Government of Western Australia
Department of Health

Public forums summary report

Climate Health WA Inquiry

22 October 2019

Purpose

This report provides a summary of the feedback received through a series of public forums held across Western Australia (WA) between 29 July and 20 August 2019, for the Climate Health WA Inquiry (the Inquiry). First, a background to the Inquiry and an overview of the public forums are presented. This is followed by a themed summary of the feedback received at the forums, relating to: environmental and health impacts of climate change, suggestions of what health services can do, and barriers and enablers to action. An outline is then provided of how this information will be used and the next steps for the Inquiry.

Please note that the content contained in this summary report represents the opinions of the attendees at the public forums, and should not be regarded as endorsed by the Department of Health (DoH).

Background

In March 2019, the WA Minister for Health announced a statutory inquiry into the health impacts of climate change in WA, in accordance with the *Public Health Act 2016*. The aim of the Climate Health WA Inquiry is to review the current planning and response capacity of the health system in relation to the health impacts of climate change, and make recommendations for improvement. These recommendations are to address both:

- climate change mitigation; that is, how the health system can minimise its contribution to climate change through reducing its greenhouse gas emissions, and
- public health adaptation strategies; that is, how the WA health system can prepare for the impacts of climate change.

A final report is due to the Minister for Health by March 2020. To inform the final report and its recommendations, a number of approaches are being undertaken to collect up-to-date, WA-specific information on climate change and health from across the State. This included a series of public forums to seek input from local communities. The findings of these public forums are the topic of this summary report.

About the public forums

The public forums were all advertised through a range of media and were open to public registration. Seventeen public forums were held in total; two in each of WA's regional centres (Albany, Broome, Bunbury, Geraldton, Kalgoorlie, Northam and Port Hedland), and three in the Perth metropolitan area. At each forum, the Inquiry team delivered a brief presentation on the Inquiry and some background information on climate change and health. This presentation has been made available on the Inquiry's website. Several questions were then posed, including:

- What impacts of climate change they are experiencing and/or are aware of
- What they would like to see health services doing to address climate change, and
- What factors they considered to be either a barrier to, or enabler of, action.

Attendees discussed their responses to each question in small groups. Discussions were captured on butcher's paper, then a member of each group reported their table's responses back to the room. Time was also allocated for open discussion and to allow attendees to ask questions of the Inquiry. The sessions were facilitated by an external consultant from The Behaviour Change Collaborative.

Each public forum was unique in the information that was presented by attendees, but a number of overarching themes emerged.

Impacts of climate change

Climate change has a wide range of impacts on people, the community and the environment. Some of the impacts discussed were consistent across regions (e.g. mental health), while others varied (e.g. rainfall patterns). Identified impacts included those relating to:

- **Society** – for example, impacts on the broader community and its level of resilience to extended drought and the closure of farms; and a feeling of disconnect from the land for Aboriginal people which has implications for social and cultural connectivity and wellbeing.
- **Mental health** – including worry and anxiety about what the future holds, particularly for children and young people; stress about a loss of agricultural productivity resulting from drought; trauma and exhaustion for firefighters battling longer and more severe bushfires; and trauma, displacement and loss following extreme weather events such as storms, floods and fire.
- **Environment** – including threats to agriculture, viticulture, aquaculture and forestry industries, and the health of ecosystems including animal and plant populations, rivers and coral reefs.
- **Extreme weather events** – including longer and more severe fire seasons, flooding, sudden storms, and more intense but less frequent cyclonic activity. These events can have a significant impact on infrastructure (including roads and sewerage systems) and transport. There is generally the capacity for services such as emergency services and volunteers to respond to these extreme events, but communities and services struggle in the recovery phase.
- **Heat and heatwaves** – impacting infrastructure and facilities, rail, roads, parks and green space; and resulting in less time outdoors, exacerbating existing chronic disease and obesity issues.
- **Water** – sea levels are rising, causing severe coastal erosion; changes in rainfall patterns are causing both droughts and flooding across the State; and a reduction in rain

is creating difficulties for regional areas in accessing fresh water. Water quality and access issues are particularly marked in small towns and remote Aboriginal communities, while also affecting the ability to deliver certain services such as renal dialysis. There is increased reliance on desalination plants, which are energy intensive.

- **Air** – communities are experiencing poor air quality related to dust and dust storms (due to agricultural practices, prescribed burning and fossil fuel extraction), as well as pollution. This is causing respiratory issues including breathing difficulties, asthma and allergies.
- **Food** – decreased rainfall and agricultural productivity is resulting in food security issues including reduced access to high quality fruit and vegetables.
- **Infectious disease** – there has been a change in mosquito and mosquito-borne disease patterns due to increased temperatures and changing rainfall patterns. An increase in infectious diseases such as influenza was also reported, as well as antibiotic resistance.

What health services can do

The following outlines the key areas in which the WA health system can progress work to reduce its contribution to climate change and best prepare itself and the WA community for its impacts.

Vulnerable groups

Attendees stressed the need to consider those people who are especially vulnerable to the impacts of climate change. For instance, it was highlighted that "town[s] will be okay for longer than remote communities", which do not have easy access to food, water or emergency health care, especially during floods and cyclones. In addition to remote communities, socioeconomically disadvantaged people were noted as being particularly vulnerable to the impacts of climate change.

It was suggested that these groups of people feel the effects of climate change more strongly than the general population because it is more difficult for them to escape extreme weather events. Further, they are less likely to be able to afford or access air conditioning on hot days. Children and the elderly are also less resilient, especially to heat. Access to evacuation centres is challenging for people with decreased mobility, such as the elderly and people living with disability.

Strategy, policy and planning

In order to make action on climate change durable, sustainability and climate need to be embedded into the organisation, including throughout policies and practice, and considered as part of decision-making. Economic analyses could be a useful tool to inform sustainable choices and support decision-makers. Mechanisms for incentivising environmentally friendly initiatives were also recommended. Responsibility and accountability for action and decisions should be clear throughout the organisation.

The differences between regions need to be acknowledged and the WA health system cannot take a "one-size-fits-all" approach to climate change and sustainability; locally informed and/or developed strategies will be required.

Leadership and collaboration

Attendees emphasised the need for the DoH to demonstrate leadership and best practice. Climate change does not affect any one department or sector in isolation; therefore, the DoH should collaborate and partner extensively with other government agencies including local government, industry and the community.

Aboriginal people, as the traditional owners and custodians of the land, have extensive knowledge that should be drawn on in the development of initiatives and solutions. This knowledge includes their understanding of land and sea management, the well-established ranger programs, and their systems and traditions of law and custom.

Building community resilience

There is generally a lack of awareness in the WA community of the impacts of climate change, especially on health, and the DoH must play a role in educating the public on these impacts. Doing so would also offer an opportunity to support the public in making incremental changes in their own personal actions, to reduce their contribution to climate change. By providing this education, the DoH would help to build resilient, motivated communities.

Health workforce

Engaging and educating the health workforce are an important part of both climate change mitigation and adaptation strategies for the WA health system. Training for health professionals, including General Practitioners, on the impacts of climate change was recommended. There should be an integrated approach to educating the future health workforce through university curricula.

Sustainability teams/committees and environmental officers within health services were suggested, as an opportunity to raise awareness and seek ideas and support from staff at all levels. These staff should network in order to share learnings and ensure a coordinated approach is taken across the WA health system.

Waste

Attendees at the forums were consistent in their feedback that health services need to improve their waste management practices. The reliance on single-use items should be reduced, better recycling processes established, reuse of items undertaken where appropriate, and the amount of packaging reduced. Implementing these measures needs to be supported by staff education. Many regional areas have barriers to implementing good waste management practices, such as their distance from recycling facilities.

Procurement

Given the significant purchasing power of the WA health system, improving procurement and contracting practices represents a good opportunity to support sustainable initiatives. This could include building principles of sustainability into procurement policies and processes, and engaging with companies to cooperate on reducing waste. Another opportunity is the use of local suppliers, such as purchasing food from local farms.

Infrastructure, energy and transport

The way in which health service buildings are designed and constructed was discussed by attendees. More sustainable architecture is required, which could include the installation of solar panels and rainwater tanks. There is a possibility of significant savings on energy bills resulting from solar panel installation; for example, the power bill was negative for a hospital in the Wheatbelt that had solar panels included in the build. Ways to minimise patient travel (e.g. through telehealth and community care) should be explored.

Disaster and risk management

In order to prepare for and effectively manage the impacts of climate change into the future, the DoH should work with local government to support better reporting on disaster preparedness. Further, the improvement of surveillance systems for environmental health issues, including mosquitos, was recommended. Emergency management systems also need to be ready for the increased likelihood and intensity of natural disasters; this includes planning, preparation, response, recovery, counselling and support.

Information, research and innovation

The collection and reporting of data and other information are vital for enabling meaningful action on climate change. Key performance indicators need to be developed for areas like waste and emissions, as well as collecting data that can be used to inform improvement in practice. Research and innovation are important for developing and identifying solutions. For example, the public could be consulted to identify potential projects and actions that benefit both the community and the environment.

Barriers and enablers

The following provides a summary of the barriers and enablers/actions that were identified.

Barriers	Enablers/actions
• Resistance to change • Perceived (and actual) lack of incentives to change • Short term costs of sustainable options • Infection control constraints, e.g. on waste management options such as cessation of single use items • Challenges of distance in WA and transport needs/options • Lack of awareness, misinformation • Fear driving inertia • Denial that climate change is real, particularly by those less vulnerable to the effects • Competing priorities for all levels of community, including government • Political sensitivities and the lack of a national framework to drive action • Restrictive national and local policies • Vested interests in the status quo, e.g. the fossil fuel industry	• Reward early adopters and change champions • Start small and celebrate successes • Develop an economic argument • Elevation by government of climate change as an issue • Draw on engaged, active staff and youth • Keep the messages simple • Normalise sustainable choices • Find opportunities to enhance best practice • Share knowledge, ideas and stories • See climate change as an opportunity to get better at what we already do/are trying to do, e.g. supporting vulnerable groups • Define clear roles and responsibilities • Establish partnerships and networks • Build on what others are doing and promote good work that is already happening in the community • Learn from previous programs that have led to societal change e.g. tobacco control, seatbelts, Clean Up Australia • Encourage a collaborative, "in it together" attitude, and appeal to the Australian way of stepping up in challenging situations • Leverage the power of volunteers (e.g. 25,000 volunteers for the Department of Fire and Emergency Services) and staff (40,000 WA health system employees) • Support respected medical practitioners to speak out

Next steps

The feedback received from the public forums will be used to inform the Inquiry's final report and recommendations. This is one element of extensive stakeholder engagement which also includes:

- Written submissions to the Inquiry from individuals and organisations
- Targeted consultation, including additional forums with groups considered to be particularly vulnerable to climate change, and
- Formal public hearings, where key individuals and organisations are invited to attend sessions to formally provide evidence, as requested by the Inquirer.

The written submissions, summary reports of additional forums, and audio recordings and transcripts of the formal hearings will be published on the Inquiry's webpage (see link below).

To learn more, visit health.wa.gov.au/climatehealthwa or email the Inquiry team at climatehealthwa@health.wa.gov.au

The Climate Health WA Inquiry team
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