



National Health, Sustainability and Climate Unit
Department of Health and Aged Care
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HCCA Submission: National Health and Climate Strategy

The Health Care Consumer's Association (HCCA) appreciates the opportunity to provide feedback on the draft National Health and Climate Strategy. We consulted with HCCA members and our extended networks in preparing this submission.

The Health Care Consumers' Association recognises the importance of considering the impact climate change, as well as the importance of a sustainable environment on the provision of healthcare. Climate change is one of the most complex issues we face. It is challenging to address as it cuts across all ecological, social or economic systems and affects human health at a global and local level.

Climate action needs to achieve mitigation, adaptation and equity. We need to:

- reduce emissions and stabilise levels of greenhouse gases in the atmosphere (mitigation);
- adapt to the climate change already set by (adaptation);
- protect the most vulnerable people from adverse effects of global warming (equity).

From our perspective there are three clear areas for action for the health system:

- keep people healthy so their need for healthcare reduces
- reduce low value care.
- decarbonise the health system to reduce greenhouse gas emissions and the carbon footprint.

Adaptation is important but we cannot prioritise this over mitigation. The climate is changing and we are seeing heatwaves, bushfires impacting the environment and human health, and rain bombs resulting in devastating floods. We need to respond to this but also do what we can to stop further damage.

We need to be able to answer the question: how do we continue to deliver health care in a changing environment?

Health Care Consumers' Association

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HCCA is a member of Consumers Health Forum and Climate and Health Alliance and support their advocacy for action on climate change, including their respective submissions to this consultation.

To achieve the level of change across the health system needed to respond to the challenge of climate change there has to be consumer involvement. We need to work with consumers, to learn from their experiences and to bring them with us on this journey. Working with consumers will be a vital component of an effective Climate and Health Strategy. Consumers will need to be willing participants in changing the way we deliver health care in response to the climate crisis and be reassured that such change will not negatively impact on their health outcomes.

As we write this submission climate change is making its presence felt, with record-breaking temperatures across the world, posing health risks for people and the environment. This is important work that must be prioritised. We cannot wait.

The health of people and the planet deserve our full attention and effort. We have been disappointed at the pace of change towards climate resilient and environmentally sustainable health services. We have struggled with the prioritisation of the economy and many in our membership have expressed a sense of despair, believing that only when the financial sector experiences impacts on investment portfolios we will see action to manage climate risk and a commitment to reduce carbon emissions. We are pleased to see a growth in participation across Australia in the Global Green and Healthy Hospitals Network. This suggests there is an increased appetite for support, information and guidance on how to decarbonise health services.

As one of our members said, “*climate change can feel like a problem for the future, but it is a problem we are living with now*”.

We would welcome an opportunity to contribute further to this important work.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Darlene Cox', is written over a light grey rectangular background.

Darlene Cox
Executive Director

24 July 2023



SUBMISSION

National Health and Climate Strategy

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About HCCA

The **Health Care Consumers' Association (HCCA)** is a health promotion agency and the peak consumer advocacy organisation in the Canberra region. HCCA provides a voice for consumers on local health issues and provides opportunities for health care consumers to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation and consumer and community consultations;
- training in health rights and navigating the health system;
- community forums and information sessions about health services; and
- research into consumer experience of human services.

HCCA is a Health Promotion Charity registered with the Australian Charities and Not-for-profits Commission.

HCCA's approach to this submission

HCCA is a member-based organisation and we draw on the views and experiences of our membership and networks to advocate for consumers.

In preparing our feedback on the National Health and Climate Strategy (the Strategy) we have drawn on the knowledge and experience of our members and their specific feedback on the Strategy. The feedback we received is collated and contextualised below.

We have not addressed all the questions proposed for feedback and have focussed on what our members view as priorities for action. For ease of reference we have presented our feedback using the provided question number and brief descriptor.

We have also included additional comments about areas of concern to consumers that we did not view as a natural fit under the categories provided.

1. Objectives

HCCA supports the intent of the objectives outlined in the Strategy but we **need plain language** to communicate these objectives. Mitigation, adaptation and resilience mean many different things to people.

For example, Mitigation: Accelerate the reduction of greenhouse gas emissions from the health system. There is confusion for some people about the relationship between greenhouse gas emissions and carbon emissions. We talk to consumers about decarbonising the health system.

HCCA has long advocated for Health in All Policies (HiAP). We have supported this approach as it integrates and articulates health considerations into policymaking across sectors to improve the health of all communities and people. This is consistent with addressing the impacts of climate change on the health of people and our planet through government actions in all sectors including the health system.

We would like to see equity as an objective for this Strategy in addition to a principle. We know that climate change has disproportionate effects on marginalised communities. It has profound risks and impacts on health, particularly for vulnerable populations such as older people, people with chronic conditions, those who are socio-economically disadvantaged, people with a disability, women, girls, and people who are from a Culturally and Linguistically Diverse background. Climate change impacts social determinants of health, including housing, food, and water. We would like to see the inclusion of an equity focus to acknowledge that environmental changes can have differing social, economic, public health, and other adverse impacts on vulnerable populations and their capacity for resilience and to engage in reduction and mitigation strategies is more limited.

We wonder why can't we have an objective to have a net zero health care system? While we appreciate that this may not be achievable in the early stages, this should be a recognised and formalised goal set to guide ongoing actions.

4. First Nations

In recent months we have been speaking with consumers about woodfire smoke. In the ACT we are moving to reduce woodfire smoke through the removal of woodburning heaters. It has raised an interesting point about balancing cultural needs with public health, including reducing particulate matter to improve air quality as well as reducing carbon emissions as a mitigation strategy for climate change.

We know of the importance of fire to many Aboriginal people. Smoking ceremonies are used by many communities across Australia. This ceremony involves gathering people around a fire that has high levels of smoke. The smoke serves to protect people while visiting their hosts' country.

Fire has been central to many aspects of traditional Aboriginal and Torres Strait Islander life, including cooking, storytelling, ceremonies and rituals and medicinal practices.

Aboriginal people on mainland Australia also used fire extensively for land management to promote productive ecosystems. We are seeing a re-emergence of traditional Aboriginal burning in modern day land management.

We encourage more, and ongoing, discussion with Aboriginal and Torres Strait Islander people to understand their connection to land and environment and work out ways to preserve their cultural needs and balance these with public health needs. This applies to all aspects of the Strategy.

8. Emissions reduction

We need to reduce emissions now to avoid climate change impacts decades into the future.

A Global Roadmap to Health Care Decarbonisation has been developed by Arup and Health Care Without Harm. This Roadmap¹ identifies seven high-impact actions across three intersecting pathways which are key to achieving healthcare decarbonisation. We need to be sure all 7 are adequately reflected and acted upon in the Strategy.

9. Built environment and facilities

Our building and urban planning designs need to change in response to a changing climate. It is important that health facilities are electrified in line with other commercial spaces and people's homes. There must be changes to the way building and facilities are designed and constructed.

In our discussions with consumers the following issues were raised around how best to adapt to a changing climate. We believe that green and healthy hospitals promote good health and wellbeing by reducing their environmental impact. For example

- buildings should include active solar protection such as operable external shading mechanisms to keep places cooler in summer or enable them to be warmed by the sun in winter.
- there must be appropriate back up power to manage potential power outages that may occur, especially during heat waves.
- health campuses and buildings should include well designed and cared for green spaces. Green space has a localised cooling impact, improved neighbourhood biodiversity and is also important for mental health and wellbeing.
- Buildings should have ventilation systems to filter particulates so staff and consumers are not breathing air that is dangerous to our health – this is important for environmental (eg fire, smog, dust) and infection (pathogens) reasons in a health care setting.

Consumers also raised a range of questions about how these issues are being addressed more broadly in Australian Government policy and guidelines:

- How are the Australia Health Facility Guidelines changing to address these issues?
- How are warmer temperatures affecting assumptions for energy modelling?
- How are hospital campuses being designed to respond to heavy rain fall in short periods that lead to inundation and flooding?

10. Travel and transport

We are interested in how the Strategy will account for emissions from transportation and distribution activities across the health system.

We note that patient and visitor transport fall outside the traditional definition of scope 1, 2 and 3 emissions. What action is being taken to address this when we know it is a significant contributor to greenhouse gas?

Changes to the delivery of health care can be effective at creating sustainable change, particularly through methods already adopted and preferred by consumers. This includes the use of telehealth and delivery of care that is closer to home, promoting more sustainable transport options, making commitments to reducing unnecessary business trips and providing charging stations for electric vehicles.

We do not consider patients walking to hospital to be a reasonable expectation to reduce greenhouse gases. This is not a helpful suggestion for mitigation and places the onus on consumers in their moment of need when meaningful change must be achieved at a system level.

13. Waste

If we are to mitigate the negative impacts of pollution and climate change on public health, then we must address the issues relating to medical waste. Dealing with medical waste involves transportation, autoclaves and incineration – significant

contributors to greenhouse gas emissions and release of toxic particles into the air. Other waste ends up in landfill and this poses environmental and public health risks as material decomposes slowly and accumulates overtime.

The consumption of single-use items has increased during the COVID-19 pandemic. We appreciate there is a balance between the use of personal protective equipment to decrease the risk of infection and the environmental impact. The pandemic is not over and there is risk of further pandemics with a changing climate, so there is an urgent need to change the way medical waste is created and managed. Our approach to single use medical supplies must include consideration of the entire product lifecycle and solutions must include the development and deployment of less resource intensive product options (such as in the case of alternative inhalers), more deliberate utilisation of products (ie only in circumstances where need is established, there is a clear benefit and potential alternatives are not viable), and innovation in waste management. Medical suppliers, producers and end users must be cognisant and responsible for the use, disposal and carbon footprint of medical waste.

14. Prevention and optimising models of care

Social prescribing

We are pleased to see a focus on social prescribing in the Strategy. This demonstrates the challenge of changing practice. Social prescribing is not a new concept and has been in place in the UK for twenty years. It has a focus on encouraging and supporting health professionals to refer people to a range of local, non-clinical services to support overall health and wellbeing. In Australia the take up has been slow and consumers remain hesitant.

Prophylactic social interventions and social treatments hold promise for reducing the disease burden that creates demand for medical consumption – medications, implements, personal protective equipment, power and transport.

Beyond social prescribing, deploying these sorts of interventions at a population level will have a protective factor which reduces demand for traditional health care and demonstrates a concomitant reduction in its carbon and greenhouse footprint.

Private sector

The private sector plays a large role for consumers. Beyond private operation of public and private hospitals, pharmacies and medical practices are key to the consumer experience of health care and important for us to maintain our health and wellbeing. We think the private sector must be required to engage meaningfully with the climate change agenda and their important role in health care and its environmental and resource impact needs to be reflected in the Strategy.

We suggest there may be levers relating to corporate governance and mandatory climate reporting standards which could be employed to drive private sector

participation and compliance. For example, the introduction of International Sustainability Standards Board (ISSB) issued its finalised sustainability and climate standards, IFRS S1 and S2.

Diagnostic and pathology services

If we are committed to low-carbon health services then this needs to encompass diagnostic and pathology services as well as health technology.

Although the carbon footprint of pathology testing is relatively small, the scale of testing undertaken makes it a significant contributor to the environmental impact of healthcare.

Reducing unnecessary testing is the most viable approach to reducing the footprint of diagnostic and pathology services². Overservicing and unnecessary testing have potential negative health impacts for consumers and for both these reasons clinicians should be supported to make more judicious choices about when and what to test for.

Developing clear guidelines for evidence-based use of these services could help to reduce the risk of low value care/services and contribute to climate change mitigation. It will be imperative to engage with health care professionals and consumers to progress changes to the way in which these services are utilised while maintaining equity in accessing necessary diagnostic and monitoring processes.

Health Technology Assessment

We want to understand how we will integrate carbon emissions into health technology assessment. The approval of health technology should reflect its effectiveness and cost but also its safety - at an individual but also a societal level. Consumers feel strongly that evaluation processes for new and existing health technologies need to include carbon emissions. We know that there are technical and implementation challenges in incorporating carbon emissions into the assessment process but this needs to be addressed.

Currently, health technology assessments focus on whether the economic cost of new pharmaceuticals and medical devices, or model of care can be justified. The process does not include consideration of environmental impacts such as carbon emissions. This Strategy should commit to this change. We need health technology to be environmentally and economically sustainable, and this means the assessment process must take account of carbon emissions,

Primary care

Primary care is a vital element of our health system. Just as primary care is at the forefront of responding to increasing risk to health from global warming, it is also a contributor to carbon emissions and environmental harm. We are very interested in the reduction of the carbon footprint in primary care practice as we do not see that this is

getting the same level of focus as the hospital sector. Primary care is a significant part of the health care system and we think much more needs to be done to address its carbon footprint.

The Royal Australian College of General Practitioners³ and the World Organization of Family Doctors⁴ have declared climate emergencies. There is an increasing appetite to act.

Mitigation of the activities of primary care practice needs to be addressed specifically and on both a regional and national level. There is great variation between metropolitan, regional and rural practices. We are interested in the role of Primary Health Networks in supporting primary care to reduce carbon emissions through environmentally friendly changes to business models and premises but also through changes to clinical practice.

Most emissions generated by primary care occur indirectly through service use. Most patients travel to access primary care via private vehicle.

Switching from metered-dose inhalers to dry powder inhalers is an example of a change in clinical care that can reduce the environmental impact of treating a range of conditions. There has been increasing focus on this and it is important that the need to make changes such as this, and the safety of doing so, is communicated clearly with consumers and carers. Effecting these changes on a large scale will rely on consumer and clinician buy in. This change does not have an adverse impact on a person's health but it can have a positive impact on the health of our planet as it minimises the use of gases like nitrous oxide.

What are we doing to support the Greening Up⁵ of General Practice in Australia? We know there are examples of practices who have embraced the challenge and are more environmentally friendly by recycling, reducing electricity use, and installing or simulating double glazing on windows. Not all practices are able to build a new facility and old buildings will require retrofitting. Still, we know there are design elements that reduce the environmental impact and are good for the health of patients, staff and the planet.

We think General Practitioners have a responsibility and an opportunity to address climate change by greening general practice.

We have been following the work of Pegasus Health in New Zealand which undertook a carbon audit and then has introduced a program to reduce carbon emissions⁶.

There is much work in the National Health Service (NHS) in the United Kingdom in greening general practice and the toolkit, Green Impact for Health⁷, is a useful example to demonstrate how general practices can be assisted to reduce their environmental impact.

The Doctors for the Environment have been strong advocates for this. They can see the way in which general practice is being affected by climate change. The GPs see impacts in their patients and the communities they are part of and this awareness should be harnessed to implement change. Primary care will need to be supported in making the changes necessary to reduce their carbon footprint while ensuring ongoing quality care for their patients.

NGO health care sector

The Non-Government sector in the health system also needs to be included in any initiatives to measure and reduce carbon emissions.

NGOs provide excellent services on modest budgets. They deliver health and social care that is key to health and wellbeing. They also include peak bodies who through strong community connections can advocate for issues of importance to their representative groups. They are often innovative and flexible, with strong consumer and community participation in their governance, service design and policy work. Many NGOs work with people and communities living with disadvantage and people who are homeless or at risk of homelessness, alcohol and drug services, mental health services, people with intellectual disabilities and former prisoners. They also meet the needs of diverse communities including Aboriginal and Torres Strait Islanders, refugee and migrant communities and LGBTIQ+.

While this is a significantly smaller proportion of overall health funding it is an important element of the health system. For example, NSW Health invests about \$150m a year in health services provided by community-based non-government organisations (NGOs). In the ACT NGO funding is around \$50m per year.

Government funding makes up a large proportion of income for these organisations, enabling them to deliver essential services and alleviating the demand on public health services. Any work to measure and address the impacts of climate change will place an extra burden on NGOs and will need to be supported by Government.

Other comments

Mental health

We tend to focus on the direct threat and physical impact of drought, floods, bushfires and air quality, extreme heat, and coastal inundation. The impacts of climate change are not just physical. People share with us the challenges to their mental health. People hold painful feelings about the climate crisis. We need to acknowledge this and make room for the expression of uncomfortable feelings and concern for the future. We need to explore ways to cultivate hope, encourage action and manage the feelings of despair.

Health Literacy

There is no reference to health literacy in the consultation paper and we think this an issue that needs to be addressed.

There is a conceptual model of planetary health literacy⁸. We are very interested in how we can build community health literacy so that individuals understand the complex relationship between climate change and human health.

There is an interesting study⁹ published in the Journal of Climate Change and Health (2021) looking at climate-specific health literacy and medical advice.

This study found:

- a majority of respondents, while perceiving climate warming as causing global health risks, fail to recognise climate change as a serious threat to their own health.
- those participants who had received climate-specific medical advice had greater knowledge and awareness of health risks related to climate change. Around 70% of participants indicated they were prepared to engage in climate-friendly behaviour if physicians informed them about climate-related health risks. This included making strong efforts to reduce greenhouse gases in their everyday life.

It underscores the importance of health literacy as part of bringing about change in behaviour to support mitigation and adaptation and build resilience. Education and building health literacy can also contribute to addressing inequity in terms of health outcomes and can also help reduce over/under servicing and inefficient or inappropriate health care¹⁰.

Preventive health

An important mitigation measure is keeping people healthy so our need for healthcare reduces. Yet, we do not see the strong alignment between preventive health measures and planetary health featured adequately in the Strategy.

We are keen to see more discussion about climate protection being described as good for our own health and good for the planet. For example,

- reducing over-consumption of meat in our diets and animal by-products has positive effects on reducing greenhouse gases and human health.
- active travel and increase used of public transport increases individuals' levels of physical activity and reduces air pollution.

¹ [NEW GLOBAL ROADMAP for Healthcare Decarbonization towards climate resilience and health equity | Health Care Without Harm \(noharm-uscanada.org\)](#)

² [The carbon footprint of pathology testing | The Medical Journal of Australia \(mja.com.au\)](#)

³ [RACGP - Climate change is a health emergency, RACGP declares](#)

⁴ [World Organization of Family Doctors \(WONCA\) \(globalfamilydoctor.com\)](#)

⁵ [RACGP - Greening up – Environmental sustainability in general practice](#)

⁶ [Pegasus Health signs OraTaiao 'Climate Change and Health' Call For Action - Pegasus Health | Primary Health Services](#)

⁷ [Green Impact for Health | Green Impact | Students Organising for Sustainability \(nus.org.uk\)](#)

⁸ Jochem C, von Sömmogy J, Hornidge AK, Schwienhorst-Stich EM, Apfelbacher C. Planetary health literacy: A conceptual model. *Front Public Health*. 2023 Jan 16;10:980779. doi: 10.3389/fpubh.2022.980779. PMID: 36726624; PMCID: PMC9886088.

⁹ Reismann, L. et al. (2021) Climate-specific health literacy and medical advice: The potential for health co-benefits and climate change mitigation. An exploratory study. *The journal of climate change and health*. [Online] 4100072–.

¹⁰ Gibney S, Bruton L, Ryan C, Doyle G, Rowlands G. Increasing Health Literacy May Reduce Health Inequalities: Evidence from a National Population Survey in Ireland. *Int J Environ Res Public Health*. 2020 Aug 13;17(16):5891. doi: 10.3390/ijerph17165891. PMID: 32823744; PMCID: PMC7459493.