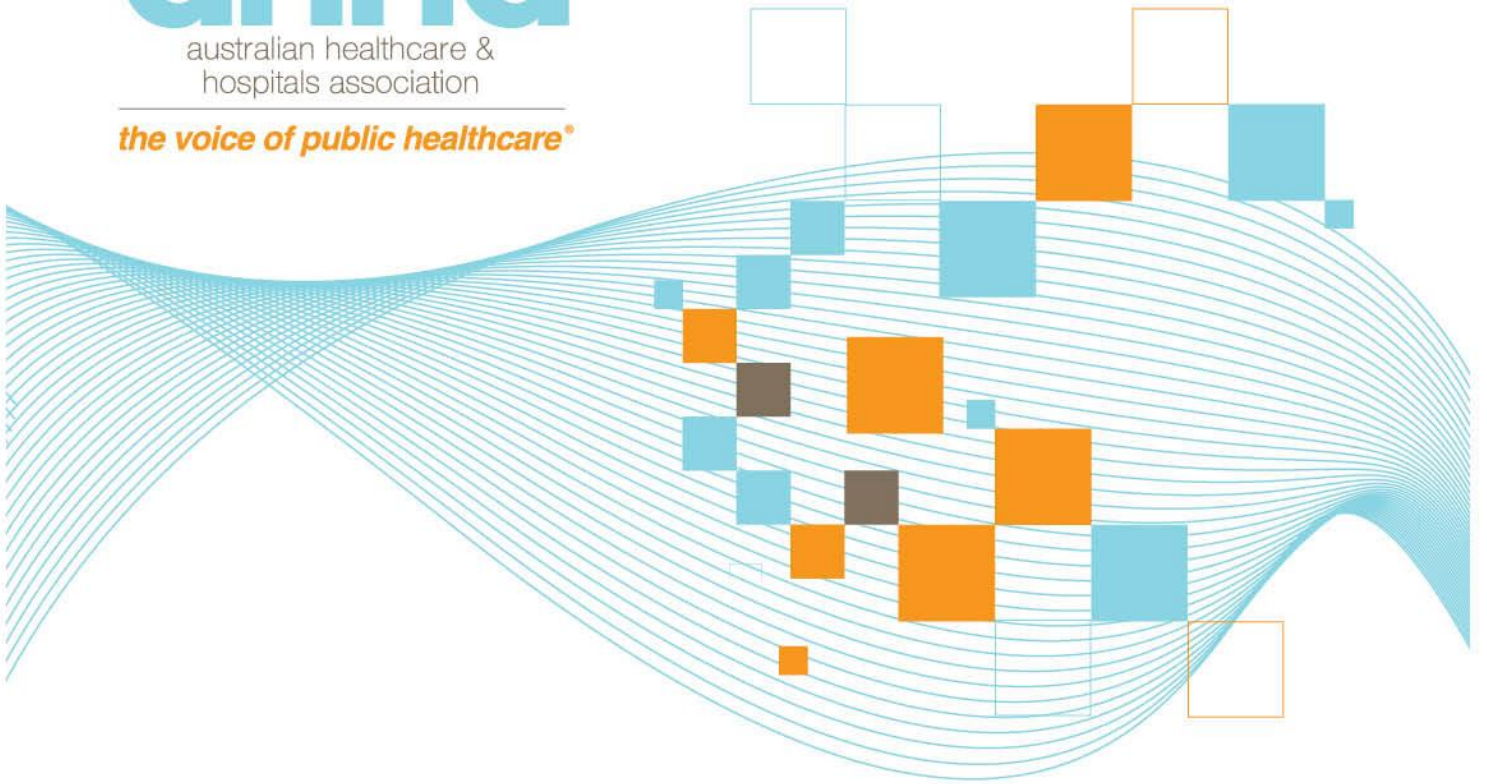![ahha australian healthcare & hospitals association — the voice of public healthcare®]

Royal Commission into National Natural Disaster Arrangements
Submission
28 April 2020

OUR VISION

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 this opportunity to provide feedback to the Royal Commission into National Natural Disaster Arrangements established in response to the extreme bushfire season of 2019-20. The vast nature of the 2019-20 bushfires has, and will continue to have, a substantial impact on Australia's health system, creating greater demand for health services.

AHHA is Australia's national peak body for public hospitals and healthcare providers. Our membership includes state and territory health departments, Local Hospital Networks and public hospitals, community health services, Primary Health Networks and primary healthcare providers, aged care providers, universities, individual health professionals, and medical colleges and academics. As such, we are uniquely placed to be an independent, national voice for universal high-quality healthcare to benefit the whole community. AHHA represents numerous Australian healthcare services, support agencies, health peak bodies and major universities directly and indirectly impacted by the recent 2019-20 bushfire disaster across the country.

Whilst AHHA is supportive of the Commonwealth Government's decision to examine the issues of disaster preparedness, we question the practicality of a six-month Royal Commission timeframe. The development of a cross jurisdictional, coordinated approach to the preparedness for, response to, resilience to, and recovery from natural disasters is vital. Sufficient consultation time must be provided to allow for the development of recommendations that promote and protect the future health and wellbeing of all Australians.

Research indicates that bushfires and natural disasters will become more frequent, harsher and more impactful every year as a result of climate change.[1] It is therefore essential that governments seek to prepare and implement strategies that ensure systems are adequately resourced and prepared for natural disaster events. AHHA has made detailed recommendations for a stronger health system in 'Healthy people, healthy systems'[2], a blueprint for health reform in which governments are called upon to create a healthy Australia supported by the best possible health system. The value in these health system reforms are similarly being highlighted with the current COVID-19 national emergency. While not a natural disaster, these experiences demonstrate the commonalities in reforms needed for our health system to be able to respond in times of natural disasters, national emergencies and national public health emergencies that affect all aspects of the Australian health system.

This submission builds on AHHA's blueprint vision, offering recommendations for coordination and resilience building activities within the domains of:

- ■ Short- and long-term health impacts.
- ■ Coordinated research and data investment.
- ■ Regional responsiveness, governance and funding.
- ■ An equitable response.

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[1] Australian Academy of Science. 2015. 'The science of Climate change'. Available at https://www.science.org.au/files/userfiles/learning/documents/climate-change-r.pdf

[2] Australian Healthcare and Hospitals Association. 2017. 'Healthy People, Healthy Systems: Blueprint for a Post-2020 National Health Agreement', Australian Healthcare and Hospitals Association. Available at www.ahha.asn.au/blueprint.

- ■ Healthcare workforce.
- ■ Digital health.
- ■ National preventive health strategy.
- ■ Climate action.

Coordinated, comprehensive action is needed to ensure the Australian health system is adequately prepared, resourced and agile to protect the health of Australians and respond effectively to climate change and natural disaster emergencies.[3]

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[3] Australian Healthcare and Hospitals Association. 2017. 'Healthy People, Healthy Systems: Blueprint for a Post-2020 National Health Agreement', Australian Healthcare and Hospitals Association. Available at www.ahha.asn.au/blueprint.

SHORT- AND LONG-TERM HEALTH IMPACTS

■ Disaster arrangements and emergency planning must reflect a responsiveness and resilience to the short- and long-term health impacts of natural disasters.

Natural disasters present a diverse range of health challenges dependent on the scale, severity and type of incident.[4] Australia, given its geography and climate, is exposed to natural disasters in the form of bushfires, floods, cyclones, severe storms, heatwaves, droughts, landslides, earthquakes and tsunamis.[5]

The recent 2019-20 bushfire disaster highlights the scale to which severe natural disasters can impact a population. The Australian National University (ANU) Centre for Social Research Methods estimates that approximately 2.9 million Australians were directly impacted by the 2019-20 bushfire season. Further, it is estimated that 77.8 percent of the population, 15.4 million adults, were indirectly exposed to the bushfire threat, primarily through impacts on family, friends and travel plans, exposure to bushfire smoke or experiences of bushfire related anxiety.[6]

Natural disasters present short- and long-term health challenges, for both individuals and population groups. To ensure a robust health system it is essential these health challenges are understood and appropriately considered. This will facilitate the development of a prepared and resilient health system, capable of responding to, and recovering from the growing number of natural disasters experienced in Australia.

This is clearly demonstrated in the 2019-20 bushfire disaster. Immediate health effects of the fires ranged from mild, short-term symptoms (e.g. irritated eyes, nose and throat) to more severe and life-threatening health impacts including radiant heat exposure, heat stress, dehydration, burns, injuries, respiratory conditions or mental illness.[7]

The great distances travelled by bushfire smoke led to widespread toxic air pollution exposure with large sections of the population impacted. For the vast majority of people this resulted in short term, mild health symptoms such as such as coughing, throat or sinuses irritation, headaches or shortness of breath. However, smoke presented a greater risk for vulnerable population groups including those with pre-existing conditions, the elderly, pregnant women, people preparing to undergo anaesthesia

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[4] Giorgadze et al. 2011. 'Disasters and their consequences for public health', *Georgian Medical News,* no 194. Available at https://www.ncbi.nlm.nih.gov/pubmed/21685525.

[5] Healthdirect. 2020. 'Natural Disasters'. Available at https://www.healthdirect.gov.au/natural-disasters

[6] The Australian National University Centre for Social Research and Methods. 2020. 'Exposure and the impact on attitudes of the 2019-20 Australian Bushfires.' Available at https://csrm.cass.anu.edu.au/sites/default/files/docs/2020/2/Exposure_and_impact_on_attitudes_of_the_2019-20_Australian_Bushfires_publication.pdf

[7] NSW Health. 2019. 'Illness and Injury from bushfire'. Available at https://search-proquest-com.virtual.anu.edu.au/docview/216291441?pq-origsite=summonhttps://www.health.nsw.gov.au/environment/air/Pages/bushfire-illness.aspx: Johnson, F 2009, ' Bushfires and Human Health in a changing environment' *Australian Family Physician,* vol. 28, no.9. Available at https://search-proquest-com.virtual.anu.edu.au/docview/216291441?pq-origsite=summon

and surgery and children, who are all more likely to experience more severe smoke induced symptoms.[8]

Evidence shows cities subjected to bushfire smoke demonstrate higher mortality rates during periods of exposure, along with increased hospital admissions, emergency department attendances, GP consultations and ambulance call outs.[9] Analysis of the 2019-20 bushfires estimates that the smoke attributed to these extensive fires was responsible for 417 excess deaths, 1,124 hospitalisations for cardiovascular issues, 2,027 hospitalisations for respiratory problems and 1,305 emergency department presentations for asthma.[10]

Natural disasters can also result in a myriad of long-term health impacts.[11] First responders, their families, those who experience evacuations, and those who lose homes or businesses are exposed to significant stress and trauma. This can lead to mental health challenges including anxiety, depression and post-traumatic stress disorder (PTSD). The indirect threat of natural disasters can also have an impact on mental health. The ANU Centre for Social Research Methods found that those who had family or friends threatened by the 2019-20 bushfires were three times more likely than the baseline to report feeling anxious or worried, with no significant relationship found between property destruction and high rates of reported anxiety.[12]

With more than half of Australian adults estimated to have reported feeling anxious or worried due to the 2019-20 bushfires,[13] there is likely to be significant long-term mental health needs associated with the recent fires. However the 2019 draft Productivity Commission Mental Health Report identified that current population mental health needs are vastly underserved by the Australian mental health system, with service provision highly fragmented, disconnected and siloed.[14] AHHA's recommendations for a stronger mental health system can be found in our submission to the Productivity Commission Inquiry into Mental Health.

Natural disasters also contribute to long term environmental health challenges such as water contamination and catchment damage, increase aeroallergens and air pollution, food security risks,

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[8] Vardoulakis, S. 2020. 'The Health Advocate Podcase: Episode 19 Bushfire effects on the health of Australians', Deeble Institute for Public Policy, (podcast) Available at https://ahha.asn.au/health-advocate-podcast: Johnson, F. 2017. 'Understanding and managing the health impacts of poor air quality from landscape fires'. *Medical Journal of Australia,* no.207. vol. 6. Available at https://www.mja.com.au/journal/2017/207/6/understanding-and-managing-health-impacts-poor-air-quality-landscape-fires

[9] Vardoulakis et al. 2020. 'Bushfire smoke: urgent need for a national health protection strategy', Available at https://onlinelibrary.wiley.com/doi/full/10.5694/mja2.50511.

[10] Arriagada, N et al. 2020. Unprecedented smoke-related health burden associated with the 2019–20 bushfires in eastern Australia, *Medical Journal of Australia.* Available at https://www.mja.com.au/journal/2020/213/6/unprecedented-smoke-related-health-burden-associated-2019-20-bushfires-eastern

[11] Johnson, F. 2009. ' Bushfires and Human Health in a changing environment' *Australian Family Physician,* vol. 28, no.9 available at https://search-proquest-com.virtual.anu.edu.au/docview/216291441?pq-origsite=summon

[12] The Australian National University Centre for Social Research and Methods. 2020. 'Exposure and the impact on attitudes of the 2019-20 Australian Bushfires'. Available at https://csrm.cass.anu.edu.au/sites/default/files/docs/2020/2/Exposure_and_impact_on_attitudes_of_the_2019-20_Australian_Bushfires_publication.pdf

[13] Ibid.

[14] Productivity Commission. 2019. 'Mental Health Draft Report.' Available at https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-overview.pdf
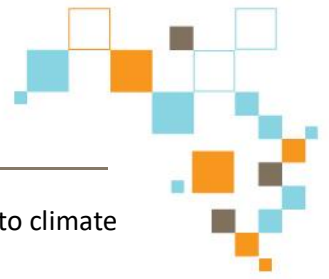
infectious disease exposure and increased atmospheric exposure to CO2, contributing to climate change, all of which all have long term impacts on human health.[15]

An improved understanding of the short and long health impacts of natural disasters is therefore integral to the future planning and strategic design of a fit-for-purpose, equitable health system that can support the population through the physical and mental health impacts of increasingly frequent and severe instances of natural disaster.

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[15] Johnson, F. 2009. ' Bushfires and Human Health in a changing environment' *Australian Family Physician,* vol. 28, no.9 available at https://search-proquest-com.virtual.anu.edu.au/docview/216291441?pq-origsite=summon

COORDINATED RESEARCH AND DATA INVESTMENT

- Commonwealth investment in data development and linkages, as well as immediate funding for coordinated research, is required to inform an evidence base on respiratory illness and the long-term effects of prolonged exposure to bushfire smoke to strengthen response capabilities to the health-related effects of natural disasters and climate change.

- The development and implementation of the health systems evaluation and resilience framework is necessary to enable health services to appropriately and effectively respond to natural disasters and health emergencies.

The 2019-20 bushfire disaster was unprecedented, yet science is predicting that it will not be unique.[16] The increasing frequency of natural disasters caused by climate change is likely to have a significant impact on Australia's health system. Consequently, it is essential that we begin to understand how the health system operates within the boundaries of preventing, preparing for, responding to and recovering from future bushfires and other climate related adversities.

It has been almost 10 years since Australia's National Health and Medical Research Council (NHMRC) first included climate change and health as a priority research area. And yet, in the decade since, extremely limited funding[17] has been dedicated to examining the impacts of climate change on health.

The 2019-20 bushfire season highlighted a lack of robust evidence on the long-term health effects of bushfire smoke. While health professionals have a good understanding of the short-term effects on vulnerable populations and can target services and action accordingly, the long-term population health outcomes have not been properly researched.

In 2016, following significant bushfires in Alberta, Canada, the Canadian Institutes of Health Research (CIHR) immediately responded by providing targeted funding[18] to investigate the impacts of bushfires on people's health. The NHMRC must now do the same. Coordinated, comprehensive and targeted funding to support research into the health impacts of the recent and ongoing bushfires in Australia is required, with emphasis given to vulnerable population groups.

Funding rules should be modified to allow research organisations, health networks and government agencies, and those relevant organisations beyond the traditional domains of health, to collaborate for cost-effective, long-term, longitudinal studies on the impacts of climate change on the physical, physiological and social domains that will affect Australian's public health.[19] Once the impacts of

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[16] Arriagada, N et al. 2020. Unprecedented smoke-related health burden associated with the 2019–20 bushfires in eastern Australia, *Medical Journal of Australia.* Available at https://www.mja.com.au/journal/2020/213/6/unprecedented-smoke-related-health-burden-associated-2019-20-bushfires-eastern

[17] National Health and Medical Research Council. 2019. 'Research Funding Statistics and Data'. Available at https://www.nhmrc.gov.au/funding/data-research/research-funding-statistics-and-data#download

[18] Canadian Institute of Health Research. Available at https://www.researchnet-recherchenet.ca/rnr16/vwOpprtntyDtls.do?prog=2542&language=

[19] Walter, T., Stevens., Verhoeven., and Boxall. 2014. 'Impacts of climate change on public health in Australia: Recommendations for new policies and practices for adaptation within the public health sector.' Available at https://ahha.asn.au/publication/issue-briefs/impacts-climate-change-public-health-australia-recommendations-new-policies

climate change on health have been identified, policymakers can draw on this robust evidence base to develop and implement effective policies and action plans to improve health system capacity and resilience.

To build a robust evidence base that fosters and promotes an adaptable and resilient health system with effective disaster response, coordination and planning capabilities, AHHA recommends that the Commonwealth Government invest in the development and implementation of a health systems evaluation and resilience framework that can be used to:

- Identify the direct and indirect effects of natural disaster emergencies on health, health service delivery and health governance, including specific implications for communities returning directly to disaster affected zones.
- Evaluate the preparedness of the health system and communities to respond swiftly and appropriately to new disasters.
- Plan for post-event recovery and health system resilience to environment-related crises.

In order to strengthen the capacity of the Australian health system to respond to more frequent climate related emergencies investment in data collection and development is necessary. Investment must prioritise the development of data that specifically considers the unmet need for:

- Real time or more frequent data collections that gather and link data on human health and the environment-related matters that are essential to determining causality, and monitoring trends and projections.
- Standardised clinical coding protocols and accurate coding of relevant conditions seen in hospital admissions, emergency department presentations, general practice and other primary care services that will be essential for health care planning, resource allocation and health systems resilience.
- Development of indicators to support national, state and regional performance reporting and service planning.

REGIONAL RESPONSIVENESS, GOVERNANCE AND FUNDING

- Structures to support natural disaster preparedness, response, resilience, and recovery must ensure regional governance structures are maintained and strengthened with essential national support and coordination available as needed.

- Healthcare and disaster response funding must be flexible, appropriately allocated and locally controlled to meet the specific needs of the local communities with an overarching nationally coordinated approach across jurisdictions and regions.

- A timely natural disaster funding response that prioritises the allocation of resources to locally identified required models of care, is crucial to ensure affected Australia are not delayed from accessing essential healthcare services.

- Primary Health Networks (PHNs) and Local Hospital Networks (LHNs) or equivalent, should be empowered to work in partnership to develop resilient local health systems though the targeted strengthening of patient-centred, locally driven, collaborative, and integrated healthcare services and pathways, whilst also ensuring integration with other social support services to fulfil priorities of the *COAG National Health Agreement*.[20]

- Governance and coordination of medical supply chains must be strengthened to allow appropriate, timely and efficient allocation of resources during emergencies. The criticality of this requirement has been highlighted in recent experiences associated with COVID-19.

GOVERNANCE AND COORDINATION

Each community in Australia is unique with structures and processes formed through diverse histories, cultures and environments. Natural disasters magnify regional diversity as they impact communities in distinct ways and to varied degrees of severity, as evidenced by the 2019-20 bushfires. Therefore, when considering the development and implementation of structures that act to strengthen emergency preparedness, response, resilience, and recovery it is vital that sufficient local governance flexibility is prioritised to enable effective regional responses.

Mechanisms that allow national support and resourcing in times of crisis are also integral to the development of effective disaster preparedness and recovery strategies. The 2019-20 bushfire emergency demonstrated the importance of Commonwealth support to ensure that state and regional governments were sufficiently resourced to meet local needs. While initially slow to respond, once activated the Commonwealth Government was able to work with the states and

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[20] Heads of Agreement between the Commonwealth and the States and Territories on public hospital funding and health reform, initially proposed by the Commonwealth Government on 9 February 2018. As at November 2019, all state and territory governments have signed on to this funding and reform agreement. Available at https://www.coag.gov.au/about-coag/agreements/heads-agreement-between-commonwealth-and-states-and-territories-public-0.

territories to support local recovery through funding grants and the distribution of national resources such as the provision of medical equipment from the national medical stockpile.[21]

In planning for future natural disasters, all Governments must honour their commitment outlined in the *COAG Heads of Agreement* to actively collaborate to 'integrate systems and services to improve health outcomes.'[22] This includes taking proactive steps to create governance and funding arrangements that support better integration of care across state, territory and Commonwealth areas of healthcare responsibility.

The rapid activation of a National Cabinet, consisting of Commonwealth, state and territory representation, offers a mechanism to ensure a strong coordinated multi-level national response to emergencies, reflective of regional diversity. Including opposition parties in the National Cabinet would assist in ensuring a national consensus at times when there is a critical need for all political leaders to work together. As evidenced in the coordinated response to the COVID-19 pandemic the National Cabinet has allowed states, territories and the Commonwealth to share information and align action to implement a coherent strategy reactive to the emergent demands of the rapidly evolving emergency, yet has maintained mechanisms of regional decision making autonomy.[23] A National Cabinet emergency coordination structure must ensure the inclusion of mechanisms, such as the National COVID-19 Coordination Commission,[24] that allows key stakeholders including national health peak bodies and where appropriate the relevant medical and professional bodies, to feed into, provide clinical expertise advice, and be informed by, the National Cabinet process. This will better facilitate consistent decision making across all jurisdictions and zones of influence to protect the health of Australian communities.[25]

REGIONAL RESPONSIVNESS

Specific disaster response and planning mechanisms must however be initiated through a bottom up approach, driven by existing structures at the local level to ensure resource distribution reflects local need. In the context of health, Commonwealth funded Primary Health Networks (PHN) and the state funded Local Hospital Networks (LHNs) or equivalent, are currently best placed to coordinate and lead comprehensive integrated health emergency responses. PHNs and LHNs have local knowledge, skills and capacities in coordination, commissioning and performance monitoring, as well as established local relationships, structures and processes that can be rapidly activated in times of need. To adequately prepare for future natural disaster emergencies, PHNs and LHNs must be empowered to work in partnership to develop collaborative integrated healthcare pathways and

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[21] Hunt, G. 2020.' Number of P2 masks provided for bushfires almost 3.5 million'. Ministers Department of Health. Available at https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/number-of-p2-masks-provided-for-bushfires-almost-35-million

[22] Heads of Agreement between the Commonwealth and the States and Territories on public hospital funding and health reform. Available at https://www.coag.gov.au/about-coag/agreements/heads-agreement-between-commonwealth-and-states-and-territories-public-0.

[23] Prime Minister, Minister for Health and Chief Medical Officer. 2020. 'Advice on Coronavirus'. Available at https://www.pm.gov.au/media/advice-coronavirus

[24] The Hon Scott Morrison MP. 2020. 'National COVID-19 Coordination Commission'. *Media Release.* Available at https://www.pm.gov.au/media/national-covid-19-coordination-commission

[25] Shoebridge, M. 2020. 'The national cabinet is key to our coronavirus response. Here's how it will need to work'. *The Canberra Times.* March 18. Available at https://www.canberratimes.com.au/story/6684142/the-national-cabinet-is-key-to-our-coronavirus-response-heres-how-it-will-need-to-work/

services that are patient-centred, outcomes-driven, local context specific, culturally appropriate and cost effective.

In the wake of the 2019-20 bushfires AHHA commends the Commonwealth Government on recognising the role of the existing local PHN structure in disaster financing and coordination by allocating 10.5 million[26] (inclusive of $6.9 in million community wellbeing grants) to allow PHNs to commission local community mental health, wellbeing and recovery activities.[27] The recent COVID-19 Commonwealth response also highlights the effective emergency activation of PHNs with each PHN provided with $300,000 to facilitate local identification of appropriate primary care facilities to repurpose as dedicated COVID-19 respiratory clinics. PHNs local knowledge and processes have also been activated in the control of PPE distribution to ensure equitable allocation, responsive to community need.[28]

PRIORITISING ACCESS

During natural disasters and national emergencies, health services can be disrupted in various ways, e.g. in WA recently, flights for attending GPs to outlying communities were cancelled during bushfires or when certain cyclone alerts were issued. As we have seen in the COVID-19 response, telehealth provides a natural option to replace face-to-face services, yet historically criteria for funding services often prove to be a barrier to use by those who need it. Limited funding mechanisms have meant that the costs of providing telehealth services have needed to be absorbed by services or borne by patients. Until recently a variety of online GP services existed, but most consultations provided by telehealth required the full fee to be incurred by the patient and were therefore accessible only to those who could afford it, exacerbating inequities. The COVID-19 response has seen the temporary introduction of MBS items for telehealth services. It is vital that these telehealth MBS and additional funding mechanisms continue to be sustained after the crisis to facilitate and promote equitable healthcare access for all Australians, particularly in times of emergency.

Disaster response planning and coordination must prioritise the timely distribution of funding to models of care that maintain access to care. This will ensure affected Australia are not prevented or delayed from accessing essential healthcare services in times of crisis.
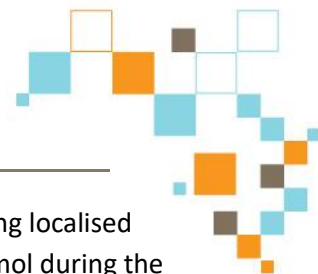
MEDICAL SUPPLY CHAINS

In times of emergency it is also essential that governments ensure transparency and consistent communication in the governance and coordination of medical supply chains. A more transparent and responsive approach to the management of medicines shortages was introduced in 2019 following amendments to the Therapeutic Goods Act 1989, with roles and responsibilities of relevant parties clarified. All medicine shortages are reported to the TGA, with both current and anticipated shortages that are assessed as having critical patient impact being published. The value of this

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[26] Community Affairs Legislation Committee 2020, Senate Estimates 4 March. Available at https://www.aph.gov.au/Parliamentary_Business/Senate_estimates/Daily_summaries

[27] The Hon Greg Hunt MP. 2020. 'Immediate mental health services deployed into fire affected communities'. *Media Release,* 12 January. Available at https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/immediate-mental-health-services-deployed-into-fire-affected-communities

[28] Australian Government Department of Health. 2020. Coronavirus (COVID-19) National Health Plan. Available at https://www.health.gov.au/sites/default/files/documents/2020/03/covid-19-national-health-plan-primary-health-respiratory-clinics.pdf

system in natural disasters and national emergencies has been demonstrated. Following localised shortages of specific medicines where there has been increased demand (e.g. salbutamol during the bushfires and smoke), reassurance of adequate stock in Australia could be confirmed to discourage stockpiling or over-ordering.[29]

The network of pharmacies has also been demonstrated to be important in managing an effective and sustainable medicine supply chain during national emergencies, e.g., providing a mechanism for nationally consistent approaches to limiting the dispensing and supply of essential medicines in response to the COVID-19 pandemic.[30] These mechanisms, however, need to be more anticipatory in natural disasters and national emergencies to prevent out of stocks that can occur at the local level, despite there not being national level shortages.

Clear and consistent governance structures and communication guiding the distribution of medical equipment is also vital in times of emergency. In both the bushfire crisis and COVID-19 a disjointed and inconsistent approach to the distribution of Personal Protective Equipment (PPE) has contributed to shortages in some areas, and led to anxiety and uncertainty within health services, inhibiting patient care.[31]

Assuring the supply chain for medicines and medical supplies during natural disasters and national emergencies must embed and leverage existing mechanisms that have been proven successful in providing public information and response. However, mechanisms need to be more anticipatory and be leveraged in advance of shortages to ensure timely responses. Clear and consistent communication about priority access between and across sectors is critical when there is a finite supply.

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[29] Therapeutic Goods Administration. 2020. 'No shortage of salbutamol asthma inhalers'. *Media Release.* Available at https://www.tga.gov.au/media-release/no-shortage-salbutamol-asthma-inhalers

[30] Pharmacy Guild of Australia. 2020. 'Limits on dispensing and sales of prescription and over-the-counter medicines - 19 March 2020. Available at https://www.psa.org.au/wp-content/uploads/2020/03/Pharmacy_dispensing_limits-joint_statement.pdf

[31] Mahase, E. 2020. 'Novel coronavirus: Australian GPs raise concerns about shortage of face masks'. *British Medical Journal.* Available at https://www.bmj.com/content/bmj/368/bmj.m477.full.pdf

AN EQUITABLE RESPONSE

■ Existing health inequities should be recognised and considered in the development of all coordinated Government natural disaster planning and response strategies to protect against further exacerbation of health issues.

It is widely recognised that disparities of income, age, race, gender, location, sexual orientation, religion and culture impact an individual's health and ability to access health services.[32] This can be compounded in times of crisis, as damage and disruption from natural disasters and emergencies create new, or exacerbate existing social and financial hardships.[33]

Many vulnerable Australians face a greater probability of exposure to natural disasters. For example, Aboriginal and Torres Strait Islander people, a population group who experience significantly higher mortality and burden of disease rates than other Australians,[34] live in greater proportions within bushfire predisposed areas and are disproportionately impacted by natural disasters through the loss of cultural resources. People living in rural and remote locations are similarly vulnerable, with a lack of healthcare resources and infrastructure increasing their potential exposure to negative health outcomes when facing natural disasters.

Vulnerable Australians possess a unique view of the operations and structures connecting national, state, territory and community health and social systems, informing an awareness and intricate knowledge of system inefficiencies and structural weaknesses. Governments should seek to capitalise on this information through consultation and feedback mechanism that enable vulnerable Australians to have their voices heard. A more comprehensive understanding of health and social system challenges will help facilitate targeted, cost effective action to strengthen structures and improve disaster response capabilities.

Embedded cultural and historical knowledge within vulnerable populations should also be explored and embedded within disaster preparedness strategies. For example, Aboriginal and Torres Strait Islander populations possess important knowledge in land management and bushfire prevention practices that could be essential in bushfire disaster prevention. Furthermore, the cultural structures, social links and shared histories ingrained within Aboriginal and Torres Strait Islander communities fosters an adaptability and resilience that communities and health services could model.[35]

If the Commonwealth Government aims to ensure that Australia's national disaster preparedness, response and recovery initiatives are equitable and inclusive then engagement, collaboration and co-design with vulnerable Australians is vital. We know the Commonwealth can do this, as evidenced by the highly lauded engagement with peak Aboriginal and Torres Strait Islander organisations to design

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[32] World Health Organization. 2018. 'Health iniquities and their causes', WHO. Available at https://www.who.int/features/factfiles/health_inequities/en/
[33] Australian Government, Department of Home Affairs. 2018. 'Profiling Australia's Vulnerability: the interconnected causes and cascading effects of systemic disaster risk'. Available https://www.aidr.org.au/media/6682/national-resilience-taskforce-profiling-australias-vulnerability.pdf
[34] Australian Institute of Health and Welfare (AIHW). 2020. 'Indigenous Australians'. Available at https://www.aihw.gov.au/reports-data/population-groups/indigenous-australians/overview
[35] Williamson, B., Weir J and Cavanagh, V. 2020. 'Strength for perpetual grief: how aboriginal people experience bushfire crisis', *The Conversation*, January 10. Available at https://theconversation.com/strength-from-perpetual-grief-how-aboriginal-people-experience-the-bushfire-crisis-129448

the new Close the Gap strategy.[36] It is essential that national natural disaster arrangements are informed by a similar inclusive and consultative process to ensure a thorough and equitable response.

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[36] Council of Australian Governments. 2009. 'National Indigenous reform agreement (closing the gap)'. Canberra: Council of Australian Governments.

HEALTH WORKFORCE

- A national integrated health workforce reform strategy must be developed to pursue innovative coordinated actions that ensure Australia's health workforce is sufficiently trained, resourced and distributed to respond to natural disasters and emergencies.

- Governments must support and incentivise appropriate educational and professional development opportunities to ensure the adequate distribution of a skilled healthcare workforce across all disciplines and geographical areas to respond to natural disasters and emergencies.

- Regulations surrounding professional scopes of practice should be reviewed and reformed to harness greater workforce flexibility when responding to natural disaster.

A core pillar of the AHHA's blueprint for health reform,[37] is a call for all governments to take action to strengthen and develop the Australian health care workforce. This is particularly important to ensure a sustainable healthcare system capable of responding to the health impacts of natural disasters and emergencies.

The geographic spread of the health workforce does not reflect the distribution of the population, nor the level of healthcare need. Workforce shortages exist across many professions, particularly in outer metropolitan, regional and remote areas and in disadvantaged populations. This presents a significant challenge when health services come under increased pressure, such as in times of natural disasters and national emergencies.[38]

Allowing greater flexibility within the healthcare workforce is therefore essential to ensure the resilience and preparedness of healthcare services to respond to natural disaster emergencies. Evidence suggests some tasks that fall exclusively under the domain of particular professions could just as effectively, practically and safely be performed by other professions. As the Productivity Commission has recommended, carefully relaxing some specific regulations affecting scopes of practice to allow workers to be better allocated to tasks where they can add the most value, could improve the efficiency and scope of local health systems.[39] Acknowledging this, there are also some professions that are essential and as such consideration could be given to have arrangements to mobilise emergency responses of specific craft groups where required to address local needs.

Flexibility of workforce deployment must also be facilitated. The implementation of protocols and structures that remove or relax bureaucratic and administrative restrictions to providing care in times of health system stress will allow greater workforce adaptability and increase health system capacity in times of emergency e.g. utilisation of the primary care workforce to reduce the burden on tertiary providers. This will ensure access to care remains streamlined for impacted Australians

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[37]Australian Healthcare and Hospitals Association. 2017. 'Healthy People, Healthy Systems: Blueprint for a Post-2020 National Health Agreement' Australian Healthcare and Hospitals Association. Available at www.ahha.asn.au/blueprint.

[38] Australian Institute of Health and Welfare 2016. Medical practitioners workforce 2015. Cat. no. WEB 140. Canberra: AIHW. Available at, https://www.aihw.gov.au/reports/workforce/medical-practitioners-workforce-2015

[39] Productivity Commission. 2015. 'Efficiency in Health'. Commission Research Paper, Canberra. Available at https://www.pc.gov.au/research/completed/efficiency-health/efficiency-health.pdf

The importance of removing workforce restrictions was highlighted in the 2019-20 bushfires response when the removal of mental health GP referral restrictions allowed timely, streamlined access to mental health services for those impacted by bushfire.[40] COVID-19 provides another example where emergency conditions necessitated workforce flexibility to safeguard healthcare supply. Bureaucratic changes such as lifting international student nursing visa work restrictions and MBS amendments facilitating healthcare access via telehealth, have helped ensure workforce availability and continuity within an overburdened health and aged care system.[41]

The increased prevalence of natural disasters also necessitates investment in the training and development of all health professionals to ensure they are adequately equipped to respond to emergencies. Clinical placements and ongoing professional development opportunities, that are considered and distributed in terms of areas of public need and service models, must be incentivised and supported by government.[42]

Furthermore, an adequate workforce relies on health professional and student learning continuity to ensure service demand remains met. Continuity of education is therefore essential during an emergency to ensure workforce learning requirements are sufficiently maintained. Processes must be embedded that ensure clinical placement requirements remain sufficient and appropriate in services prioritising a crisis response.

Governments must prioritise building a sustainable, qualified, resilient healthcare workforce that is adequately and appropriately prepared, resourced and sufficient in numbers to meet the excess healthcare requirements essential when responding to natural disasters and emergencies.

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[40] Department of Health. 2020. 'Mental health support for Australians affected by the 2019–20 bushfires'. Available at https://www.health.gov.au/resources/publications/mental-health-support-for-australians-affected-by-the-2019-20-bushfires

[41] Prime Minister of Australia. 2020. 'Update on Coronavirus Measures'. Available at https://www.pm.gov.au/media/update-coronavirus-measures

[42] Australian Healthcare and Hospitals Association. 2017. 'Healthy People, Healthy Systems: Blueprint for a Post-2020 National Health Agreement'. Australian Healthcare and Hospitals Association. Available at www.ahha.asn.au/blueprint.

DIGITAL HEALTH

- The Australian Government must expand the availability of digital health services by lifting restrictions and regulations impeding its use.

- Investment in digital health infrastructure must be strengthened to allow flexibility of healthcare practice in times of emergency.

In times of emergency access to healthcare is critical yet can be increasingly difficult to facilitate as conventional methods of service delivery become unviable or unsafe e.g. a face to face consultation at a bricks and mortar surgery is not viable if destroyed by bushfire. Digital technology offers solutions that if supported through infrastructure investment, flexible funding arrangements and digital literacy enhancement could revolutionise the way healthcare is delivered, building a resilient system that can rapidly respond to emergencies.

An area of digital health that has been used to great effect to improve healthcare access, first in the aftermath of the bushfires and now to facilitate COVID-19 social isolation policies, is telehealth. Telehealth encompasses the transmission of voice, data, and images enabling treatment, diagnosis, prevention and health education to be provided via information, communication and electronic platforms such as video conferencing and phone technology.[43]

Flexibility in how telehealth service provision is funded is vital if governments wish to ensure the continued improvement of an equitable, accessible Australians healthcare system that enhances health outcomes. Current MBS item restrictions that require a face-to-face consultation for patients—including those provided by specialists, nurses and other health professionals must be lifted.

We have seen how the Commonwealth government can do this as in the wake of the 2019-20 bushfire disaster, and now COVID-19, the Commonwealth government has acted swiftly and decisively to remove MBS restrictions to allow flexible telehealth service delivery. In response to the bushfires, MBS restrictions were lifted to allow bushfire affected Australians to access mental health telehealth services without a referral.[44] COVID-19 has seen the creation of temporary MBS and Department of Veterans Affairs (DVA) items to allow doctors, nurses, midwives and mental health professionals to provide services via telehealth.[45] Private Health Insurers have also made announcements regarding providing benefits for teleconsultations with some allied health professions when certain conditions are met, e.g. psychologists, physiotherapists. These should not be time-limited changes, but an ongoing commitment to supporting telehealth services as a fundamental component of an Australian health system that reaches all of its population.

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[43] Ibid

[44] Department of Health 2020. 'MBS changes factsheet'. Available at http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/513A017D0DEF71F9CA2584F10078A0D9/$File/Factsheet%20-%20New%20Mental%20Health%20Services%20for%20Bushfire%20Response.pdf

[45] Department of Health. 2020. 'Factsheet: Caronavirus (COVID-19) National Health Plan'. Available at https://www.health.gov.au/sites/default/files/documents/2020/03/covid-19-national-health-plan-primary-care-bulk-billed-mbs-telehealth-services_2.pdf

Digital health solutions must be supported by appropriated workflows, enhanced patient and professional digital literacy and adequate investment in digital infrastructure to ensure digital healthcare processes become streamlined and prevent inequitable service delivery. To create efficient patient centred workflows traditional methods of prescribing, imaging and pathology must be examined with regulations and restrictions removed to enable effective remote delivery of care.

While work is being undertaken in a number of these areas, such as the Digital Health Agency work to facilitate digital prescribing,[46] progress is slow and disjointed. The Commonwealth Government must urgently demonstrate its commitment to Australia's health, by freeing up unnecessary restrictions and regulations which cannot be justified in a truly modern health system.

The bushfire crisis also demonstrated the importance of up to date medical records maintained through a consistent, accessible, joined up electronic health record system. In the aftermath of the fires many Australian had difficulty accessing their essential medications through traditional prescribing and dispensing methods e.g. individuals trapped in bushfire affected areas without access to their regular prescribing health professional. However individuals who had opted in to My Health Record were more easily able to access their life saving medications throughout the crisis, as pharmacists could dispense based on medication records available through the My Health Record system, while those who had opted out were forced to navigate cumbersome bureaucratic restrictions.[47] Digital health record system investment must therefore continue to be prioritised by governments to support health service linkages and enable the fluid continuation of healthcare in an emergency.

2020 has demonstrated, first with the bushfire emergency and now the COVID-19 pandemic, the vital importance that digital health technology to facilitate the timely provision of patient centred health care that maintains quality and safety standards. Governments have an opportunity to act now to remove the barriers to digital technology and explore innovative and creative digital solutions to ensure that Australians health is protected when our country faces the next inevitable natural disaster crisis.

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[46] Australian Digital Health Agency. 2020. 'Electronic Prescribing'. Available at
https://developer.digitalhealth.gov.au/resources/articles/electronic-prescribing
[47] Haggan, M. 2020. 'My Health Record Helps Pharmacists in Bushfire Zones', Available at https://ajp.com.au/news/mhr-helps-pharmacist-in-bushfire-zone/

NATIONAL PREVENTIVE HEALTH STRATEGY

- The forthcoming National Preventive Health Strategy must recognise the influence of the environment on health.

The conditions of the environment that surround human beings have a significant influence on health and wellbeing.[48] Improvements in environmental conditions such as sanitation, housing, water quality, food standards, air quality and occupational environments have had extensive impacts on improving mortality and morbidity rates, and quality of life measures over the last century.[49] With climate change set to disrupt the homeostasis and predictability of environments that human populations rely upon, it is essential that climate and environment be considered in the development of all future preventative health approaches.

The influence of the environment on health must therefore be recognised in the forthcoming National Preventive Health Strategy.[50] Local and state governments, including urban and regional planning services, should be engaged in the development and implementation of this strategy to ensure the environments where we live, work, socialise and learn encourage and facilitate healthy lifestyles. Areas such as pollution reduction, nature conservation, homelessness, food security, affordable transport and education must be in scope when planning for better health and wellbeing if we are to mitigate the negative impacts of natural disasters and climate change.

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[48] Department of Health. 2014. 'Overview of Environmental Health'. Available at
https://www1.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-envhlth-index.htm
[49] Australian Institute of Health and Welfare. 2019. 'Trends in Deaths'. Deaths in Australia. Available at
https://www.aihw.gov.au/reports/life-expectancy-death/deaths-in-australia/contents/trends-in-deaths
[50] Department of Health. 2020. 'National Preventive Health Strategy'. Available at
https://www1.health.gov.au/internet/main/publishing.nsf/Content/national-preventive-health-strategy

CLIMATE ACTION

- ■ The Commonwealth Government must demonstrate leadership through a national response addressing climate change and health that outlines coordinated action across all levels of government.

- ■ The Commonwealth Government should adopt a target of net zero carbon emissions by 2050 with a comprehensive plan as to how this objective will be achieved.

Repeated, robust scientific evidence has concluded that climate change is the result of human activities. Human produced greenhouse gasses, such as CO2, are becoming trapped in the earth's atmosphere, restricting the radiant flow of heat to space, causing global average temperatures to rise.[51] Scientists predict that a significant increase in the frequency and intensity of extreme weather events is likely to occur unless drastic action is taken immediately to halt global temperature trends. These extreme weather events are likely to include more frequent and severe heatwaves, storms, floods, droughts, bushfires and deteriorating air quality.[52]

Temperature increases are also changing environment structures, eliciting fundamental long-term shifts in temperature, water distribution, food growing patterns, vector borne diseases, aeroallergens and air pollution. Populations not previously exposed to extreme environmental conditions are becoming increasingly susceptible to climate related adversity, with vulnerable populations disproportionally affected.[53] If coordinated national action is not immediately taken to mitigate climate change Australians are set to experience ongoing and increasingly severe physical and mental health challenges.[54]

In 2017 AHHA joined with numerous other health peak health and professional organisations to endorse *The Framework for a National Strategy on Climate, Health and Well-being for Australians*.[55] This framework highlights the need for coordinated state, territory and national policy action, with demonstrated leadership from the Commonwealth. It outlines a number of evidence-based recommendations for adaptation and mitigation strategies which if implemented could be essential to address the health impacts of climate change.

If global average warming is restricted to less than two degrees Celsius, scientific evidence suggests that the impacts of climate change can be limited, thereby protecting the future health of millions of

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[51] Australian Academy of Science. 2015. The science of Climate change'. Available at
https://www.science.org.au/files/userfiles/learning/documents/climate-change-r.pdf
[52] Climate council. 2017. 'Cranking up the intensity: climate change and extreme weather events'. Available at
https://www.climatecouncil.org.au/uploads/1b331044fb03fd0997c4a4946705606b.pdf : Pidcock et al. 2019. 'Mapped:
How climate change effects extreme weather around the world'. Carbon Brief. Available at
https://www.carbonbrief.org/mapped-how-climate-change-affects-extreme-weather-around-the-world
[53] Climate and Health Alliance. 2017. 'Framework for a National Strategy on Climate, Health and Well-being for Australians.
Available at
https://d3n8a8pro7vhmx.cloudfront.net/caha/pages/40/attachments/original/1498008324/CAHA_Framework_for_a_Nati
onal_Strategy_on_Climate_Health_and_Well-being_v05_SCREEN_%28Full_Report%29.pdf?1498008324
[54] Officer of the Unite Nations High Commissioner for Human Rights. 2016. 'Climate Change and the Human Right to
Health'. Available at https://unfccc.int/files/parties_observers/submissions_from_observers/application/pdf/676.pdf
[55] Climate and Health Alliance. 2017. 'Framework for a National Strategy on Climate, Health and Well-being for Australians.
Available at
https://d3n8a8pro7vhmx.cloudfront.net/caha/pages/40/attachments/original/1498008324/CAHA_Framework_for_a_Nati
onal_Strategy_on_Climate_Health_and_Well-being_v05_SCREEN_%28Full_Report%29.pdf?1498008324

people worldwide.[56] In 2016 the Australian Government signed '*The Paris Agreement*', a global commitment to consider and uphold all citizens human 'right to health[57]' through keeping the global temperature rise in this century to well below two degrees. Signatories agreed to lower national greenhouse gas emissions to reduce the health and economic impacts of climate change.[58] Yet despite international peers,[59] the business community,[60] and the majority of Australian states and territories (the Northern Territory currently has a draft commitment), [61] all committing to the target of net-zero carbon emissions by 2050, the Australian Commonwealth Government is yet to do so.

The '*Climate Change (National Framework for Adaptation and Mitigation) Bill 2020*'[62] prepared as a private members bill for the Federal Parliament seeks to legislate a comprehensive, consistent, equitable climate plan that embeds accountability structures and net zero emission targets in a framework for policy action. The over 77,000 signatures of support for the proposed bill[63], hundreds of thousands of people attending climate change rallies[64], and extensive media and public attention on climate issues in the wake of the 2019-20 bushfires highlight that Australians increasingly support climate action.[65] The Commonwealth Government must demonstrate leadership and take affirmative action to prioritise the health of Australians by adopting a progressive policy agenda to mitigate climate change.

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[56] Australian Academy of Science. 2015. The science of Climate change'. Available at https://www.science.org.au/files/userfiles/learning/documents/climate-change-r.pdf

[57] World Health Organization. 1946: Universal Declaration of Human Rights. 1948.

[58] United Nations. 2016. 'The Paris Agreement', Climate change. Available at https://unfccc.int/process-and-meetings/the-paris-agreement/the-paris-agreement

[59] Wahlén, CB. 2019. '73 Countries Commit to Net Zero CO2 Emissions by 2050'. International Institute for Sustainable Development. Available at https://sdg.iisd.org/news/73-countries-commit-to-net-zero-co2-emissions-by-2050/

[60] Business council of Australia. 2020. 'We Support strong action on climate change'. Available at https://www.bca.com.au/energy_and_climate

[61] Victoria state government. 2017. 'Climate change Act'. Available at https://www.climatechange.vic.gov.au/legislation/climate-change-act-2017: NSW government. 2016. 'NSW Climate Policy Framework'. Available at https://www.environment.nsw.gov.au/topics/climate-change/policy-framework: Climate Council. 2019. 'State of play: Renewable Energy Leaders and Losers' Available at https://www.climatecouncil.org.au/wp-content/uploads/2019/12/CC_State-Renewable-Energy-Nov-2019_V5.pdf,

[62] Australia House of Representatives. 2020. 'Climate Change (National Framework for Adaptation and Mitigation) Bill 2020'. Available at https://climate-act-images.s3-ap-southeast-2.amazonaws.com/Main_Bill.pdf

[63] Climate Act Now. 2020. 'Support the Climate Change Act', Available at https://climateactnow.com.au/?gclid=Cj0KCQjwpLfzBRCRARIsAHuj6qXqLz8o_d_yqiiun5fegBsHXeU9JyQyyiOEPA5jT7ss8oUwS68jUdgaArmJEALw_wcB

[64] ABC News. 2019. 'Global climate strike sees 'hundreds of thousands' of Australian rally across the country. *ABC News.* 21 September. Available at https://www.abc.net.au/news/2019-09-20/school-strike-for-climate-draws-thousands-to-australian-rallies/11531612

[65] Taylor, L. 2020. 'If the bushfires won't force climate policy change, we need to circumvent Scott Morrison'. *The Guardian*, 17 January. Available at https://www.theguardian.com/australia-news/2020/jan/17/if-the-bushfires-wont-force-climate-policy-change-we-need-to-circumvent-scott-morrison
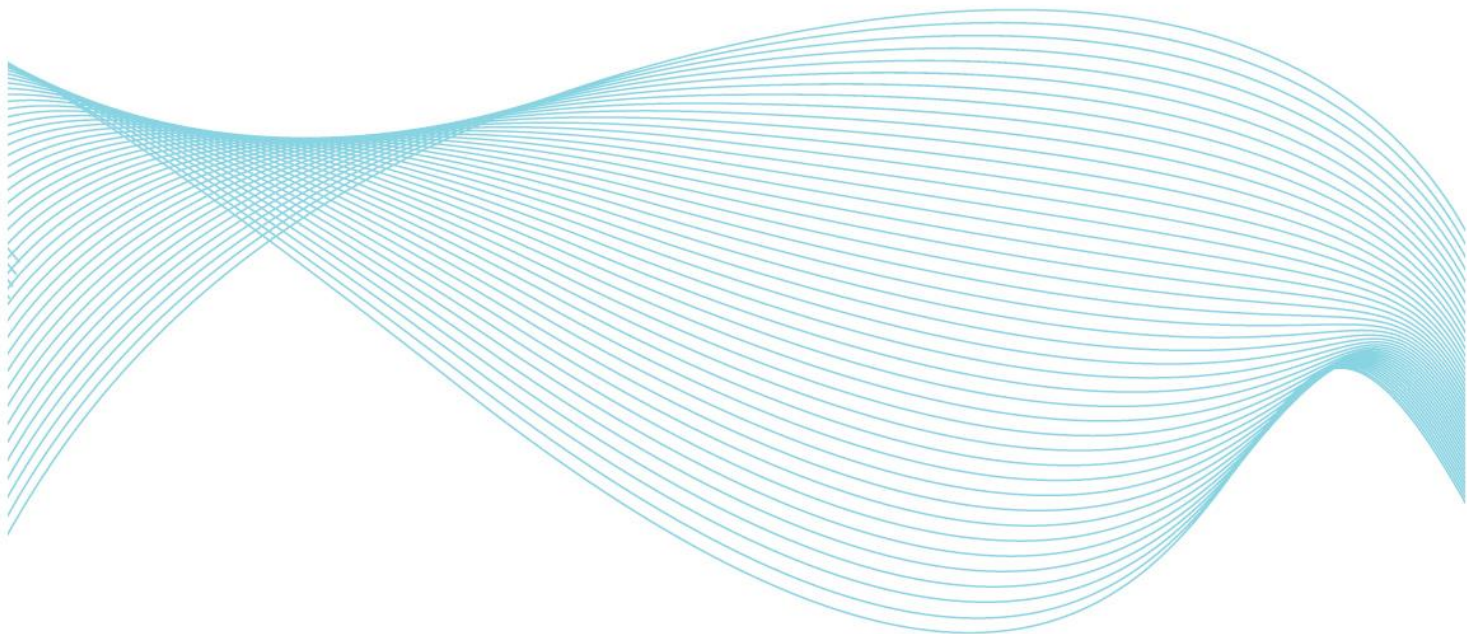
CONCLUSION

It is the responsibility of all levels of government and policy makers to ensure that Australia's health system is adequately prepared to respond to the impacts of natural disasters and emergencies. The 2019-20 bushfire disaster has highlighted the significant impact climate change is having on human health. Policy makers have a narrow window of opportunity to learn from these events and act to strengthen system and service capabilities through the development of a coordinated health approach to the preparedness for, response to, resilience to, and recovery from natural disasters and climate emergencies.

Governments must recognise the significance of climate related natural disasters and prioritise investment in:

- Understanding the heath impacts of natural disasters through coordinated health research and data collection.
- Developing regionally led, nationally supported governance and funding disaster response strategies.
- Strengthening the capacity and capabilities of the health workforce.
- Digital health technology supported by appropriate regulations and infrastructure.
- A national preventive health strategy that encompasses environmental health action.
- Climate action.

Coordinated national disaster and emergency preparedness action is needed now to future-proof our health system and ensure the continued promotion of a healthy Australia supported by the best possible healthcare system.

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