comments:

"Our national reputation will be damaged. We will not be prepared to deal with the suggested health impacts."

"We will look stupid and miss important opportunities (that may earn us economic benefits) to be involved in global activities as a leader not a laggard."

"Continued increase in greenhouse gas emissions ... Lack of standing/respect on world stage ... Reduced economic growth."

"Loss of international credibility. Greater culpability for massive environmental damage, species extinctions, global shortages of food and water, social instability, forced migrations, war and terrorism."

“ Our national reputation will be damaged. We will not be prepared to deal with the suggested health impacts. ”

“We’ll be left behind in terms of our economic competitiveness. Future generations will be ashamed that we didn’t play our part. Local air pollution levels will continue to grow. Ecological degradation will have lasting serious impacts ...”

“Escalating climate change, lack of respect from other countries, increases in climate refugees.”

“It will demonstrate to the world that a developed, rich nation which has every opportunity to meet ambitious targets fails to do so. This gives de facto permission to the rest of the world—in particular developing nations—to also renege or fail in their pledges and targets.”

“I feel that it will weaken Australia’s credibility as a global citizen, and weaken Australia’s voice in international affairs—especially in the areas of climate change discussions.”

“We’ll be left behind in terms of our economic competitiveness. Future generations will be ashamed that we didn’t play our part. Local air pollution levels will continue to grow. Ecological degradation will have lasting serious impacts (e.g. death of the reef, poor agricultural outcomes).”

“National shame in the international fora. Outrageous and selfish contribution to global warming and health harm of the world’s population, and theft of a healthy safe and prosperous future for the world’s young.”

5d: Recommendations for Australian Government to meet its obligations under the Paris Agreement

This question generated a range of recommendations. There was a strong theme around mechanisms (policy, reporting, targets, funding) and the importance of a comprehensive policy suite to support Australia’s transition toward renewable energy and curtail high emissions industries. Many respondents highlighted the need for community and sectoral engagement and public education and there was an emphasis on the need for national leadership and evidence based policies. The influence of the fossil fuel sector on climate and energy policy was a serious concern:

“Clearer guidelines and processes (and mandatory processes in some cases) that outline HOW to reduce emissions and mitigate climate change. Greater reporting and measuring accountability at the state and local levels. Leadership by the federal government (ie. lead by example by reducing emissions etc at federal level and demonstrate to Australia that they do take climate change seriously). Funding into education and environmental research/evaluation.”

“... no new fossil fuel mines; phase out all coal mines; divest from fossil fuels; stop fossil fuel subsidies; increase funds for renewable energy investment; increase taxes on fossil fuels; support R&D in renewable energy.”

“The Federal Government should be more aggressively implementing industry policy that promotes and supports a transition to renewable energy. There needs to be greater investment in renewable energy and a concerted effort to plan for and implement the decommissioning of fossil fuel powered plants.”

“... immediately stopping all subsidies to fossil industries, and moving that financial support to research and start ups as well as large scale solar etc.”

“Increase the emissions reduction targets in the short term. Develop a plan to reach zero net emissions by 2050 at latest. Increase the RET. Introduce some form of C pricing. Remove fossil fuel subsidies. Close all coal mines and gas mines. Don’t approve any more mines. Stop land clearing. Greater protection of our marine ecosystems.”

“The implications are that we are guilty of failing every vulnerable person and ecosystem we impact in the world, and ourselves. In the longer term we may reach a point where other countries start applying some sort of censorship such as trade restrictions where countries are seen to be failing the collective effort.”

“... [we must] immediately stop all subsidies to fossil industries, and move that financial support to research and start ups as well as large scale solar etc.”

Several comments focused on the government taking the issue of climate and health seriously:

“Taking the issue of climate and health seriously. Being politically courageous. Increasing foreign aid. Expanding the scope of the health department’s mandate, Increasing cross-department response, collaboration. Stop being so cynical (e.g. wasting time on the ‘threat of terrorism’).”

“It must get very serious about climate change as an imminent global disaster, with very grave implications for Australia, that may well be with us for millennia.”

“Engage in transparent conversations with scientist, traditional landowners, industry and the electorate at large for starters. Look at all the arguments and put the interests of the people they represent before their own agendas. Make solutions affordable and fair.”

There were recommendations that focused on vulnerable communities and community mobilisation:

“Offering financial resources to developing countries to implement climate change adaptation plans, track progress, share findings and build resilience to decrease vulnerability to the adverse effects of climate change.”

“Pass laws to encourage all citizens to make changes to reduce impact of human activities on the planet ie plastic tax, junk food tax, tax big companies who make most impact to climate change re emissions effecting air quality, subsidies for water tanks, solar panels (including for existing residences), electric cars, cheaper public transport and more bike paths, more community gardens and plants/ trees (edible) in city and suburbs. Promoting recycling/reusing/upcycling. More education about these issues and incentive for people to make changes.”

“Calling to action a plan for communities to make change. Public transport, reducing our fossil fuel energy consumption, teaching us how to be self sustainable in basic everyday activities—stop using plastics, reduce our waste (food, clothing, materials) reduce need for families to own multiple cars etc.”

There were comments made about the importance of partnerships and collaboration, with a focus on the health sector:

“Work with the Climate and Health Alliance on a national strategy. Get the healthcare sector involved. Include Public and Private healthcare systems. Employ sustainability officers in healthcare environments. Start with a national assessment of health sectors contribution to GHG.”

“Consult at various levels of stakeholders and create working groups to enable wide implementation and effective delivery of its obligations across government, public and private services covering such critical areas as infrastructure and roads, manufacturing and mining, waste, healthcare, agriculture, and environmental services.”

The need for research and development and use of existing evidence was identified:

“It needs to increase incentives for R&D for renewable energies and low carbon technologies and to upscale large projects (i.e. geothermal).”

“Pay attention to independent experts e.g. Climate Change Authority, set science based targets.”

“... increase incentives for R&D for renewable energies and low carbon technologies and to upscale large projects ...”

What did they think?

Level of support for a national strategy

6a: Level of support for a National Strategy for Climate, Health and Well-being

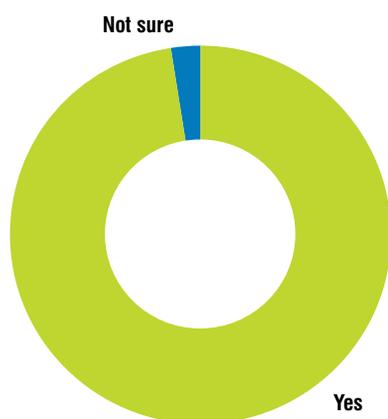


Fig. 22. Support for a national strategy by respondents

There was overwhelming support for a National Strategy with 98% of respondents indicating Australia needs a National Strategy for Climate, Health and Well-being.

In terms of the themes identified in the Discussion Paper, there was strong support for both the appropriateness of each of the themes, and for their inclusion in the proposed Framework for the National Strategy.

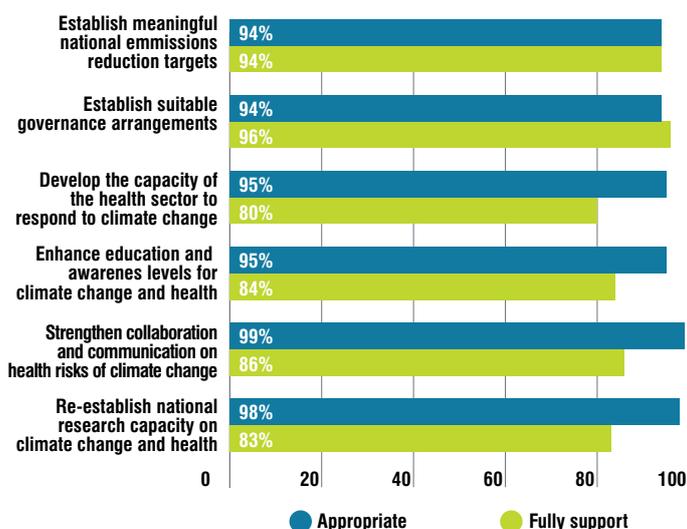


Fig. 23. Levels of support for individual themes in the proposed National Strategy

Establish Meaningful National Emissions Reduction Targets and Policies. 94% thought the theme was appropriate; and 94% supported its inclusion in the proposed Framework for a National Strategy for Climate, Health and Well-being.

Establish Suitable Governance Arrangements to oversee climate and health policy. 94% thought this theme was appropriate, and 96% supported its inclusion.

Develop the Capacity of the Health Sector to respond to climate changes. 95% thought this theme was appropriate and 80% 'fully supported' its inclusion and a further 17% 'mainly supporting' it as a priority.

Enhance Education and Awareness Levels with regard to climate change and health. 95% thought this theme was appropriate and 84% supported its inclusion, believing it to be a priority.

Strengthen collaboration and communication regarding health risks of climate change. A resounding 99% of respondents thought this was an appropriate theme and 86% fully supporting its inclusion as a priority.

Re-establish National Research Capacity on climate change and Health. Again a resounding 98% of respondents thought this theme was appropriate with 83% fully supporting and 14% supporting this in the main as a priority theme.

6b: Other thematic areas that should be included in a National Strategy for Climate, Health and Well-being

Respondents provided a number of recommendations. These are outlined according to overarching themes.

One recommendation was a broadening of the strategy (from a focus on health agencies) to include all areas of the health sector. These include but are not limited to: public health and health promotion, local government, community sector, health industry, health businesses and transport sector. Suggestions related to this theme included:

“The focus is very much on ‘health agencies’, it would be good to broaden out the strategy to include local government and the community. Local government has a huge stake in providing services to the community as do the communities themselves as the recipients of our services. They are well placed to provide input into support for integration of climate change into public health messages in a language they can understand (health literacy). This would lead to greater engagement.”

“Fund the public health and health promotion workforce (as opposed to the healthcare workforce) to deliver programs which support capacity building and enable organisational change towards climate-friendly settings (e.g. schools, workplaces).”

“Wider engagement with healthcare businesses, health economics professionals, industry and health insurers to develop sustainable and resilient approaches.”

Several comments related to the need for a theme that addresses ‘assessment, measurement and risk’. Suggestions related to this theme included:

“It would be wonderful to have a measurement tool for seeing how much healthier we become. It would need to have short, medium and longterm outcomes, and be based on health data sets, not grumpy opinions.”

“Hazard assessment, hazard avoidance and mitigation of climate induced risks such as bushfire, flash flooding, coastal erosion, together with integrated financial responses involving all levels of government and the insurance industry.”

“I am astonished at the absence of any reference to the pressing need for programmatic national research identifying, documenting, and monitoring the current psychological and social impacts of the ongoing threat of climate change, and associated issues relating to indirect exposure...”

“ I am astonished at the absence of any reference to the pressing need for programmatic national research identifying, documenting, and monitoring the current psychological and social impacts of the ongoing threat of climate change, and associated issues relating to indirect exposure...” ”

“ Themes could be strengthened to support strategies for transition to a society which is ecologically sustainable, fair and promotes health and wellbeing for all. ”

Several respondent comments suggested the need to enhance existing themes by broadening the definition of health to reflect ecological and ecosystem aspects of health. Comments included:

“Broaden the scope of climate change to include effect of humans on our earth: soil, air and water resources e.g. plastic being everywhere e.g. oceans and fish health then in turn human ingestion of plastic from food supply and also the cause of poor human health e.g. high intake of highly packaged/ processed poor nutrient dense, high energy dense foods leading to cardio metabolic conditions, also coal seam gas effect on soil health, mining oil on water/ land etc.”

“Environmental determinants of health! Including of course the health impacts of climate change-creating activities such as mining and road transportation— these have to be tackled in parallel. Huge opportunities for co-benefits.”

“Themes could be strengthened to support strategies for transition to a society which is ecologically sustainable, fair and promotes health and wellbeing for all.”

“It would be good if we could include shifting world view. It may fall under Communication and Collaboration, and may be seen as a mental health strategy. I see it as a fundamental underpinning essential, shifting from seeing the planet and environment as something to be exploited to seeing it as an extension of ourselves is one of the most important aspects of creating real change in how people treat the environment.”

“ We think this is a comprehensive list of thematic areas—however, where do climate refugees fit into the themes? ”

Others participants believed the strategy needed to address the health sectors’ commitment to reducing its own footprint:

“Reducing the carbon footprint of healthcare itself.”

“Recycling—my network has little idea of recycling/ using less etc.”

“Need to implement a more complex plan for waste disposal in acute hospital settings. The overall waste is enormous and could be better managed.”

There were several suggestions about incorporating a theme that acknowledges Australia’s regional and international responsibilities to protect health:

“International issues—international development assistance for mitigation and adaptation, climate refugees and related issues.”

“Support for regional efforts to protect health through enhanced foreign aid.”

Several respondents called for an explicit recognition (and/or theme) that the health sector has an important role in supporting and enabling community action on climate and health. This idea is reflected in the following quotes:

“There should be a separate theme that advocates for a supportive function for communities to self-navigate and develop grass-roots actions relevant to community’s needs—a bottom-up, rather than top-down approach. This approach will be most effective for real change.”

“The Australian health sector has a key role in helping the Australian community self-assess their own risks, and support development of their preparedness. So health driven community resilience building ought to be included.”

“Building resilience and strength of communities in an age of climate change.”

Two participants explicitly identified ‘top-down’ and ‘bottom up’ approaches:

“In the development of any framework, it is important to not only develop and work from the top down; but at the same time work and develop from the ground up. There is much that can be learned and shared if we all put our heads together for the common and greater good”.

“Individuals want to see a better future for their families. What can communities do to harness this to make a difference? How can our money be better spent and returned to incentivize action? We need local approaches not just top down but bottom up. We have amazing groups already taking action are these being networked effectively?”

Inclusion and equity were identified as being areas that could be strengthened within the strategy:

“We think this is a comprehensive list of thematic areas—however, where do climate refugees fit into the themes?”

“Something around inclusion—it is widely acknowledged that marginalised groups such as Indigenous people, non-English speaking migrants and the aged will potentially be amongst the worst affected by climate change. Perhaps something implicitly recognising the importance of social inclusion should be included.”

6c: Organisational endorsement of a National Strategy for Climate, Health and Well-being

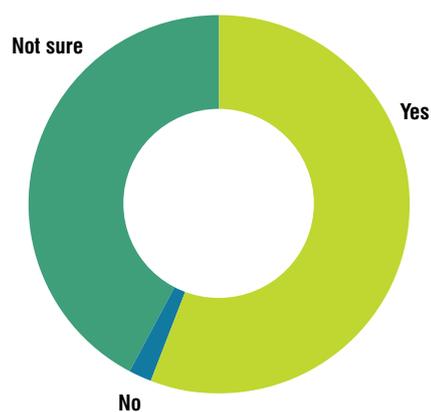


Fig. 24. Endorsement of a national strategy by organisation

The majority (56%) of respondents said their organisation would offer ‘in principle’ support for the National Strategy for Climate, Health and Well-being; 42% were not sure.

How can change be effected?

Discussions around awareness and advocacy

7a: Advocacy for climate action

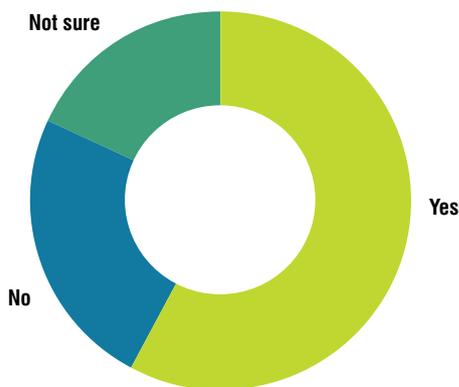


Fig. 25. Engagement by organisations in activities influencing public policy on climate change

58% were currently engaged in activities that could either directly or indirectly influence public policy on climate change.

7b: Ways in which the health sector can put pressure on government/s to tackle the health effects of climate change

Respondents provided a broad range of ideas relation to: advocacy and lobbying, generating evidence, engagement through media and film, awareness raising and education and mobilising actors within the health sector. Some indicative quotes for each theme are presented below.

“ Advocate for a ‘health in all policies’ approach that includes a specific focus on climate change and its impact on health and wellbeing. ”

“ The health sector can collaborate and network as a unified body to lobby government to take action on climate change. ”

Advocacy and lobbying

“Greater advocacy on climate change as a determinant of health coupled with the economic costs associated with this. ‘Money talks’ so being able to demonstrate the high costs of doing nothing versus the costs of mitigating climate change thus improving health.”

“Lobby politicians (Parliament House) and interview them on health effects of Climate Change Rally... Sustained letter writing activities to lobby politicians.”

“Direct advocacy from major and respected organisations like the Medical Colleges.”

“Public advocacy by leading health figures such as Fiona Stanley and the public health bodies (esp. the medical lobby because of their political influence of course!) Publicising what is already known about climate and health impacts and clearly pointing to how climate change is contributing to this, because there is a lack of clarity and some deliberate obfuscation about this. Continuing the good work that CAHA has been doing! including the work on health risks of coal which has been very good.”

“The health sector can collaborate and network as a unified body to lobby government to take action on climate change.”

“Advocacy and lobbying as per CAHA.”

“Advocate for a ‘health in all policies’ approach that includes a specific focus on climate change and its impact on health and wellbeing.”

Generating evidence

“Generation of clear evidence base that shows adverse impacts of climate change on health, and relate to financial implications if we don’t take action.”

“Production of research and evidence by developing tools that can link health and wellbeing to climate change factors.”

“More definitive data on the link between climate change and adverse health outcomes.”

“Continue to supply evidence in easily understood communications.”

“The ‘health sector’ needs to make better use of those professions and disciplines with a very strong investment in human health and well-being ... The absence of psychological considerations, research findings, and current work on the psychological impacts of climate change, and the nature of psychological adaptation processes in this health and well-being context is particularly unfortunate, as these matters have considerable political currency as well as core ‘state of the human environment’ importance.”

“More reporting on consequences through both peer-reviewed literature and ad hoc or regular reporting of climate-associated morbidity and mortality.”

Awareness raising and education

“Health organisations can increase the awareness and education of the public through the use of posters and pamphlets in waiting rooms and public areas of clinics, hospitals, etc. When patients read them and ask health professionals about that material, the health professionals can give a short 2-minute piece of information to the patients about the health effects of climate change. Health professionals go to high schools and assist with education of school students of the health effects of climate change. Increased advocacy to the public of the health effects of climate change.”

“Make it more well known that our environment has changed as a result of humans and it is increasing pressure on the health system.”

“The AL GORE Climate Project. Perhaps something similar could be developed for health professionals as a professional development opportunity. Helping to build confidence in the climate message so that health professionals will lobby politicians and be confident enough [to write] articles in their local newspaper.”

Media and film

“Do something themselves—come up with ideas themselves—have a film which jolts people—short film, put on as a community benefit announcement / film/doco on TV—like the HIV bowling ball add—got people’s attention!”

“A movie about the possible downside and flight to the better prepared world, that would illustrate the issues in an engaging way.”

Mobilise the sector

“Professional organisations and unions can educate their members and take strong positions on climate and health.”

“Numbers—public and private system, hospitals, GP clinics, primary health care, nurses, doctors, ambulance workers, patients, physiotherapists, speech therapists, OTs, dieticians ... There are huge numbers of highly educated concerned people in the healthcare sector.”

“Mobilise key health institutions and organisations to be part of or to support this campaign.”

“Leading by doing. All hospital executives increasing the renewable energy used by hospitals, reducing their waste.”

“Become more active individually, in professional organisations, and in workplaces in reducing emissions, informing and advocating.”

“Build a broad definition of health and broad coalition of supporters.”

“Mobilize the sector—all of it and the general public educate on the specific pathways between climate change, health risks and health outcomes in the near and long term.”

“The health sector can collaborate and network as a unified body to lobby government to take action on climate change.”

“Leading by doing ... All hospital executives [need to] increase the renewable energy used by hospitals, [and] reduce their waste.”

“ Mobilize the sector—all of it and the general public educate on the specific pathways between climate change, health risks and health outcomes in the near and long term. ”

7c: Actions that organisations would engage in to support the development and implementation of a National Strategy for Climate, Health and Well-being

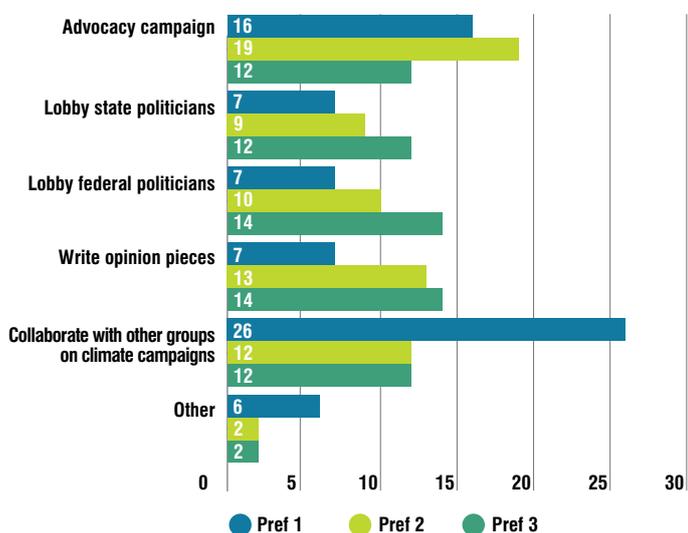


Fig. 26. Top three preferences by type of engagement (number of responses)

Among the 75 responses there was a preference for engaging through collaboration with other groups on climate campaigns; followed by a dedicated advocacy campaign and writing opinion pieces. Engagement activities related to lobbying Federal politicians and State politicians were lower preferences, and other actions respondents indicated they would engage in are further described in comments below.

“Approach universities with a substantial commitment to climate change research with respect to all of the above.”

“Support education and increased awareness among health professionals and students.”

“Work with adults who actually want to find ways of working/fixing etc—not just politician and government bashing.”

“Research and develop and disseminate primary research on the relationship between climate change and health harm along with developing and evaluating health protective adaption strategies.”

“ Look for best practice examples of what individuals, businesses are doing on a local, regional, state, national and international level that could be utilised as examples of how things can be done differently. From working in the public health sector for over 20 years, the governments want solutions that they can implement... Not confine our thinking to just health—there is enough of a silo approach, we can learn from others industries as well. ”

And another thing ...

Additional comments and issues

The final survey question provided respondents with an open space to raise issues and concerns. Three themes emerged in relation to championing for change, expansion/reorientation of themes and comments of support for the CAHA National Strategy campaign:

Championing for change

“Senior executives have to be engaged for any meaningful change to be implemented. Unfortunately with the pressures of managing a health services climate change and its impact on health is not a high priority. We need a shift in thinking—for a medical model to a more social model of health. By building community resilience we can bring about change. Other than this I guess you use the stick approach and make the environment part of the accreditation process—make it a KPI for all hospitals and health services to have an environment plan that addresses the issues.”

“Substantial action on climate change will only be made when it serves the interests of those with political and financial power. Short-term managerialism is the preferred horizon of action for this group. When climate solutions can be tied to other short-term objectives of elites (profit, re-election, prestige, convenience) then progress becomes more possible.”

“Health networks must be forced to implement environmental strategies/practices!”

“... We need a shift in thinking—for a medical model to a more social model of health. By building community resilience we can bring about change ...”

“Substantial action on climate change will only be made when it serves the interests of those with political and financial power. Short-term managerialism is the preferred horizon of action for this group. When climate solutions can be tied to other short-term objectives of elites (profit, re-election, prestige, convenience) then progress becomes more possible.”

Expanding or reorientation of the National Strategy themes

“The paper is fantastic and the whole engagement campaign is comprehensive. I think public health people ‘get it’ but there’s not much in this paper for them (ie, if they work outside of health care delivery). We probably need to spell out a role for them (especially in Queensland where the health promotion workforce have largely been stood down).”

“Use the term psychosocial impacts of climate change paired with mental health impacts. These are also incredibly important consequences of indirect and vicarious impacts of climate change in addition to a more narrow focus on mental health. Psychosocial impacts include community health, social instability, threats to identity, grief and loss, relationship problems, etc. These are not covered in the term mental health problems.”

“Some of the options were a bit limited—there were times when I would have liked a ‘support this but would like to see it extended’ type option generally I am in favour of locating this work more clearly in political strategies to transition to fairer and more sustainable societies, including a broader concept of ecological sustainability, not only climate change, but I think that is a long term project.”

“Be careful with the current pointed criticism of DAP, without a current critique of its alternatives.”

“Proposed Theme 3 mentions ‘Enhance disease monitoring.’ This is important, food and nutrition monitoring will also be important. A long term commitment to monitoring and surveillance of food and nutrition in Australia is needed, and this should include food security in a comprehensive manner.”

“Strategies, discussion papers are a waste of money and time everyone talks and says they want action, but no one actually does act in the long run, everyone is only interested in making the ‘correct’ noises, so they look good for their time in the spotlight.”

Support for the CAHA National Strategy campaign

“Thank you for taking the time and energy to do this.”

“Thank you for being proactive and driving the climate change agenda in the health space in Australia.”

“I welcome this opportunity and believe this is the first step in the right direction for our nation.”

“I would love to collaborate with you for an article about the remote rural communities I work with.”

“Congratulations to CAHA on taking this important national initiative! You might like to consider collaborating with ‘Beyond Zero Emissions’.”

“Good on you for doing this. As you go forward, please think broadly and imaginatively. Climate change impacts are far wider than climatic effects alone; health cannot be seen at an individual bodily level either. Tackling them together they can help prompt positive transformational change.”

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“ Thank you for being proactive and driving the climate change agenda in the health space in Australia. ”



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