

# **AHHA response to the National Health and Climate Strategy Consultation Paper**

Submission

24 July 2023



## OUR VISION

A for a healthy Australia supported by the best possible healthcare system.

## OUR MISSION

To conduct research, educate and influence the healthcare system to achieve better health outcomes, improved patient and provider experience, greater equity and sustainability.

## OUR GUIDING PRINCIPLES

Healthcare in Australia should be:

**Effective**  
**Accessible**  
**Equitable**  
**Sustainable**  
**Outcomes focused**

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## INTRODUCTION

The Australian Healthcare and Hospitals Association (AHHA) welcomes the opportunity to provide input to the National Health and Climate Strategy (the Strategy) Consultation Paper. AHHA commends the government on taking this important and long called for step of recognising and prioritising the impacts of climate on health and health care.

### ABOUT AHHA

AHHA has been the national voice for public health care for more than 70 years, maintaining its vision for an effective, innovative, and sustainable health system where all Australians have equitable access to health care of the highest standard when and where they need it.

AHHA is Australia's national peak body for public hospitals and healthcare providers. Our membership includes state and territory health departments, Local Hospital Networks (LHNs) and public hospitals, community health services, Primary Health Networks (PHNs) and primary healthcare providers, aged care providers, universities, individual health professionals and academics. As such, we are uniquely placed to be an independent, national voice for universal high-quality healthcare to benefit the whole community.

In 2019, AHHA established the Australian Centre for Value-Based Health Care to support thought leadership in driving person-centred, outcomes-focused, value-based health care. Through the Centre we engage public and private health service providers around embedding a sustainability lens in designing models of care, that consider the person, the provider and the planet.

### AHHA AND ENVIRONMENTAL SUSTAINABILITY

AHHA has a long history in the climate and health policy arena. More than a decade ago AHHA was a founding member the Global Green and Healthy Hospitals Network and has been a long-standing member of the Climate and Health Alliance.

AHHA is currently represented on the Chief Medical Officer's Advisory Group for the development of the National Health and Climate Strategy and co-leads the 'health systems resilience and sustainability' stream of the *Healthy Environments And Lives (HEAL)* Network, a broad research coalition which aims to catalyse research, knowledge exchange and translation to bring measurable improvements in health, health systems, and the environment. AHHA is also an active contributor as part of the Health Working Group to the Better Futures Australia Initiative, a cross sector initiative aimed at reducing Australia's carbon footprint.



Globally, AHHA is represented on the Steering Committee for the Geneva Sustainability Centre – an initiative of the International Hospital Federation with a vision of supporting hospitals to become leaders for sustainability in their communities, as well as the World Health Organization’s Alliance for Transformative Action on Climate and Health (ATACH).

The AHHA research arm, the Deeble Institute for Health Policy Research has published several policy briefs exploring key elements of healthcare environmental sustainability including:

- [Deeble Issues Brief No. 51: Promoting mental health in a changing climate: children and young people as a priority](#)
- [Deeble Issues Brief No.48: Decarbonising clinical care in Australia](#)
- [Deeble Issues Brief No. 41: Transforming the health system for sustainability: Environmental leadership through a value-based health care strategy.](#)
- [Deeble Issues Brief No. 1: Australian healthcare services and the climate change debate](#)

AHHA also has knowledge and experience working with services and health professionals at the coalface through partnering with our members to develop and support the implementation of organisational climate and health strategies and action plans that consider the current and emerging evidence, identify critical areas of need, establish sustainability measurement approaches, and support the significant cultural change necessary to promote meaningful action.

Our experience in sustainability research, policy and practice has imbued AHHA with important insights on what is needed to develop a practical and meaningful National Health and Climate Strategy.



# AHHA RESPONSE TO CONSULTATION PAPER

## CONSULTATION PROCESS

AHHA would like to highlight the importance of hearing from a diversity of voices and ensuring meaningful co-design in the development of the Strategy.

We feel it is a missed opportunity that an Aboriginal and Torres Strait Islander voice was not included within the Chief Medical Advisory Group (CMOAG) given the prominence of First Nations leadership throughout the draft strategy and the identified impact that climate change is expected to have on First Nations Health.

For the strategy to be effective it must ensure that consultation process is broad and includes the diversity of the health sector. This should include, but not be limited to:

- The breadth of the health and aged care workforce working at the coalface, including allied health, primary care, nursing, community care, rural and remote health workers and more.
- Healthcare leaders and executives.
- Health administrators, finance, procurement, environmental services, supply chain, transport and urban planning professions.
- Aboriginal and Torres Strait Islander peoples and communities.
- Young people as they will be the most impacted by inaction.
- Consumer voices.
- State and territory representatives.
- Rural and remote voices.

Recent research on the progress of the NHS towards decarbonisation has found that initial gains towards becoming more sustainable and less carbon-intensive, achieved through actions targeting energy and transport greenhouse gas (GHG) emissions (quick wins), have stalled. They highlighted a lack of emphasis on engagement activities with clinicians, patients and partners in the process of developing plans and finding solutions as a barrier to continued progress.<sup>1</sup>

Australia has an opportunity to learn from the NHS experience and embed co-design and engagement from the Strategies inception. This will ensure the creation of a more meaningful document that can support practical implementation within services delivering care. It will also act to support the creation of a community of champions who feel ownership over the Strategy and can lead change within their individual services and broader spheres of influence.



## CONSULTATION PAPER INTRODUCTION

The Strategy would be enhanced by the inclusion of a clear vision statement to guide the direction of the strategy and commit Australia to values that support a climate resilient community and a net zero health care system. The Strategy’s purpose ‘of protecting the health and wellbeing of Australians from the impacts of climate change’ should be made more explicit within the document.

AHHA recommends a greater emphasis on the consideration of young people as a priority population within the strategy, as an increasing body of evidence demonstrate that younger people are disproportionately reporting mental health impacts as a result of climate change.<sup>2</sup>

AHHA would also like to call attention to [‘An Australian glossary on Health and Climate Change’](#). Developed by academics and informed by end user stakeholders, the glossary provides a shared understanding of the terminology used to enhance cross-disciplinary research and collaboration on health and climate change. This should be used to guide the language used within the Strategy, and the sector more broadly.

AHHA also supports the need for clear timeframes and accountability processes to be articulated early within the document.

## OBJECTIVES

*Question 1: How could these objectives be improved to better support the vision of the strategy?*

## MEASUREMENT

AHHA strongly supports the inclusion of measurement as an objective of the strategy. However, given that clinical care accounts for the majority of healthcare’s carbon footprint (>60%), the objective should be reworded to specifically reflect the need for “accurate” measurement of healthcare products and services that comprise clinical practice.

Evidence from the NHS supports this need for accurate and consistent measurement and carbon monitoring processes, where it has been shown that a lack of evidence is inhibiting progress to net zero through impeding benchmarking between services and undermining accurate assessment of progress towards national targets.<sup>3</sup>



The Deeble Institute for Health Policy Research Issues Brief [Decarbonising clinical care in Australia](#) addresses this issue and highlights the ‘limited of evidence available to enable health services to accurately monitor usage and evaluation of carbon emission reduction initiatives across healthcare facilities’. It goes on to state:

*“There are no measures in place to guide clinician decisions or promote an informed transition to low carbon clinical care; as well as informing the development of health policy. A successful strategy to decarbonise healthcare is not feasible without granular information of the sector’s GHG emissions. Establishing capacity and infrastructure for the Australian healthcare sector to measure and report its carbon footprint is essential for aligning the sector with international sustainability pledges.”*

Any strategy to reduce the health sector impact on the planet and improve community resilience to the health impacts of climate change cannot be successful if we do not first prioritise the development of evidence-based measurement approaches.

It is therefore essential the National Health and Climate Strategy include the development of effective measurement approaches as an objective.

## CLIMATE IN ALL HEALTH POLICIES

In addition to ‘health in all policies’, AHHA recommends the inclusion of the objective ‘climate in all health policies’. This would signal to the health sector and the Australian community at large that reducing the impact of health care on the planet is everyone’s responsibility and should be embedded in all health policy and practice decisions.

This will be critical to support the significant cultural change that will be necessary at the service delivery level to shift practice away from care that produces unnecessary waste, is inefficient or of low value, towards care that balances patient safety with the ethical responsibility to protect population health through limiting the impacts of healthcare on the planet.

The greatest opportunity that Australia has to reduce the impacts of climate on health is to work collaboratively across sectors, jurisdictions and within the health sector to share information and prioritise collaborative action. To date, however, this collegiality has been hampered by long standing policy silos and poor sector communication. Consequently, elements of the health system remain unaware, or have not considered, the role they could play through existing structures to incentivise climate action and support the creation of a climate resilient health system that protects the health and wellbeing of communities.





An example of a ‘Climate in all Health Policies’ approach is for Health Technology Assessment processes to embed carbon costs as part of the value assessment of health products, services, and clinical pathways in Australia. Health technologies could then be required to comply with GHG emissions impact thresholds to be considered eligible for public subsidies and rated on environmental impact criteria within the tendering process.

The inclusion of ‘climate in all health policies’ objective in the Strategy is therefore critical to underpinning the significant cultural change necessary at the service delivery level to shift practice away from care that produces unnecessary waste, is inefficient or of low value, towards care that protects population health through reducing the impacts of healthcare on the planet.

## PRINCIPLES

*Question 2: How could Principles be improved to better inform the objectives of the strategy?*

*Principle 3, Population Health and Prevention:* This principle should consider the inclusion of prevention that refers to avoiding the development of risk factors in the first place (primordial prevention). At a population level, primordial prevention includes a focus on health and environmental conditions and recognises that determinants of health are influenced by activities outside of the health system itself.

*Principle 5, Evidence-informed policy making:* This Principle could be enhanced through recognition of the importance of life cycle assessments, along with the principles of cost-effectiveness analysis when considering where resources can be allocated to maximise population health gains.

The collection and reporting of the lifecycle carbon footprint of healthcare at both an aggregate level and at the individual care level will provide the foundation for the identification and development of effective interventions and targeted mitigation strategies.<sup>4</sup>

*Principle 6 Partnership-based working across all levels of government and beyond:* This Principle should also highlight the importance of working across sectors to leverage the skills and expertise of other industries. This will better ensure the creation of a holistic and nationally consistent response and mitigate the risk of duplication. The need for all government departments and their respective branches to be working closely together, sharing information and resources should be emphasised.



## GREENHOUSE GAS EMISSION SOURCES

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

In health care, there may be complex interplay between different types of GHG emissions. Therefore, all GHG emissions should be within purview of the Strategy, including action to reduce scope 2 and 3 GHG emissions, where the evidence tells us that 80-90% of healthcare emissions are generated.<sup>5</sup> Measuring Scope 3 emissions via life cycle assessment (LCA) will be vital.

## FIRST NATIONS HEALTH AND CLIMATE CHANGE

AHHA strongly supports the emphasis on First Nations health and climate change. It is critical that First Nations voices and cultural knowledge are recognised and included in all stages of the policy development process and are clearly articulated in the strategy.

AHHA recommends that the objective 'take action to improve food security' should be expanded to also consider water security.

## PROPOSED OBJECTIVE 1: MEASURING HEALTH SYSTEM GREENHOUSE GAS EMISSIONS

*Question 7: What additional data and information is required to support targeted emissions reduction efforts within health and aged care?*

Measuring the healthcare footprint of the Australian health system must go beyond measuring GHG emissions across the system to considering the emissions of specific health care products and practices. This will enable the identification of targets for improvements and guide changes to practice.

As highlighted in the Deeble institute for Health Policy Issues Briefs [No. 41: Transforming the health system for sustainability: Environmental leadership through a value-based health care strategy](#) and [No. 48: Decarbonising clinical care in Australia](#), leveraging funding mechanisms, such as health technology assessment processes and procurement contracts, to consider the carbon footprint of health goods and services, could demonstrate an important structural enabler to drive better value and low carbon sustainable healthcare.



To enable the inclusion of carbon costs in the value assessment of health products, services, and clinical pathways in Australia, healthcare funders PBAC and MSAC will require product level emissions data along with information on clinical outcomes, costs of healthcare tests and treatment.

This will not only provide a mechanism for environmental sustainability to be considered in resource allocation, but will support the early development of a carbon footprint inventory/database for health care.

A stronger emphasis is also needed on understanding the carbon footprint of clinical care activities, and models of care. This will better enable the health sector to prioritise high value care and give due consideration to low GHG emissions models of care in clinical decision making.<sup>6</sup>

## PROPOSED OBJECTIVE 2: MITIGATION

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

AHHA supports the proposed focused areas articulated in the strategy as they align with current evidence and AHHA's experience with health services seeking to decarbonise.

However, AHHA recommends that low value care also be included as a mitigation focus area.

AHHA understands that low and no value care is referred to in section 2.6 *prevention and optimising models of care*. However, given the evidence demonstrating that approximately >60% of healthcare emissions are generated from clinical care, actions that address removal of harmful and low-value care, will be critical to reducing health system GHG emissions.

### LOW VALUE CARE

Low value care provides little or no benefit to patient health, may cause harm, or provides marginal benefits at a disproportionately high cost.<sup>7</sup> Low value health services may include, for example, the prescription of unnecessary medications, the provision of unnecessary screening and/or diagnostic tests, as well as the delivery of avoidable or unjustified medical procedures.<sup>8 9</sup>

It has been estimated that over 8,000 kg tonnes of CO<sub>2</sub>e emissions could be saved annually in Australia by reducing low value care.<sup>10</sup> Pathology testing and diagnostic imaging alone may contribute to 9% of healthcare's carbon footprint in Australia.<sup>11</sup> Overall, researchers estimate that up to 30% of health care is low value, and a further 10% is harmful.<sup>12, 13</sup> Consequently, eliminating



harmful and low value care can reduce GHG emissions whilst improving patient outcomes and lowering overall health expenditure.<sup>14</sup>

Priority actions within a focus area of low value care should include:

- *Reduce low-value pathology*

Global estimates indicate that 12-44%<sup>15</sup> of pathology tests are clinically unnecessary.<sup>16,17</sup> Since each individual test has a carbon footprint, unnecessary pathology testing is related to substantial GHG emissions.<sup>18</sup> For example, an Australian study of five common hospital pathology tests recently found GHG emissions of between 0.5 and 116 g CO<sub>2</sub>e associated with each test, equivalent to driving a car between 3–800 metres.<sup>19</sup> Although the individual carbon footprints were small, millions of tests are performed each year in Australia.<sup>20</sup> Reducing unnecessary testing can be achieved by training clinicians to recognise instances where pathology testing provides low value.<sup>21,22</sup>

- *Reduce low-value diagnostic testing (medical imaging)*

A review into the overuse of diagnostic testing in Australian hospitals found that between 34-62% of computed tomography (CT) scans of pulmonary arteries in suspected pulmonary thromboembolism, 36-40% of imaging tests in patients with low back pain, and 54% of imaging tests in patients with abdominal pain were unnecessary.<sup>23,24</sup> Furthermore, an assessment of CT, chest X-ray (CXR), mobile chest X-ray (MCXR), magnetic resonance imaging (MRI) and ultrasound (US) found that MRI and CT scanners have proportionally large carbon footprints compared to the other imaging modalities.<sup>25</sup>

Health services can reduce GHG emissions associated with low-value care by reducing the ordering of unnecessary imaging, ordering lower-impact imaging (X-ray and US) in place of high-impact imaging when clinically appropriate, and ensuring scanners have high utilisation rates to reduce time spent in standby.<sup>26</sup>

- *Prioritise developing structured processes for reassessment of health technologies, products and models of care throughout their lifecycle to allow for disinvestment in low value goods and services.*

Frameworks for disinvestment and de-implementation are necessary to ensure that products, services and models of care that are outdated, having been replaced by new and better



alternatives, or are found to be harmful or of low value can be removed from public funding mechanisms.

Additionally, dedicated actions to decarbonise clinical care must be identified within each focus area. For example, targets in the medicines and gases focus area must go beyond reducing medicine waste to also focusing on changing prescribing behaviour and redesigning models of clinical care to reduce the need for medications to be prescribed in the first place.

Actions that target clinical care will require significant clinical engagement and cultural change. Recognition of this and the articulation of actions and mechanisms to support these processes is currently lacking throughout the draft Strategy.

This must be strengthened as the evidence clearly demonstrates that engaging clinicians and healthcare staff early and often in the process of change is a critical enabler for success.<sup>27,28</sup> This is backed by the **experience of the NHS, where healthcare decarbonisation has stalled due to insufficient focus on clinical engagement and actions targeting clinical care.**<sup>29</sup>

If the Strategy is to achieve meaningful change, a priority of the mitigation objective must be to support and enable clinical engagement and the co-design of place-based targets, initiatives and actions designed to deliver healthcare GHG emissions reductions.

## TRAVEL AND TRANSPORT

*Question 10: Which specific action areas should be considered?*

AHHA recommends the inclusion of an action within the travel and transport focus area that highlights the importance of redesigning models of care to reduce the need for transport at all (e.g., though virtual models of care, remote monitoring, telehealth).

Fostering integrated team-based care supported by shared data systems can also act to reduce transport emissions though reducing the need for patients to travel to multiple appointments across diverse locations.

## SUPPLY CHAIN

*Question 11: Which specific action areas should be considered relating to supply chain, over and above any existing policies or initiatives in this area?*



Actions within the supply chain focus area must focus on improving procurement processes. Value based procurement (VBP) presents a framework through which this can be approached.

VBP awards a supplied contract on the basis of what matters to people and communities. It focuses on how a product or solution can best deliver outcomes, reduce the total cost of care and provide long term benefits to the health ecosystem, as opposed to focusing exclusively on the initial cost of a product (the price).<sup>30</sup>

As highlighted in the Deeble institute for Health Policy Issues Briefs [No. 41: Transforming the health system for sustainability: Environmental leadership through a value-based health care strategy](#), environmental sustainability should be inherently considered in both the outcomes and costs domains of the value equation. As such actions to reorient the health systems and services towards value-based procurement presents an opportunity to both improve outcomes for people and communities, and reduce impacts on the planet.

Carbon labelling of healthcare products, together with carbon cost information should be introduced as a counterpart to relevant economic evaluations.

AHHA recommends a specific action here to embed carbon footprint indicators in PBAC and MSAC assessment processes. Life cycle assessments should be required for all new technology and pharmaceutical products allowing a product’s environmental impact to be considered along with quality, safety, ethical, efficacy and cost effectiveness in the value assessment of new products. This will allow decision makers to make informed decisions about optimal use.<sup>31</sup>

## MEDICINES AND GASES

*Question 12: Which specific action areas should be considered relating to medicines and gases, over and above any existing policies or initiatives in this area?*

The Strategy must include consideration of all medicines, beyond those listed in the strategy and include actions to target unnecessary pharmaceutical over-prescription and waste.

Research demonstrates that pharmaceuticals contributed to 20% of total healthcare CO<sub>2</sub>e emissions.<sup>32</sup> Factors that contribute to unnecessary pharmaceutical emissions include over-prescription, pharmaceutical waste, and drugs prescribed often due to a lack of preventive healthcare.<sup>33</sup>

Initiatives such as Choosing Wisely Australia<sup>34</sup> and NPS MedicineWise<sup>35</sup> have to some extent raised the profile of issues such as overprescribing and pharmaceutical waste, however their effectiveness



at delivering meaningful reductions and long-term behaviour change has proven to be limited due to a lack of accountability and the voluntary nature of the programs.

Actions must be embedded within the Strategy to target a reduction in pharmaceutical over-prescription that leverage existing health system structures where possible, are underpinned by strong evidence and build in transparent accountability mechanisms. Clinical engagement in the development of these processes will be critical.

AHHA suggests the inclusion of the following actions:

- Identify and embed policy levers, incentives and accountability mechanisms that target low value and unnecessary pharmaceutical prescribing practices.
- Support and resource population health prevention initiatives that prevent or delay medication usage.

## PREVENTION AND OPTIMISING MODELS OF CARE

*Question 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?*

AHHA recommends that prevention and optimising models of care should be separate areas of focus within the Strategy, as the actions that would need to be developed to address each of these areas are distinct, yet of equal importance.

Prevention necessitates a population, health in all policies approach that targets the determinants of health in order to keep people healthy and reduce their need to access health services.

Optimising models of care requires a value-based health care approach that consider outcomes that matter to people and communities for the cost of achieving those outcomes across the entire pathway of care.

Mapping and considering the entire patient pathway will allow for the identification of efficiencies that reduce the carbon cost of care (e.g., reduce duplication and unnecessary care), and prevent emissions reduction activities in one area of the pathway creating unintended consequences in another area (e.g., initial reductions in carbon emissions create further healthcare utilisation downstream). More integrated value-based models of care can then be developed, or existing models optimised, to overcome inefficiencies and reduce environmental impacts, while more effectively delivering the outcomes that matter to people and communities.



This will also require consideration of workforce capability and capacity to initiate and implement mitigation measures, particularly in locations at greater risk from climate change and also with vulnerable population groups.

AHHA recommends the following actions be included in the optimising models of care focus area:

- Develop frameworks to support the development, implementation and assessment of models of care to reduce the environmental impact.
- Identify and leverage policy levers to enable integrated, person-centred team-based care. This must include supporting the development and implementation of interoperable data systems and technology.<sup>36</sup>

## MITIGATION PRIORITIES

*Question 16: Where should the Strategy prioritise its emissions reduction efforts?*

*b. Which of the six sources of emissions discussed above are the highest priorities for action?*

AHHA recommends that optimising models of care and reducing low value care be high priority areas for action. While their areas are more complex and will take longer to generate buy-in and momentum, the capacity for impact is much higher given the proportion of GHG emissions that are generated through clinical care.

*Question 17: What 'quick wins' in relation to emissions reduction should be prioritised for delivery in the 12 months following publication of the Strategy?*

Based on AHHA's experience working with services developing and implementing climate and health and decarbonisation strategies AHHA recommends 'Waste' as an area where quick wins will be able to be demonstrated. It is our experience that given the high visibility of health sector waste there is significant health professional and community buy-in to combat this issue which could be rapidly harnessed to deliver quick wins.

Other areas of focus for quick wins are related to anaesthetic use and include the banning of desflurane anaesthetic use and new nitrous oxide piping in hospitals.<sup>37, 38</sup>





## PROPOSED OBJECTIVE 3: ADAPTATION

*Question 18: What health impacts, risks and vulnerabilities should be prioritised for adaptation action through the Strategy? What process or methodology should be adopted to prioritise impacts, risks and vulnerabilities for adaptation action?*

Workforce shortages resulting from climate change must be prioritised as an area for adaptive action within the Strategy.

Evidence demonstrates that climate change is exacerbating health workforce shortages, particularly in rural and remote areas that are already vulnerable to issues of health workforce maldistribution and inequitable healthcare access. A 2021 study of registered medical professional practicing in the Northern Territory found that over a third (34%) of respondents indicated that climate change is already causing, or is likely to cause, them to consider moving elsewhere for work.<sup>39</sup> Climate related workforce stressors are also reflected in a 2023 paper examining the impact of floods on the community-based health services research workforce.<sup>40</sup> This presents an equity risk for the health system and as such should be a target area for action.

The mental health impacts of young people in response to climate change must also be a priority area of adaptive action.

The Deeble Institute for Health Policy Issues Brief '[Promoting mental health in a changing climate: children and young people as a priority population](#)', demonstrates that young people are particularly vulnerable to mental health impacts from climate change stating:

*In 2021, a survey of 10,000 young people from 10 countries including Australia<sup>41</sup> found that:*

- *84% of the young people were at least 'moderately' worried, including 59% who were 'very' or 'extremely' worried about climate change and the government's response to climate change.*
- *Over 50% of respondents reported feeling sad, anxious, angry, powerless, helpless, and guilty about climate change.*
- *More than 45% of respondents expressed that climate change-related feelings negatively affected their daily life and functioning.*

*Participants recorded a range of negative thoughts about climate change directly.*

Yet to date, very little research has been done 'exploring the impact of climate change on children's and young people's mental health. This lack of knowledge and awareness on mental health impacts



of climate change is a major barrier in managing this issue and developing early intervention aimed at children and young people'.<sup>42</sup>

The mental health impacts of climate change on young people must be prioritised for adaptive action.

AHHA also recommends that action 3.3.2 be broadened to ensure that wider emergency response plans for climate-related disasters and extreme weather events not just 'consider' but also 'embed' health and aged care voices in the preparation, planning, response and recovery phases of climate related disasters and emergencies.

The Strategy must support the establishment of governance mechanisms that enable continuous engagement of all stakeholders, especially the population groups most vulnerable, in the collaborative design and decision-making process concerning the priorities for adaptation within the Strategy. Additionally, these mechanisms should ensure the effective implementation of these priorities in terms of policies and service provision.

To be effective, the Strategy should include focus on the essential role of health systems in education and advocacy within the Australian community regarding the impacts of climate change on health and wellbeing.

*Q 20: Would there be value in the Australian government promoting a nationally consistent approach to vulnerability assessment and adaptation planning for the health system.*

The Australian government should promote a uniform and cohesive strategy towards vulnerability assessment and adaptation planning for the health system and by extension, across sectors and including industry.

*Q 21. What immediate high-priority health system adaptation actions are required in the next 12-24 months?*

Immediate high-priority health system adaptation actions are necessary to address the anticipated impacts of more intense El Niño and La Niña events, such as hot fire-prone summers or increased rain and flooding. Areas of priority include:

Establishing surge capacity in emergency departments to handle increased patient volumes during heatwaves and enhancing public health unit resources to effectively support emergency responses. Hospitals should develop adaptation action plans based on vulnerability assessments and community



needs assessments. Special attention should be given to prioritising elderly care facilities in these adaptation plans, as they are particularly vulnerable to extreme weather and disaster events.

Providing support to primary care in affected areas, including surge capacity to bolster local services and implementing protective measures; and support for staff trained in emergency response plans, ensuring engagement with local primary care health networks.

Adaptation plans for workers exposed to high heat should also be prioritised for development and implementation.

Public health modelling to predict changes in infectious disease prevalence and incidence should be conducted. This information should be translated into alerts and guidelines for healthcare practitioners. This should be supported through implementation of public education and information campaigns to facilitate quicker and clearer responses within communities.

It will be crucial to avoid constructing new healthcare facilities in areas prone to climate change-induced damages.

## PROPOSED OBJECTIVE 4: HEALTH IN ALL POLICIES

*Q22: 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?*

AHHA strongly supports the inclusion of a health in all policies objective.

To realise this objective, AHHA recommends the adoption of value based public health (VBPH) framework to structure implementation in this area.

As highlighted in the recent paper [Value-based public health: Moving beyond value-based health care to support a wellbeing economy](#), VBPH builds upon a health-informed conceptualisation of value and provides a framework to define and measure the value of health and wellbeing interventions at population and societal levels.

A VBPH Framework would provide a structure for defining key enablers of high value, public health in areas of shared governance, community engagement, costing and evaluation, that could be shared across all sectors to enable a health in all policies approach. It would provide a mechanism to establish governance, leadership and accountability mechanisms that allow government agencies to recognise and understand the health and health equity impacts of their policies and support



collaborative approaches to the design and implementation of joint policies that improve health and wellbeing outcomes.

It will also be important that a health in all policies approach is supported by adequate resourcing, strong partnerships and processes for the use of scientific evidence.<sup>43</sup>

The integration of research, data, and real-world patient care, through a learning health system approach would allow a systematic analysis of the effectiveness of climate response strategies and identification of best practices, valuable lessons and opportunities for improvement.

## ENABLERS

*Question 24: How could these enablers be improved to better inform the objectives of the strategy?*

*Question 25: For each of these enablers, what is working well and what actions should the Strategy consider to support delivery?*

## GOVERNANCE

AHHA recommends the addition of a 'Governance' enabler within the Strategy.

In AHHA's experience with health services seeking to implement and develop net zero and/or sustainability strategies, the most important enabler of success is the development of effective governance structures that signal leadership intent for action and support change management processes that promote cultural shifts.

While GHG emission reduction activities can be found occurring in health services across Australia, most are occurring in silos, even within single organisations. Effective governance processes will therefore be essential to embedding sustainability practices within services to be business as usual. Implementation of effective governance will additionally foster the dissemination and scaling of innovation and greenhouse gas (GHG) emission reduction initiatives.

Ensuring adequate support and resources for health organisations to integrate environmental sustainability into their governance and decision-making processes is essential. This will play a vital role in fostering cultural change within the health system, mitigating risks associated with suboptimal change outcomes, safeguarding workforce wellbeing (e.g., reducing hostility, turnover, bullying, low morale, resistance to future change), and protecting budgets.

AHHA recommends the addition of a Governance enabler within the Strategy.



## ENABLER 2: RESEARCH

Evidence-based findings play a crucial role in guiding decision-making and in the context of the strategy, research as an enabler holds immense significance. However, moving towards a more sustainable health system and a healthy Australia will require a greater number of climate change and health researchers who can conduct cutting-edge research, including those with expertise in conducting life cycle assessments. Research efforts must be translational, where findings can be efficiently applied in practical ways. Encouraging, attracting and retaining researchers in this field should be a priority for the government.

## ENABLER 3: COMMUNICATION AND ENGAGEMENT

Communication and engagement should involve stakeholders from all communities, particularly communication and community engagement with the Elders of the First Nations people.

Enabler three must be broadened to highlight the importance of communication and engagement with and within the health sector and the health workforce.

‘Organisations do not change, people do’<sup>44</sup> strategic approach to communication with those affected by the changes in practice is necessary. Guidance will be important to encourage understanding, acceptance and behaviour change necessary to protect the health and wellbeing of Australians from the impacts of climate change.

## ENABLER 4: COLLABORATION

Collaborating towards a common goal enables governments across all levels, service providers and communities to harness their strengths, expertise, and knowledge, leading to successful delivery of the Strategy. The Department of Health and Aged Care plays a critical role in fostering multi-sectoral collaboration.

However, coordination through elected officials with the authority to enforce proper procedures may also be required, especially for agencies hesitant to incorporate the Health in All policy concept into their policies.

## ENABLER 5: MONITORING AND EVALUATION

A commitment to transparency and public reporting of progress against the objective of the strategy must be included.



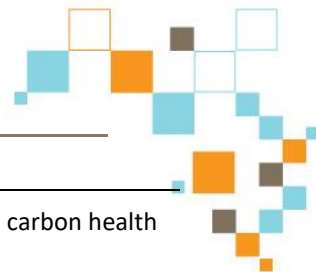
It will also be important to ensure that any indicators that are developed align with international monitoring and reporting frameworks. AHHA is aware that the WHO Alliance for Transformative Action in Climate and Health (ATACH) is progressing work in this area.



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