



# **Climate Health WA Inquiry**

## **Inquiry into the impacts of climate change on health in Western Australia**

**Inquiry Lead:**  
**Dr Tarun Weeramanthri**

**Witnesses:**

**Ms Fiona Armstrong**  
**Executive Director, Climate and Health Alliance**

**Thursday, 5 December 2019, 10.00 am**

[10:00:15]

HEARING COMMENCED

5 PROF WEERAMANTHRI: Ms Armstrong, I would like to thank you  
for your interest in the Inquiry and for your appearance at today's hearing. The  
purpose of this hearing is to assist me in gathering evidence for the Climate  
Health WA Inquiry into the impacts of climate change on health in Western  
10 Australia. My name is Tarun Weeramanthri and I have been appointed by the  
Chief Health Officer to undertake the Inquiry. Beside me is Dr Sarah Joyce,  
the Inquiry's Project Director. If everyone could please be aware that the use  
of mobile phones and other recording devices is not permitted in this room, so  
if you could please make sure that your phone is on silent or switched off.

15 This hearing is a formal procedure convened under section 231 of the *Public  
Health Act 2016*. While you are not being asked to give your evidence under  
oath or affirmation, it is important you understand that there are penalties under  
the Act for knowingly providing a response or information that is false or  
misleading. This is a public hearing and a transcript of your evidence will be  
20 made for the public record. If you wish to make a confidential statement  
during today's proceedings, you should request that that part of your evidence  
be taken in private. You have previously been provided with the Inquiry's  
terms of reference and information on giving evidence to the Inquiry. Before  
we begin, do you have any questions about today's hearing?

25 MS ARMSTRONG: No, thank you.

PROF WEERAMANTHRI: For the transcript, could I ask you to state  
your name and the capacity in which you are here today?

30 MS ARMSTRONG: Yes. My name is Fiona Armstrong and  
I'm the Founder and Executive Director of the Climate and Health Alliance.

PROF WEERAMANTHRI: Would you like to make a brief opening  
35 statement?

MS ARMSTRONG: Well, I'd just like to thank the Inquiry, or  
WA for undertaking the Inquiry, to the Inquiry for providing us with the  
opportunity to provide evidence and to provide a written submission in support  
40 of those aims.

PROF WEERAMANTHRI: And just acknowledging your very  
comprehensive and helpful written submission with a series of clear  
recommendations based on evidence, and also acknowledge that you have  
45 come to Perth specially to attend the hearing today.

MS ARMSTRONG: My pleasure.

PROF WEERAMANTHRI: We were particularly keen to hear from  
50 you as the Climate and Health Alliance is probably the most cited organisation  
in the health and climate change debate in Australia today.

[10:02:39]

Can you tell us about your history, mission and goals, and what you've been able to achieve up to this point?

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MS ARMSTRONG: Certainly, thank you. The Climate and Health Alliance was founded in 2010. It was prompted by a shared concern that the health impacts of climate change, and the fact that health was missing from the climate conversation, and that health professionals and the health sector were not really engaged in the dialogue around Australia's response to climate change, even though it was very clear that the health of people in Australia was going to be affected. So our goal was to bring health into the conversation, to help identify an advocate for effective responses from government, from industry, from the sector and for the community.

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Our goals have been and remain to collaborate with others and support the development of environmentally responsible and sustainable practices in health care, to engage and inform health professionals, policymakers and community about the links between climate change and health, and appropriate measures to protect human health and the ecosystems on which we depend. It was our intention to share information and resources to support this. So I think what we've been able to achieve is to bring the health sector on a journey. Professional associations, health policymakers, health unions and, to an extent, hospitals and health services, in recognising that they have a role to play in responding to climate change.

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I think there's a greater awareness of the nature and the scale of the risks to health, what action needs to be taken. And we've helped to build a national and global community of health partners in doing this. We've also influenced others in advocating for action, and specifically the environmental NGO sector, to recognise human health is impacted by climate change, as well as the power of the health voice in advocacy for climate action. There's something of an overwhelming demand for us to contribute to this. And the power of a health narrative is a way of connecting people with the issue and inspiring them to take action. We've helped to document and communicate the health impacts of fossil fuels and to highlight the health benefits that come from low carbon initiatives.

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We've influenced the policy agenda of politicians and political parties, a number of independent MPs and two political parties at the federal level. The ALP<sup>1</sup> and the Greens have endorsed our national policy framework and committed to its implementation, if they were in the position to do so. More and more health organisations are prioritising climate change as a result of our work, and they've become much more vocal about doing so. So we now describe our mission as catalysing a health sector movement for climate action, because it's our sense that it is the pressure of social movements that will bring about political and policy change.

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<sup>1</sup> Australian Labor Party

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5 And it's important that the health sector and health professions, as trusted and respected voices in the community, are part of this, are seen to be advocating for action and are capable of doing so.

10 PROF WEERAMANTHRI: So you've mentioned some of your achievements in terms of the health sector's taking-up of this challenge, but also the acceptance of the health sector by the environmental sector, as well, in terms of having a particular voice. And, you know, this Inquiry has to consider the specific circumstances of its commissioning, but also how the context changes as the Inquiry is in progress. And frankly, it's been a daunting task trying to keep up with the flood of news items and reports on climate change in general, and climate and health specifically. So can you provide us with your observations on the direction and the rate of change nationally around climate and health, and what this might mean for the WA Inquiry, which is due to report in March 2020?

20 MS ARMSTRONG: I think there's suddenly a much greater recognition about health in relation to climate change and internationally. I think, in some ways, that's related to people's direct experience of changing weather patterns and more extreme events, which is making them pay attention. I think it's also due to the social changes that are brought about by so many people, people getting involved in public demonstrations. Things like the children's strike, I think, has galvanised people, not just young people, but they are visible in a way that I think probably is quite unprecedented in human history.

30 As I was thinking about this question, I think it's not something for current generations to comfortably reflect on, that things get bad enough that our children are forced to feel that they need to fight for their own future, which they recognise is seriously threatened by climate change. So I think it's actually this social movement, as much as anything, that's influenced the health and medical organisations that are declaring climate change a health emergency. I think there's a sense that this acknowledgement is important, that it's an expression of solidarity with people who are concerned. There are thousands of cities, governments and jurisdictions around the world – I think 1,000 over 26 countries – that have made the declaration.

40 PROF WEERAMANTHRI: So your framework, Climate and Health Alliance's *Framework for a National Strategy on Climate, Health and Wellbeing for Australia*, came out in 2017. And you've said that it's essentially been adopted by the Australian Labor Party and the Greens. If you could just outline this... It's probably, again, very well cited in Australia. What are the main elements, and if it were to be adopted nationally, would there need to be any work done to update it?

[10:08:47]

MS ARMSTRONG: Yes. I think the framework itself is pretty  
5 solid. While social attitudes are changing quickly, the evidence is not. And  
we've known for decades about what climate change might mean for  
population health. The difference is now that we're actually seeing that play  
out. The framework was developed following extensive consultation with a  
10 huge range of stakeholders across health, climate change science, people from  
academia, clinicians, researchers, CEOs, directors of nursing, chief health and  
medical officers, health policymakers and people from every health discipline,  
really – medicine, nursing, public health, community health, health promotion,  
midwifery, psychology, social work, rural and remote health – from Australia  
15 and internationally. So it was being developed at the same time that the *Lancet  
Countdown* were developing their indicators, which inform their annual report  
in *The Lancet* medical journal about how nations are doing on climate change  
in health.

20 So we developed our framework with those emerging indicators in mind, so  
that a government, an Australian government that chose to implement a  
strategy based on this framework, would be able to demonstrate its progress  
against those set of international indicators. So I think a key thing to note is  
that we developed a framework that, in a sense, contained the core  
25 infrastructure around which a national plan or a strategy might develop, or  
indeed a state-based climate and health plan might be based. So it offers a  
roadmap based on the evidence of the way in which climate change impacts on  
human health to tackle those impacts. And not just some of them, but all of  
them in a comprehensive way.

30 It is about mitigation and the need for strategies to reduce emissions, but it  
provides guidance to do so in a way that benefits health. It also supports  
adaptation. It highlights the fact that addressing the health impacts of climate  
change is not just a job for the health sector. So it requires action across  
multiple portfolios – energy, transport, buildings, agriculture, water,  
35 emergency services, infrastructure, climate and environment. So the  
framework provides an integrated way of tackling those things. We proposed a  
ministerial forum with ministers from each of those portfolios involved in  
overseeing the development of the strategy, and reporting to COAG<sup>2</sup> on its  
implementation. So that was a model for the federal level. You know, a  
40 similar multi-disciplinary approach could be taken at a state level as well.

45 So while the framework might be two years old, it's not really the case that  
governments revise high level policy every couple of years. You set an agenda  
and a policy direction, and, you know, the overarching policy framework,  
ideally, would be around for several years, while the specific programs and  
initiatives might change and develop and evolve underneath that. So we

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<sup>2</sup> Council of Australian Governments

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deliberately didn't develop a comprehensive strategy. As an NGO, we see that as a role for government.

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But what we did want to do was to provide the best possible guidance for government based on the evidence, based on the insights from the sector itself and from experts. So I think the framework remains the most comprehensive evidence-based guidance for tackling climate change in Australia.

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It outlines seven areas of policy action which are health promoting and emissions reducing policies, emergency and disaster preparedness, supporting healthy and resilient communities, education and capacity building, leadership and governance, and a sustainable and climate resilient health sector. It's also built around eight principles which include the right to health, community safety and resilience, environmental protection as a foundation for health and wellbeing, a health in all policies approach, intra-generational and inter-generational equity... minimising and managing risk is another principle, as is indigenous rights, recognition and reconciliation, and citizen engagement. So those are the things that will provide a context and reference points to check back on in terms of its coverage.

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The framework includes over 50 specific policy recommendations and policy directions under the areas of policy action, and it outlines some possible governance arrangements that I referred to. So I think the best approach for any government seeking to develop a plan using this framework would be to start with this framework and conduct a consultation with the sector, make any adjustments based on those insights, and use it to develop a more detailed strategy or plan for that jurisdiction. And that's what we also recommend the federal government does.

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**PROF WEERAMANTHRI:** Thank you. We don't have time, because it is such a comprehensive framework, to go through all the elements, and also it's reflected in your written submission as well, so that's great. I just want to pick up one point, which is around the fact you said the evidence hasn't really changed. And certainly, when we read the materials for this Inquiry, you know, the basic facts about the relationship between climate change and health were written about more than 10 years ago. And so the question becomes, how much more research is needed? And the second question is, what type of research would that be? So we've heard calls to have more research. We've some ideas about specific types of research that might be more or less useful. Do you have any views?

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**MS ARMSTRONG:** Yes, we do. We've been doing quite a lot of work in this space. We produced a submission to the Medical Research Future Fund late last year, which outlined research priorities around climate change and health in Australia, which has taken the form of a discussion paper that brings together a whole long list of things that are needed in that space.

We've been convening groups of climate and health researchers from across Australia to contribute to that thinking, and also to encourage them to input into it, but also to identify any gaps that are there, and ideally for them to be [10:15:10]

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working in a cooperative way. The funding available for climate and health research is very small, so we want everybody to know what everybody else is doing, so that there's not duplication.

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But I guess what I would say about the research... it's certainly true that we don't need more research to decide whether or not we need to act. What we do need is a lot more research to help guide how we act. So there's a lot of gaps in the research in terms of, you know, for example, assessing the specific vulnerability of particular populations. The implementation of policy, I would argue, should always be accompanied by research so that we understand how effective it is and what, you know, it accomplishes. And for that to make its way into the peer reviewed literature. I think that there's a lot that we don't yet know about the economics associated with the health damages from climate change, and I think if there was a better understanding of that, it would help to counter those arguments that suggests that action on climate change is expensive.

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Because the international literature on this work suggests that not acting is far more expensive, and that the health benefits, the economic value of the health benefits that arise from specific strategies that also reduce emissions, for example, moving to clean energy and transport, deliver health gains that vastly outweigh the costs. So I think if we had a better understanding of that at the national level, or even at the jurisdictional level in Australia, that would be very helpful. I think there's a lot more to look at in terms of, you know, what's needed in terms of programs and things around disaster and emergency preparedness. I think there's more to do in that space. But, you know, I can provide our paper as an additional piece of evidence into the Inquiry, if that's helpful<sup>3</sup>.

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PROF WEERAMANTHRI: That would be helpful, thank you.

MS ARMSTRONG:

Sure.

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PROF WEERAMANTHRI: This is a Western Australian inquiry, and we are keen to learn about initiatives in other states that may be applicable here. And you mentioned a number of these in your written submission. But are there one or two that you think should be the highest priority for WA to adopt?

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MS ARMSTRONG: I don't think there's yet an example of best practice in managing climate change and health in Australia. I think

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<sup>3</sup> A copy of the discussion paper *National Climate Change and Health Research Priorities* is attached at the end of this transcript

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acknowledging the problem is a start. And Victoria has recently included tackling climate change and its impact on health as a priority in their Public Health and Wellbeing Plan, to 2023. There's very little detail yet about what that will mean, but if the approach taken with that particular priority, as with others, is a guide in the Public Health and Wellbeing Plan, they intend to engage with stakeholder groups and around each of the issues.  
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So working with the community to develop initiatives and programs to deliver on the strategic actions that they outline. I think the Queensland Human Health and Wellbeing plan<sup>4</sup> – it was informed by community consultation – I think it offers a solid and comprehensive adaptation plan. It will provide an excellent basis on which WA could draw. I would just add, though, that adaptation is very important, but it's just part of the picture. It's best to tackle climate mitigation and adaptation simultaneously.

PROF WEERAMANTHRI: And so going to that, the final term of reference for this Inquiry is to, and I quote:

*Recommend the terms of reference, scope, and preferred methods for developing a climate change adaptation plan for the health sector.*

And so going back to the Queensland state level, *Human Health and Wellbeing Climate Change Adaptation Plan*, is that the only such plan in Australia, to your knowledge, and can you speak to the work your alliance did in supporting the development of that plan, and what processes you used?

MS ARMSTRONG: Yes, thank you. The Queensland plan is the only plan that I'm aware of. We were approached by the Queensland Government to develop the plan. They were aware of the work that we'd done to develop the national framework, and knew that we had expertise and experience in conducting community and stakeholder consultation with regard to climate and health policy development. So they also wanted NCCARF to be involved – the National Centre for Climate Change Adaptation Research Facility – but they specifically wanted Climate and Health Alliance because of our interest and experience in advocacy and policy development on the issue.

So the Queensland plan responds to stakeholder feedback that we met with throughout the development of the plan, that we surveyed and who attended three regional stakeholder forums that we held in Toowoomba, Brisbane and Cairns. So it draws on the areas of policy action in the framework that we outlined, and based on the feedback, it outlines 10 priority adaptation measures. Those are leadership in governance, building the preparedness and ability of health sector to respond. It points to specific public health measures, recognising that there's an important role for public health to play in terms of evaluating those vulnerabilities that I referred to, and implementing particular measures to avoid morbidity and mortality in relation to them.

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<sup>4</sup> Human Health and Wellbeing Climate Change Adaptation Plan for Queensland

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5 It points to risk management and legal liability, to make sure that it's, you know, recognised that operational and strategic plans for all facilities and services acknowledge and recognise the short, medium and longer term risks of climate change. It points again to research data and evaluation to guide policy and decision-making. It has an area around economics and financing, so recognising that financing decisions are needed to support climate change related programs and the assessment of them.  
[10:21:29]

10 That it requires another area of priority action is collaboration across agency sectors and stakeholder groups. So recognising that, you know, it's important that government agencies, peak bodies, industry professional associations and service providers are all involved in working together to achieve climate change adaptation and sustainability goals.

20 Education and communication is another one, so recognising that we need to build the capacity across the health workforce and among policymakers, as well as in the wider community, so that they can take health protective actions in relation to climate change. Policy regulation and legislation is important, and this is something that came up in our consultation – that a lack of policy certainty inhibits planning, and that that's important for services, for them to guide decisions, but also investments, to avoid delayed costs and ensure service integrity. And then infrastructure, technology and service delivery, and recognising that we need to invest in climate resilient infrastructure technology and service design to avoid delay costs and, you know, ensure the ongoing delivery of safe quality care. So those priority measures all speak to the concerns, priorities, challenges and barriers to climate adaptation for health that were raised with us in the course of the consultation. And, of course, the science and policy evidence that we considered as part of the plan's development.

30 PROF WEERAMANTHRI: Thank you. I think that'll be very helpful to us when we look at the terms of reference that we recommend to the WA Government.

35 MS ARMSTRONG: Thank you. I didn't mention one other example where there's emerging work on this space, which is Tasmania, who are also in the process of policy development, a little bit like WA, and they're drawing on our framework for national strategy and the Queensland H-CAP<sup>5</sup> for guidance.

40 PROF WEERAMANTHRI: Right. You've already mentioned the Global Green and Healthy Hospitals network. Could you describe CAHA's specific links to that, and can you tell us which WA health services have signed up, particularly any in the last year or so?

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<sup>5</sup> Health and Wellbeing Climate Adaptation Plan (H-CAP)

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MS ARMSTRONG: Yes, so thank you. Our international partner, Healthcare Without Harm is the founder of the Global Green and Healthy Hospitals network. So we have, with their support, founded what we call the Pacific Region, which is the regional network that covers Australia and New Zealand. So the network is a project of Healthcare Without Harm, and they initially built the network with the support of the Skoll Foundation, and it's currently supported with re-grants with Healthcare Without Harm<sup>6</sup>. The global network now covers over 30,000 hospitals and health services globally.  
[10:24:27]

There's a huge representation in Latin America, as well as across Asia, India, Japan, Taiwan, Philippines. It's also in Europe, the US and the UK.

In Australia, we now have members across Queensland, New South Wales, Victoria – almost all major public health services in Victoria – in Tasmania, around half of their public health services in South Australia, and now there's strong growth in WA. Many hospitals and health services in WA appear to be at the start of their journey, but there's a lot of enthusiasm and some good work underway, I suspect driven by the passion and interest of a few key people. That is a common theme across the whole network. The great thing about a network is that it brings people together and enables them to learn from one another, to ask questions, share ideas, and share their successes and failures. We've also found that it promotes innovation. And it also allows for greater responsiveness, so people can be nimble in their responses, try things, try and fail, start again, and start again quickly, because they've got access to learning from others.

So it means that people who are involved in the work are able to be involved in a continuous learning process. And I think we've been very successful in Australia and New Zealand – or this is what we hear – out of all of the regions, in creating a very inclusive and engaged community of practitioners. We've done that by bringing people together, both virtually through regular webinars to introduce them to the network, to give them the opportunity to share their work, to ask questions of one another, to provide education for them about initiatives that might support them. We support them to access the virtual infrastructure of the network, provide them with information, tools and resources specific to their immediate goals. So we can help source those from the network and introduce them to others who are working on similar issues, regardless of where they are in the world.

And also bring in expert advice to assist. So there's a number of experts on various goal areas across the network who can support members. There's an online tool called Connect, where members can log on anytime of the day or night to ask a question, look for information. And that is, you know, a really amazing resource, and the dialogue and discussion that goes on in there is an incredible source of information. So we can help people navigate that, or share things that we see on there that they, you know, might find useful. We help the

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<sup>6</sup> Clarification that this refers to the Australia New Zealand region

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members of the network develop case studies so that they can showcase their accomplishments. And for those that are performing at a higher level, we engage them in challenges where they can set their own emissions reduction targets or set targets around leadership or climate resilience. And I guess that's where, you know, the potential for adaptation in that network comes in, as well.

And through those challenges, they can compete for global awards. So I think we've had gold, silver or bronze medallists from our network every year since the awards began.  
[10:27:36]

So I think the performance of Australia and New Zealand hospitals and health services, once they get started on the journey, can often be really outstanding in the global setting. As the network grows in WA, we'll need additional resources to provide support to that network, so it's one of our recommendations to the Inquiry, that the WA Government, perhaps WA Health, might partner with us to establish Green and Healthy Hospitals Western Australia, with a dedicated program manager here on the ground to support hospitals and health services, to get the most out of the network, and to make sure that their efforts are informed by best practice internationally, which is available in real time through the network. And I'm sorry, I haven't brought a list with me of the WA members, but I can quickly look them up on our website to let you know who they are.

**PROF WEERAMANTHRI:** While you're doing that, I might ask you another question, which is that we've heard from all the health services at hearings previously, and everyone, I think, has accepted that they have a role to play. And, you know, from the Chair of the Boards through the chief executives of all of the Health Service Providers, are looking forward to do more, if they can, and to have that level of support. So I am aware that you held a Greening the Healthcare Sector forum recently in Victoria, which brought together people from Victorian health services and some from other states. And how useful is that kind of face-to-face meeting and sharing, and is that a model that we could look to in WA?

**MS ARMSTRONG:** Yes, really valuable. People absolutely love the opportunity to come together, to learn from one another, to hear new ideas. It's often the case that people who are doing this work in hospitals work alone. They're often, you know, either the facilities manager or, in the absence of a sustainability manager, a passionate clinician who might have taken on responsibility for it. So it's a lot for them to take on, to do all the background research that's required to help get them started. And if they're only just beginning, they don't have a professional network in the space to know who to reach out to. So participation in the network virtually provides that, but providing it in a face-to-face context is really valuable.

And yes, we have overwhelming support and enthusiasm for the events that we've had. And we've held one in different states since 2012. And I think, as the network grows in different states around the country, including in WA, it would be great to hold one here, and we'd be keen to hold one here with the members who... with the WA health services who have joined, but also to provide the opportunity to showcase their achievements and their work to other people who haven't yet joined, so that they can consider it. So I found our list, which is... so far, there's Broome Regional Health Campus, East Metropolitan Health Service, King Edward Memorial Hospital, the Rural Clinical School of Western Australia, Sir Charles Gairdner Osborne Park Healthcare Group, South Metropolitan Health Service, the WA Country Health Service, and the WA Country Health Service Southwest Coastal Region are an individual member as well. So we look forward to welcoming many more.  
[10:31:04]

15 PROF WEERAMANTHRI: You've mentioned education and training. And we think that there's a need, obviously, to upskill people and look at forms of training around, you know, what can be done in this area that's effective. And we're also trying to identify particular groups that currently, kind of, might miss out on that – and facility managers are actually one of those groups. So we're certainly thinking about a recommendation to target some supporting training for facility managers, given that they play such a critical role. But also, you know, clinical leaders, and this cohort of young leaders/champions, who, you know, identify themselves in the health services. Do you run any of those training, kind of, sessions yourself, or know of any that we could tap into?

MS ARMSTRONG: We do. We've been running what we call the Climate Health Champions Training Program over the last couple of years. So starting with a trial in 2017, and then we've been running one-day workshops in different jurisdictions where there's interest since then. There's actually a lot of interest, more than we have the capacity to run. Generally, those have taken the form of being... for different health professionals, clinicians, or regardless of where people work in the sector, really, to improve their climate health literacy, help them to understand the health impacts of climate change, and build their capacity for leadership around that. So build their confidence in advocating around the issue, whether it's in their workplaces, in the community, or really communicating about it to their clients and patients and peers, as well.

40 We also provide training for them around communication, so that, sort of, supports their ability to do that. We usually try and customise that. If we have the opportunity to engage with people who are enrolled in the training beforehand, we try and customise it around their particular interests. So, for example, we had a training in Hobart recently that we worked with the Department of Health Public Health Unit to run... and we were able to talk to people who were enrolled beforehand here about what it was that they particularly wanted to learn about. So many of them were particularly

concerned about mental health impacts of climate change. So there's an opportunity to incorporate that into the training and also the, you know, mental health first aid protective measures for people as well. So I think that was very successful and, I think, you know, where possible, that's an approach that we would continue to take.

In terms of facilities managers, I guess, you know, the Greening the Healthcare Sector forums are usually something where facilities managers have the opportunity to learn a lot from one another.  
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The last couple of years, for the one that we've run in Victoria, we've also partnered with the Institute for Hospital Engineers Australia, and so there's been a day, really, focused to the types of issues that people who are working in that space are particularly interested in, bringing in external experts to provide guidance. It's not something that we are offering training on particularly, but that's... you know, in the form of a dedicated workshop, but that's certainly a form of education for that group.

Something that we're beginning to explore and recognising is needed is continuing professional development for health professionals across particular disciplines. So there's an emerging demand, coming from our member organisations, for content for them to include climate change in their continuing professional development programs. It's the case that many of them feel that they don't have the expertise or the content knowledge to develop that curriculum, so that's something that we're looking to build our capacity to provide.

PROF WEERAMANTHRI: Thank you. You've mentioned communication, and there's increasing discussion about the importance of language in public communication, reflecting that, perhaps, you know, the forms of communication up until this point haven't cut through as much as one might have wanted. But also the value of storytelling in engaging the public. And this Inquiry is certainly trying to gather specific Western Australian stories. Do you have any observations about the type of language and communication that does come through to the public? And also whether declaring a climate emergency is necessary or sufficient to trigger action?

MS ARMSTRONG: Okay, thank you. We find the work of the Climate Change Communications Centre at George Mason University in the US is really a world leader in the research around communicating about climate change and health. So Ed Maibach is one of the leaders there, and we've collaborated on book chapters and project ideas in relation to this topic. And their research has found that when it comes to communicating about climate change, health is the most important frame in terms of... and what I mean by that is a structure for the meaning of a message. So when compared with other frames that are sometimes used around climate change, like environment or national security as a rationale for climate action, compared

with those, health is the most effective frame when it comes to communicating about climate change.

5 So what that research also reveals is that talking about climate change as a health issue makes it individually relevant, it makes it personal and it makes it human. So it goes from being about the external environment to making it about us. Also, talking about the health benefits that arise from climate action – and this is what the peer reviewed literature reveal – it leads to a sense of hope and optimism.

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And at a time where people are beginning to feel increasing concern, and among some people a great deal of concern, about climate change in the form of eco-anxiety, solastalgia and climate grief, it's really important to have a frame that we use to communicate about climate change that conveys that many actions to tackle climate change will bring benefits to the health of individuals, as well as the whole population. It also happens to be true.

20 I think storytelling is incredibly valuable. I think it helps people to make sense of their own experiences and stories, but it also helps with informing others. I think we need many more stories about the health impacts of climate change from people who are affected, to communicate it to others, but we also need stories about solutions and what people are doing, because those are incredibly empowering and instructive in showing the way to others. I think the evidence shows people are very influenced by anecdotes and personal stories, much more so than they are by evidence. So I think we need to all use that storytelling as a device when we're communicating about this issue.

30 I think it's something that could be used very effectively by governments who want to incorporate a public education campaign as part of a strategy on climate change and health. It's obviously much easier for policymakers to win support for an issue that people understand, and we need people to understand the issue if we want them to take effective action themselves. I think, at present, not many people understand a great deal about the health impacts of climate change, but what we do know is when they step through the links, it usually seems very obvious to them and they wonder why they didn't make that connection before. So I think stories can be a really powerful and important device to do that.

40 In relation to the emergency, I guess it's a way to bring attention to the issue, but it can also show the way towards action, as long as it's done in a considered way. I think we need to be careful that it's not disempowering for people. I think it is a way of saying this issue is critical, we need to take action now, that we need to devote resources to it and that it needs to be prioritised. So I think, in that way, it can be useful, but it does need to be accompanied by action and strategy.

PROF WEERAMANTHRI: So just picking up around health being a good frame, we're discussing this at a positive optimistic one, but also that the health voice is generally a trusted voice - - -

5 MS ARMSTRONG: Yes.

PROF WEERAMANTHRI: - - - with the public. I would reflect that that issue of trust may be, maybe, bolstered by the sector itself actually doing more in its own space. My reflection is that there's a little bit of a gap between what the health sector says should be done and what the health sector is, itself, doing. And I know you're working hard on the mitigation, as well as the adaptation side, and that the sector is, kind of, catching up in terms of its policies and statements, but hasn't really yet caught up in terms of concrete actions over the things it can control. Would that be fair?

10  
15 [10:40:39]

MS ARMSTRONG: Yes, I think that's true. I think across the country, there's a lot of voluntary action going on. The Green and Healthy Hospitals network is an example of that. You know, nobody is compelling, through policy, people to dive in and participate in that network, invest in those strategies. Or sometimes it's supported by local policy, but largely not. So I think that there is a strong appetite for action. And certainly, something that we heard in the Queensland consultation and I think I mentioned, you know, people are calling for policy support, you know, looking for that guidance to guide decisions, because it is very difficult for facilities, associations, organisations to make decisions when the policy environment is uncertain. So policy guidance and direction from government and expressions of commitment from government to work on the issue, I think, are very helpful in terms of people knowing what they can invest resources in.

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30 PROF WEERAMANTHRI: Ms Armstrong, we've covered a lot of ground, and I thank you for doing that with us this morning. Is there anything final you'd like to say before we close?

35 MS ARMSTRONG: Well, just something that occurred to me when we were thinking about communication, there's kind of a simple formula that Ed Maibach is very fond of sharing, which is helpful in communicating about this issue: that simple messages from trusted voices repeated often are really, you know, the way to cut through. And he's inclined to repeat that and say "simple messages from trusted voices repeated often".

40  
45 PROF WEERAMANTHRI: Thank you very much for your attendance at today's hearing. A transcript of this hearing will be sent to you so that you can correct minor factual errors before it is placed on the public record. If you could please return the transcript within 10 working days of the date of the covering letter or email, otherwise it will be deemed to be correct. And while you cannot amend your evidence, if you would like to explain particular points in more detail or present further information, you can provide this as an

addition to your submission to the Inquiry when you return the transcript. I think there was one thing you said - - -

5 MS ARMSTRONG: Yes.

PROF WEERAMANTHRI: - - - you might - - -

10 MS ARMSTRONG: I'll provide a discussion paper about research priorities<sup>7</sup>.

[10:43:08]

15 PROF WEERAMANTHRI: Thank you. Thank you very much, Ms Armstrong.

MS ARMSTRONG: My pleasure. Thank you very much.

HEARING CONCLUDED

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<sup>7</sup> A copy of the discussion paper *National Climate Change and Health Research Priorities* is attached at the end of this transcript

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CLIMATE<sup>AND</sup>  
HEALTH  
ALLIANCE

# National Climate Change and Health Research Priorities

## Discussion Paper

November 2018

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## About the Climate and Health Alliance

The Climate and Health Alliance (CAHA) is a national alliance of organisations and people in the health sector working together to raise awareness about the health risks of climate change and the health benefits of emissions reductions. As its name suggests, CAHA is concerned with the health threats from climate change, and the organisation works to raise awareness of those risks and advocate for effective societal responses, including public policies, to reduce risks to health.

Membership of the CAHA includes a broad cross section of the health sector with 27 organisational members, representing hundreds of thousands of health care professionals from a range of disciplines, health care service providers, institutions, academics, researchers, and health consumers.

CAHA's members recognise that health care stakeholders have a particular responsibility to the community in advocating for public policy that will promote and protect human health.

CAHA has produced a significant number of reports and publications to assist policymakers and to inform health stakeholders and the wider community. These include the [National Strategy on Climate, Health and Well-being for Australia](#) in 2017; the preceding [Discussion Paper](#) in 2016; the joint report [Healthy Investments](#) (with Doctors for the Environment) in 2016; the seminal report [Coal and Health in the Hunter: Lessons from One Valley for the World](#) in 2015; the multi-stakeholder [Joint Position Statement and Background Paper on Health and Energy Choices](#) in 2014; the joint report '[Our Uncashed Dividend](#)' (with The Climate Institute) in 2012 on the health benefits of reducing greenhouse gas emissions. CAHA conducted a national [Roundtable on the Health Implications of Energy Policy](#) in 2013 and prepared a [Briefing Paper](#) on the same topic.

CAHA produced a film on the risks to health and climate from coal and gas, [the Human Cost of Power](#) in 2013; and has conducted many innovative and ground breaking public events, including the [Healthcare Environmental Sustainability Forum](#) (with Western Health and Institute for Hospital Engineers Australia) in 2017 and 2016; the [Our Climate Our Health Seminar](#) in 2015, featuring an innovative thought experiment: [Imagining 2030 as a healthy low carbon world](#); a [Public Seminar on Protecting Health from Climate Change](#) in 2014 (jointly hosted with University of NSW); and the national [Forum on Climate and Health: Research, Policy and Advocacy](#) in 2013. CAHA also contributes to many conferences, community dialogues, and forums, both nationally and internationally on these issues.

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For more information about the membership and governance of the Climate and Health Alliance, please see Appendix A. For further information about the organisation and CAHA activities, see: [www.caha.org.au](http://www.caha.org.au)

## Research Priorities

1. A major study of the economic value of health benefits associated with health-promoting climate change mitigation and adaptation strategies (e.g. associated with improved air quality, increased uptake of active and public transport options, and other low carbon and zero carbon strategies);
2. Assessment and forecasting of climate change - related health impacts and environmental -related health impacts across Australia's climatic zones to inform resource allocation and climate adaptation strategies;
3. Identifying near and long-term health threats from climate change, to inform the development and evaluation of health protecting adaptation strategies;
4. Multidisciplinary research programs to identify relationships between chronic disease and urban design, energy and water security, transport and other sectors, and identify potential solutions;
5. Further assessment of the carbon and environmental impacts of the healthcare sector, including regular evaluation of total greenhouse emissions of healthcare operations, and identification of initiatives to support the sector's transition to low carbon operations;
6. Assessment of the most effective interventions to mitigate risks from climate- sensitive infectious diseases (for example vector-borne and zoonotic diseases);
7. Identifying, documenting and monitoring the psychological and social impacts of the ongoing threat of climate change and associated issues relating to indirect exposure and strategies to minimise these impacts, particularly among vulnerable population groups, including mental health impacts of climate change in regional communities;
8. Evaluating the health and economic negative effects on occupational health and productivity caused by increasing daily heat levels and during heat waves.

9. Establishing a national environmental health surveillance system\* which includes climate-related indicators;
10. Providing continued investment in and support for the National Notifiable Diseases Surveillance Network, including a strong focus on disease outbreaks which are likely to increase in frequency and severity as a result of climate change (for example, vector-borne and zoonotic disease outbreaks);
11. Expanding investment in vulnerability mapping programs to identify and map vulnerable populations and infrastructure to inform climate adaptation strategies and emergency response plans;
12. Assessment of the impacts of climate change on Australia's ageing population and implications for health services planning and emergency responses;
13. Assessing the likely impacts of climate change on social determinants of health (such as housing, employment, food security and the built environment), including their associated costs; identifying actions to mitigate these impacts and quantifying their health benefits;
14. Assessment of regional health impacts (e.g. Pacific) and potential flow on effects for migration and regional security.

## Background

***“Australia now lags behind many international efforts in linking climate change and health, and an initiative to reinvigorate this interdisciplinary public health area is badly overdue.”\****<sup>∞</sup>

Climate change poses significant immediate, medium-term and long-term risks to the health of Australians and communities around the world.<sup>1,2,3,4</sup>

Despite the substantial body of scientific evidence highlighting these risks, and growing evidence that climate change represents a ‘health emergency’<sup>5</sup>

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\* The development of a national environmental health surveillance system would complement the existing National Notifiable Diseases Surveillance Network, which is overseen by the Communicable Diseases Network Australia (a subcommittee of the Australian Health Protection Principal Committee (AHPPC)). The development of a national environmental health surveillance system could be overseen by the Environmental Health Standing Committee (a subcommittee of the AHPPC), with appropriate support and funding. An example of an existing national environmental health surveillance system is the United States Centers for Disease Control and Prevention National Environmental Public Health Tracking Network: <https://www.cdc.gov/nceh/tracking/>.

<sup>∞</sup> UNSW NEWS, Research funding neglects health impacts of climate change, 1 February 2017. Available at: <https://med.unsw.edu.au/news/research-funding-neglects-health-impacts-climate-change>

human health has not yet been afforded sufficient priority in Australia's national mitigation and adaptation policy and strategy actions.

A coordinated national effort is required. This includes leadership from governments to support a research agenda that will enable the development of policy to tackle the root causes of climate change, support the health sector and the health professions to build resilience to respond to this serious and increasing threat, and ensure the community is well informed and capable of taking health protective actions.

This requires a multidisciplinary research agenda across health, energy, environment, transport, planning and infrastructure.

Australia has provided very limited funding to research investigating the impact of climate change on human health despite the area being identified government and NHMRC as a priority 25 years ago.

**It is vital that Australia invests in building health and climate research capacity to evaluate specific health threats, priority needs, and to monitor trends and opportunities for maximising multi-sector benefits.**

In contrast to global efforts, Australian research on climate change and human health has failed to maintain momentum, particularly since 2014, largely due to the lack of funding from National Health and Medical Research Council in this field.

Climate change is a global issue and does not respect national borders. In addition, countries not well placed to develop responses are often those most likely to be adversely affected — loss of healthy life years in low income African countries, for example, is predicted to be 500 times that in Europe.<sup>6</sup>

While not yet widely understood in Australia, international research and policy evidence makes it clear that greenhouse gas mitigation across a range of sectors can result in considerable improvements in public health.<sup>7</sup>

Australia has responsibilities for the well-being of its own population but also as a global citizen. There is a growing momentum in policy development around the health impacts of climate change across the world. The aligned issue of climate change and planetary health has been recognised in a research agenda supported by the Wellcome Trust, however this is yet to be supported by a well-resourced research agenda in Australia.

The international medical literature is very clear that the window of opportunity in which to take action on climate change in ways that deliver concurrent benefits for human health and well-being is very small. It will require a paradigmatic shift in thinking, from seeing climate change only as a threat, to recognising that the response to climate change is an opportunity to promote human health and well-being.<sup>5</sup>

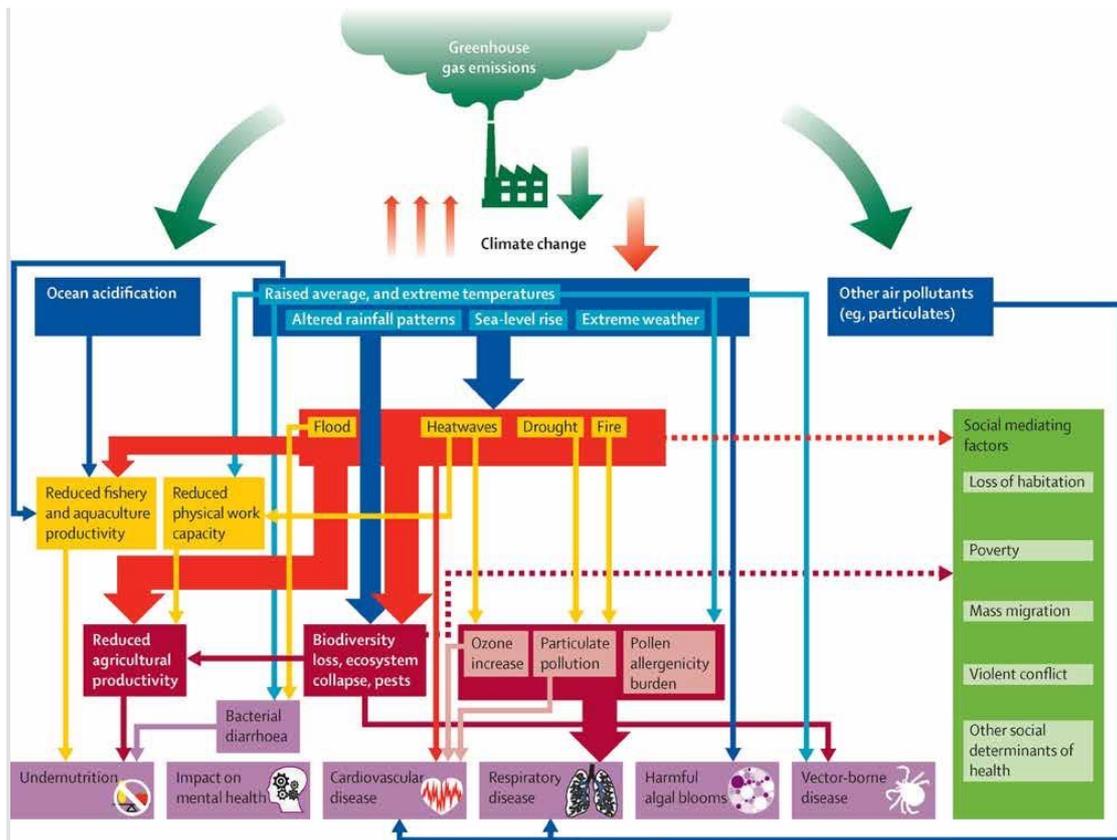


Figure 1: An overview of the health impacts of climate change. Source: The Lancet Commission, 2015.<sup>5</sup>

Australia is recognised as one of the developed nations most vulnerable to the impacts of climate change.<sup>8</sup> As such, the co-benefits of climate change adaptation and mitigation activities represent a crucial health opportunity for the nation.

Extreme heat and weather events already present major risks to Australian communities, and with climate change expected to increase the incidence and severity of these events, actions to mitigate and adapt to their impacts will have significant co-benefits.<sup>9</sup> In Australia, reduced productivity due to extreme heat days already represents an economic burden of over AUD\$8 billion annually.<sup>10</sup>

Climate change is causing a dramatic increase in the incidence and severity of extreme weather events causing natural disasters such as bushfires and

floods. The economic costs associated with the health impacts of these events is immense – for example, costs associated with the health and social impacts of the Black Saturday bushfires and 2011 Queensland floods totalled AUD\$3.9 and \$7.4 billion respectively, sums greater than the economic costs from infrastructure damage.<sup>11</sup>

## Research Rationale

Australia's unique geography and climate means that many of the climate-related health challenges are also unique. Australian specific research on climate change and health is required to understand the regionally diverse climate vulnerability among high risk sub-populations, the distinct pathways of impact and range of health threats. Some progress has been made, but efforts have recently stalled, and left a shortfall in climate-health research expertise.

The economic implications of the personal and population-wide health impacts of climate change in Australia are not well established. Failure to include these full costs distorts decisions made solely on limited economic information and leads to cost shifting and deterioration of Australia's capacity. Full economic accounting of health implications of energy and transport options is urgently needed to inform rational decision making. This is an urgent area of research, as is evaluating the health impacts associated with the cost of damage to water supplies, land productivity under climate change, and a range of adaptation and mitigation options. Food, water and clean air are fundamental necessities of good health, and safeguarding these underpins the health, viability and productivity of communities across the nation.

Additional research is required to trial and evaluate adaptation and resilience building options across the major health risks. There is a need to monitor ongoing health relevant climate changes and guide health policy and program development, implementation and efficacy. Development of climate relevant indicators to support surveillance, monitoring and assessment of health risks, and equally, to track the co-benefits of climate change mitigation policy and strategies, is therefore required. Such knowledge is critical to identify system inefficiencies and deliver the necessary evidence to promote broader uptake of successful strategies. Australia's performance on this critical issue will be judged in the forthcoming evaluation by the Lancet Countdown, a global project which will report annually on the performance of nations in tackling the health impacts of climate change.

The emergence of climate-related morbidity and mortality is already apparent in Australia, with modest warming of 1°C, and is projected to markedly escalate with ongoing warming. Building an effective national health protective response requires a deep understanding of the dynamic situation. Ongoing research capacity and infrastructure needs to be secured through the establishment of a stable national level funding stream for climate and health research.

## **Priorities in context**

Research is a core element of the *Framework for a National Strategy on Climate, Health and Well-being for Australia*.<sup>12</sup> Published in 2017, the Framework is a world first initiative by a coalition of leading health experts and organisations, along with federal parliamentarians, to set out a roadmap to support the Commonwealth Government in taking a leadership role in protecting the health and well-being of Australian communities from climate change, and in fulfilling its international obligations under the Paris Agreement.

This Framework is the result of extensive consultation with Australia's health stakeholders, including professional health and hospital groups, health leaders, academics, scientists, parliamentarians and policymakers during 2016 - 2017. Consultation revealed deepening concerns about climate change within the health community and the desire for federal leadership for urgent action. The yawning gap between the growing body of scientific evidence on the broad scale human health impacts of climate change, and the tardy development of effective and specific public policy responses has prompted the national and global health and medical community to step forward to fill this gap.



Figure 2: Areas of Policy Action in the *Framework for a National Strategy on Climate, Health and Well-being for Australia*, CAHA, 2017.<sup>12</sup>

The Framework for a National Strategy on Climate, Health and Wellbeing calls for enhancing Australia’s health and climate research capacity through the establishment of an ongoing climate change and health funding stream via the National Health and Medical Research Council (NHMRC) and the Medical Research Future Fund (MRFF).

It also calls for funding to support a national climate change research network to support the investigation of localized state and regionally-based climate health challenges. This would ensure the development of a coordinated research agenda and support the development of research expertise to address major gaps and challenges associated with the impacts of climate change on population health and the health sector itself. This should build on previous work of the National Climate Change Adaptation Research Facility to provide a national comprehensive assessment of the health risks of climate change, updated on a regular basis to inform the development, implementation and evaluation of national mitigation and adaptation strategies.

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