Australian Government
Department of Health and Aged Care

NATIONAL HEALTH AND CLIMATE STRATEGY

Detailed submission form

This form allows you to provide responses to the full set of questions in the Consultation Paper available here.

Alternatively, you may wish to complete the briefer online survey available here.

Please submit this form in Word format to Health.Climate.Consultation@health.gov.au.

Respondent details

What is your name?
AMSANT
What is your email address?
What is your organisation?
Aboriginal Medical Services Alliance of the Northern Territory (AMSANT)
Have you read and agreed to the Privacy Statement? (NB we will not be able to use your submission unless you tick this box)
☒ I have read and agreed to the Privacy Statement
Do you identify as Aboriginal and/or Torres Strait Islander? (Yes/No/Prefer not to say)
☒ Yes ☐ No ☐ Prefer not to say
Please select which applies to you: ☐ Individual citizen ☐ Health Service Provider ☐ Industry and Life Sciences Organisation or Representative ☐ Academic or Researcher ☐ Primary and/or Allied Health Peak or Advocacy Organisation or Representative ☐ Aged Care Service Provider ☐ First Nations Health Service Provider ☐ First Nations Community Group ☒ First Nations Peak or Advocacy ☐ Medical College or Peak professional body

Questions for feedback from the Consultation Paper

Introduction

1. How could these objectives be improved to better support the vision of the Strategy?

Objectives: measurement, mitigation, adaptation, health in all policies

These objectives are reasonable. Health in all policies worked very well during the COVID-19 pandemic but outside of emergencies, it can be difficult to engage across other Government Departments with a common perception being that the health sector is trying to get other sectors to solve health problems (Greer et al, 2022). Improving health and wellbeing is clearly a central aim of governments but the siloed nature of government often works against health in all policies. For instance, the ongoing Commonwealth support of fossil fuel industries (including through direct subsidies) is worsening the climate emergency and not consistent with a health in all policies approach. Both Commonwealth and State Governments need to take a health in all policies approach seriously and to be transparent if a government policy is likely to worsen health outcomes.

Source:
Greer S et al, 2022: From a Health in all policies to a health for all policies. Vol. 7. Issue 8. .Lancet Public Health

2. How could these principles be improved to better inform the objectives of the Strategy?

Proposed principles:
1. First Nations leadership
2. Tackling health inequities
3. Population health and prevention
4. One Health
5. Evidence informed policy making
6. Partnership based working across all levels of government and beyond

The following additions to the current proposed principles should be made:
- "Tackling health inequities and social determinants". This is discussed further below with feedback against the relevant principle.
- Addition of new principle "Health sector advice and advocacy"

Principle 1 - First Nations Leadership
AMSANT agrees that First Nations Leadership is a key principle for decision making on climate and health policy at all levels. This principle should specify the inclusion of Aboriginal and Torres Strait Islander people in governance, design and implementation of the Strategy. As outlined in the Consultation paper, Aboriginal and Torres Strait Islander people will be disproportionately affected by climate change. Currently the wording implies that Indigenous knowledge will be prioritised, but there is not a clear intent about ensuring partnership and leadership by Aboriginal and Torres Strait Islander people.

Principle 2 - Tackling health inequities and social determinants
On current projections, climate change will make it more difficult to achieve Close the Gap targets across multiple areas including health. This is particularly true in the Northern Territory where the climate is already extreme, with evidence of warming occurring at a faster rate in Central Australia than the rest of Australia, and with Top End coastal areas and low-lying islands at risk of inundation in the near future. This is compounded by extremely high rates of chronic disease. The principle of tackling health inequities should specify that populations that are more vulnerable to climate change impacts should be

prioritised for action and that representatives from these communities should be at the forefront of developing the response. However, if society does not become more equitable across a range of social determinants, tackling these issues only from a health perspective will have limited impact. Key issues such as growing income inequality, homelessness, high cost of housing and poverty need to be addressed, so that the whole of society becomes more resilient and that there is a marked reduction in the number of people vulnerable to impact of climate change because of poverty or other social circumstances. Homelessness was tackled urgently in 2020 with the threat of COVID-19 looming - a similar urgent response is required now given growing risks of heatwaves, bush fires and other extreme weather events. Broad societal change is required to improve equity, alongside targeted action to protect vulnerable groups.

Principle 6 - Partnership based working across all levels of government and beyond
Partnerships will clearly need to be made between State and Commonwealth Governments, but also with the non-government, research and community-controlled sectors as well as with advocacy groups and civil society. This will require an open and collaborative approach by government.

Additional principle - Health sector advice and advocacy
Informed health professionals, and the health sector as a whole, understands that climate change will have a devastating effect on populations health and well being. Health professionals including those employed in governments needs to be able to speak freely about the consequences of climate change on the health and wellbeing of the population. Although the impact on vulnerable groups should be highlighted, there needs to be a clear message that everyone's health and wellbeing is going to be impacted. It is reasonable to expect that some sacrifices will need to be made to avert catastrophic climate change, but this will require widespread community understanding and acceptance. Therefore, a principle should be added that the health sector should be supported to provide frank advice to the public about the health impact of climate change and how this will worsen if emissions are not reduced urgently. This includes health leaders in government organisations who should be able to provide independent advice to the public.

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

Although recommendations on specific gases are generally out of scope for AMSANT, we would like to highlight a positive example of working in partnership with First Nations communities to tackle greenhouse gas emissions. Methane is a greenhouse gas that is several times more potent in atmospheric warming than carbon dioxide and a very significant source of anthropogenic methane emissions is agriculture. Recent research conducted by the CSIRO in collaboration with James Cook University and Meat and Livestock Australia found that small amounts of algae (a type of alga called Asparagopsis) added to cattle feed as a supplement reduced the methane in cow burps by up to 99%. The algae are native to the Narungga Nation's traditional waters in the Yorke Peninsula, and CH4 Global (an initiative working to cut methane emissions) has recently partnered with the Narungga Nation Aboriginal Corporation to establish the first commercial scale supply of the seaweed in the world. A productive partnership between Traditional Owners and climate change scientists and experts should bring wealth and jobs to remote communities in the Yorke Peninsula, and thus improve health whilst making a major contribution to reducing greenhouse gases.

Sources:
National Indigenous Times, Seaweed-infused cow burps the key to methane emissions reduction, https://nit.com.au/08-01-2021/1629/seaweed-infused-cow-burps-the-key-to-methane-emissions-reduction

4. What existing First Nations policies, initiatives, expertise, knowledge and practices should the Strategy align with or draw upon to address climate change and protect First Nations country, culture and wellbeing?

The following are very relevant to the Strategy:

- Uluru Statement from the Heart
- UN Declaration on the Rights of Indigenous Peoples
- UN Permanent Forum on Indigenous Issues
- National Agreement on Closing the Gap and the Reform Priorities
- National Aboriginal and Torres Strait Islander Health Plan

There are many other local initiatives that could be drawn upon. A key example in the NT is the ranger programs now rolling out across many communities to protect country and culture. Ranger programs draw on cultural and community knowledge as well as Western scientific expertise. Ranger programs can contribute to both mitigation of climate change (through burning to protect against uncontrolled bushfires and protecting habitat) and adaption (through environmental restoration and protection of vulnerable fauna and flora that are being impacted by climate change). Ranger programs also have major health and wellbeing benefits (Shultz R, et al 2017. Jones R et al, 2022). A review of ranger programs found that they were cost saving because of both environmental, social and health benefits (Van Bueren M et al, 2015). Ranger programs could be expanded as not all communities have ranger programs. Ranger programs should also be supported to include and target higher risk cohorts in communities such as young people who have disengaged from school or those at risk of ongoing involvement in the justice system.

Aboriginal people have provided stewardship and care for country for many thousands of years. Giving more control to Aboriginal people over land will benefit the environment and climate as well as Aboriginal health and well being. Aboriginal people should be able to block developments such as fracking from occurring on their traditional lands. Aboriginal groups gave permission for fracking to occur on Aboriginal lands at an early stage when much less was known about the impacts of fracking. Now that this permission has been granted, fracking production has been approved, despite the clear opposition by Aboriginal people and the broader community. Given the escalating concerns and the climate emergency, this needs to be reviewed urgently.

Sources:

Jones R, Thurber K , Wright A, Chapman I, Donohoe P, Davis V, Lovett R (2022) Associations between Participation in a Ranger Program and Health and Wellbeing Outcomes among Aboriginal and Torres Strait Islander People in Central Australia: A Proof of Concept Study . International Journal of Environmental Research and Public Health. Jul 12;15(7):1478. doi: 10.3390/ijerph15071478.

Schultz R, Carney S (2017) .Caring for country and the health of Aboriginal and Torres Strait Islander Australians. Med J Aust 2017; 207 (1): 8-10. || doi: 10.5694/mja16.00687

Van Bueren M, Worland T, Svanberg A , Lassen J (2015) Working for Our Country A review of the economic and social benefits of Indigenous land and sea management. Pew Charitable Trust.

5. What types of governance forums should be utilised to facilitate co-design of the Strategy with First Nations people to ensure First Nations voices, decision-making and leadership are embedded in the Strategy?

The Strategy should be co-designed with existing Aboriginal and Torres Strait Islander community-controlled organisations, including the community-controlled health sector. NACCHO as the national peak body needs to be engaged as do all the affiliates. In the NT, this includes involvement of AMSANT and its member health services.

The NT Aboriginal Health Forum brings all key partners and funders in NT Aboriginal health together in a planning partnership that provides strategic advice and makes decisions about key policy issues to improve Aboriginal health and wellbeing in the NT. This partnership includes both community-controlled and government organisations.

As connection to country and land is part of an Indigenous view of health, broader organisations must also be involved. Aboriginal Peak Organisations Northern Territory (APONT) in the NT is an alliance of major Aboriginal organisations across the NT including all four land Councils, AMSANT, NAAJA and the Indigenous Business Network. Land Councils have a key role in supporting Aboriginal people to care for country and provide critical leadership in the work of improving Aboriginal resilience to climate change, with ranger and other ecological programs being very successful.

Proposed Objective 1: Measurement

6. Beyond the schemes already noted above, is your organisation involved in any existing or planned initiatives to measure and report on health system emissions and/or energy use in Australia?

No, we are not. AMSANT would require specific funding to work with our members on emissions and energy use.

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

There need to be equitable targets for emissions that take into account local context and needs. The NT healthcare system, including Aboriginal Community Controlled Health Services (ACCHSs), has substantially different features from those in major urban centres. Remoteness, long transport distances for patients and staff, often older infrastructure, higher temperatures (and more frequent need for cooling), mean that mitigation solutions like promoting active transport or establishing reusable equipment systems are not as feasible as in urban settings. Most remote areas of the NT do not even have access to waste recycling infrastructure. These differences need to be considered when assessing the ways in which NT health services can reduce carbon emissions. Heat stress in much of the Northern Territory can result in a high use of power for climate control such as air conditioning and cooling of water. Targets must take this differential need into account and not apply unfair targets to NT residents and services. Climate change measures must make it easier for Aboriginal health services to operate in harsh isolated conditions – e.g. through renewable energy solutions.

Proposed Objective 2: Mitigation

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

Proposed focus areas:

- Built environment and facilities.
- Travel and transport
- Supply chain
- Medicines and gases
- Waste
- Prevention and optimising models of care

Addition of social determinants:
For Aboriginal people in the NT, emission reduction strategies should have a strong focus upstream on improving social determinants of health, which are a major driver of preventable disease and presentations to primary care and hospitals. Providing climate resilient and adequate housing will reduce complications of heat stress (especially in a population with high rates of chronic disease, which lowers tolerance to heat stress). It will also reduce overcrowding and related burden of disease like Group A Streptococcal infection (and its major complications including rheumatic heart disease), chronic ear infections and hearing loss, tuberculosis, and crusted scabies. Similar issues are likely present for other remote and northern regions of Australia. We recommend adding social determinants of health as a focus area as this will have a major impact on mitigating the health and wellbeing impacts of climate change, as well as reducing healthcare usage and associated emissions.

9. Which specific action areas should be considered relating to the **built environment and facilities (including energy and water)**, over and above any existing policies or initiatives in this area?

Improving the building quality of primary healthcare facilities and converting power use to solar energy would reduce emissions (mitigation). Ensuring adequate insulation and ventilation for health facilities will reduce air conditioning use and costs. Transition to solar energy sources with batteries would also reduce disruptions to facilities due to climate related weather events (adaptation).

Provision of dialysis in particular has a significant energy and water use which must be accounted for, particularly for the NT which has very high rates of end stage kidney failure. People are now more frequently receiving supported dialysis or undertaking self-care dialysis in very remote communities that are impacted by significant heat stress and constrained power and water infrastructure. Improving social determinants (particularly reducing poverty) and increasing the capacity of primary health care to screen for and manage kidney disease are both effective strategies to reduce the burden of kidney disease on the health system prior to requiring dialysis, as well as increasing the rates of patients able to access kidney transplantation. Where dialysis is required, there must be adequate local energy and water supplies for people to receive this life-sustaining treatment in their local community.

10. Which specific action areas should be considered relating to **travel and transport**, over and above any existing policies or initiatives in this area?

Burning fossil fuels for transport and electricity generation is the main cause of increased greenhouse gas emissions in travel and transport, while increasing public transport can be a form of mitigation. Telehealth can reduce the need for patients to travel. Telehealth is very useful but can be resource intensive in the NT where patients seeing specialists via telehealth are usually supported by a primary health care clinician who sits in on the consultation and supports the patient. Primary health care thus should be funded to support specialist telehealth. This additional primary health care support could be funded

through the cost savings telehealth provides to the tertiary care sector and patient travel expenses.

While recognising the benefits, telehealth cannot be used universally to replace face-to-face care for patients in remote areas. Communication can be difficult with cultural and linguistic barriers for remote Aboriginal people. People may require a specialist physical examination and/or investigations or treatments that are only available in towns. Therefore, telehealth should only be used when it is clearly equivalent to a face to face consultation and the patient is satisfied with a telehealth consultation.

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

More efficient cold-chain equipment (Clever Logger Cold Chain monitoring) has already reduced vaccine wastage in the NT. This system should be supported.

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

Out of scope for AMSANT.

13. Which specific action areas should be considered relating to **waste**, over and above any existing policies or initiatives in this area?

Out of scope for AMSANT.

14. Which specific action areas should be considered relating to **prevention and optimising models of care**, over and above any existing policies or initiatives in this area?

For primary healthcare (including ACCHSs) in the NT, emissions reduction strategies are likely to be best addressed within this focus area. A better resourced and effective primary healthcare system will lead to fewer preventable hospitalisations, with the NT having the highest rate of preventable hospitalisations in Australia. There is a current workforce crisis in primary care in the NT, exacerbated by COVID-19. Markers of preventive health (such as immunisation rates) have declined. Building the workforce and capacity building for the primary healthcare system is an important strategy for reducing carbon emissions by reducing the need for secondary and tertiary care, and clearly is of great benefit to communities. Unsustainable rates of turnover and high vacancies must be addressed through targeted workforce measures to attract and retain workforce as well as grow and develop a local Aboriginal workforce. Reducing unnecessary care is important and requires skilled and well-educated workforce, but again the changes required to reduce unnecessary care will be difficult to achieve until workforce turnover is reduced.

Climate change and the already significant warming that has occurred is already making work harder for clinicians and other staff in Northern Australia. Workforce strategies and models will need to address climate change factors – for example by providing well insulated housing, reducing outdoor exposure in very hot weather, taking additional precaution with travel in extreme heat, and addressing staff fatigue. Services will need to be supported to ensure infrastructure is fit for purpose, well maintained and resilient to heat waves.

Prevention should also refer to investment in social determinants of health (see response to question 8), which will reduce disease burden and healthcare need. Investment in

prevention can also prevent costly and emission intensive treatments being required at a later stage of illness (see response to question 9 using dialysis as an example).

15. What can be done to involve private providers within the health system in the Strategy's emissions reduction efforts

The ACCHS sector needs to be involved as a key partner including through governance mechanisms such as the Northern Territory Aboriginal Health Forum.

16. Where should the Strategy prioritise its emissions reduction efforts?

    a. How should the Strategy strike a balance between prioritising emissions reduction areas over which the health system has the most direct control and prioritising the areas where emissions are highest, even if it is harder to reduce emissions in these areas?

    b. Which of the six sources of emissions discussed above (on pages 13 to 18 of the Consultation Paper) are the highest priorities for action?

Out of scope for AMSANT.

17. What 'quick wins' in relation to emissions reduction should be prioritised for delivery in the twelve months following publication of the Strategy?

Improving the social determinants of health for Aboriginal people in the NT is likely to have the greatest impact on reducing emissions in the NT, particularly in remote communities. 'Quick wins' should include installation of solar power, for primary healthcare and for remote households, to reduce power insecurity and emissions as well as indirect emissions related to health presentations (e.g. because of the impacts of energy insecurity on health). Currently remote Aboriginal people in the NT buy expensive power through power cards and have high rates of energy disconnection. Jabiru (a small remote town in the NT) has achieved at least 50% renewable power supply through a solar system and batteries supplemented by a diesel generator. This model could be expanded and made more ambitious – noting that diesel generators are polluting and therefore use should be limited as a supplemental or backup power source.

Proposed Objective 3: Adaptation

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

Aboriginal people in the NT should be considered a priority for adaptation action, given they will be disproportionately affected by climate action. Chronic diseases like heart disease and kidney disease, which make people more vulnerable to heat stress, occur in Aboriginal people at some of the highest rates in the world (Hare M et al, 2022; Hare et al, 2020). High temperatures in the NT (and in the Top End, high humidity) already place people at risk of heat stress. Extreme weather events and rising coastal waters will result in displacement of communities. Given that connection to country is so fundamental to Aboriginal health and wellbeing, this will cause profound grief and distress.

As discussed throughout this response, many vulnerabilities for Aboriginal people in the NT relate to social determinants of health. Inadequate housing, low income and inadequate welfare payments, food/water/power insecurity, less ownership of electronic devices (e.g. mobile phones), and less access to healthcare put Aboriginal people in the NT at higher risk of negative outcomes from climate related disasters. These are the factors that should be prioritised for adaptation action through the Strategy:

- Provision of adequate (number and quality of houses) and climate-resilient housing (with an appropriate and reliable power source) is a key recommendation. Inadequate housing and neglected maintenance of existing housing results in overcrowding, homelessness and poor living conditions in those who are housed – resulting in high rates of avoidable illness.
- Climate-resilient shelters or refuges should be developed in communities and towns for use by homeless or transient people, who will not have other shelter from extreme weather events.
- Power is supplied to houses by Power Cards, which are expensive and result in the cutting of power when Power Cards are not topped up. This system should be reformed. Power should be discounted for Aboriginal people in remote communities who are on low incomes – the current system is extremely inequitable and is likely to be causing premature deaths due to heat.

Although primary healthcare is a small contributor to emissions overall, breakdown of primary healthcare services results in more hospitalisations and greater stress on the tertiary healthcare system, which is more carbon intensive by nature. Therefore, adaptation action for primary healthcare services can contribute to mitigating carbon emissions.

Vulnerabilities for the NT primary healthcare system include remoteness and power insecurity. There can be significant delays to health service if a remote area's health facility has a power failure and needs to wait for maintenance services to arrive. This could lead to avoidable deaths. More frequent and severe extreme weather events are anticipated with climate change, and poorly maintained infrastructure makes power failure more likely. Updating the building and communications infrastructure to be climate resilient and installing solar power to remote primary health services should be prioritised.

Heatwaves will become more frequent and more severe. Aboriginal community-controlled health services should be supported to work with other key stakeholders (e.g. local councils) and communities to develop local heat wave plans. There needs to be Commonwealth support for resourcing of these plans.

Heat stress will also have a direct impact upon health workforce. Research on NT health professionals (Pendrey et al, 2022) has shown that climate change is a factor in the decision making of many to leave the NT. As heat increases, those with the financial capacity to move will be able to move to more temperate areas, while those remaining will face increased difficulty in operating local services. The majority of Aboriginal residents clearly largely want to stay on country and yet they are facing climates that are beyond human capacity for heat tolerance within a relatively short time. This is profoundly unfair.

Sources:

Hare M, Barzi F, Boyle J , Guthridge S, Dyck E, Singh G, Falkahammar H , Webster V, Shaw J, Maple Brown L (2020). Diabetes during pregnancy and birthweight trends among Aboriginal and non-Aboriginal people in the Northern Territory of Australia over 30 years. The Lancet Regional Health - Western Pacific. . eCollection 2020 Aug.

Hare M , Zhao Y, Guthridge S, Burgess P, Barr E, Ellis E, Butler D, Rosser A , Falhammer H, Maple Brown L (2022). Prevalence and incidence of diabetes among Aboriginal people in remote communities of the Northern Territory, Australia: a retrospective, longitudinal data-linkage study. BMJ Open. 2022 May 15;12(5):

Pendrey C, Quilty S, Lucas R (2022). Surveying the changing climate of Northern Territory medical workforce retention. Aust J Rural Health. Jun;30(3):402-409. doi: 10.1111/ajr.12858. Epub 2022 Mar 1. PMID: 35229933.

19. Should the Australian government develop a National Health Vulnerability and Adaptation Assessment and National Health Adaptation Plan? If yes:
    a. What are the key considerations in developing a methodology?
    b. How should their development draw on work already undertaken, for example at the state and territory level, or internationally?
    c. What are the key areas where a national approach will support local/jurisdictional vulnerability assessment and adaptation planning?

a) What are the key considerations in developing a methodology?
A health vulnerability assessment and adaptation plan should have a national focus on Aboriginal and Torres Strait Islander people. The assessment could use common approaches for regions vulnerable to similar climate change impacts (e.g. arid and semi-arid communities across Northern Australia).

b) This is largely out of scope for AMSANT. However, Western scientific and technical expertise must work with local Indigenous knowledge- any national scheme must not be at the expense of local Aboriginal leadership and knowledge. This will be difficult to achieve particularly as the climate change emergency escalates. Given that Australia will be experiencing more frequent climate related disasters, there is a risk that the response will be driven by a 'command and control' emergency approach which pays lip service to local community needs. This occurred, to some extent, during the COVID 19 pandemic but was mitigated by strong Aboriginal leadership at the national, jurisdictional regional and local level. A national approach must ensure that Aboriginal leadership at all levels are a central part of the decision making process.

c) What are the key areas where a national approach will support local/jurisdictional vulnerability assessment and adaptation planning?

A national approach should include emergency support for jurisdictions during and after extreme weather events, particularly for remote communities. Access to this support should be simple and clear, and the response should be prompt (within 24 hours should be a minimum standard for response with shorter turnarounds often being required). The NT's community-controlled sector experience during the COVID-19 pandemic was that the pathway to obtain Federal disaster assistance was unclear, slow and dependant on the NT government saying that they could no longer cope. During the initial Omicron outbreaks in 2022, some remote communities were isolated by floods, had no internet connection, limited or no phone connection, and no functioning airstrip - all whilst dealing with very low staffing levels and their first COVID-19 outbreak. Only very limited assistance was able to be provided by the NT government. Evacuation of high-risk people was often delayed for days with no Federal resources being made available.

In this instance, communities were hit by a flood event and a pandemic at the same time. Multiple compounding severe events will become more common. There needs to be clear transparent pathways for assistance. The NT government should not have to declare that they are unable to provide any assistance whatsoever before the Federal government provides some input – particularly for very isolated and remote communities. Both levels of government need to work together. Very remote communities should not feel unsupported by governments because of complex and sometimes dysfunctional relationships between the Commonwealth and jurisdictions.

20. Would there be value in the Australian government promoting a nationally consistent approach to vulnerability assessment and adaptation planning for the health system specifically, for instance by issuing guidance and associated implementation support tools for states, territories and local health systems? If yes, what topics should be covered to promote a nationally consistent approach? What examples of existing guidance (either from states/territories or internationally) should be drawn from?

This could be useful but local knowledge and community preferences must be central to any response. Cultural and community knowledge must also be incorporated into adaption planning.

As discussed above, a nationally consistent approach may overlook the major differences in the primary healthcare system between urban centres and outer regional/remote settings like in the NT. Issues such as regularity of infrastructure maintenance, the magnitude of the impact of social determinants of health, and frequently hotter weather are not as prominent in urban settings as they are in regional and remote settings – these differences will translate to different metrics of vulnerability and adaptation. An approach to assessment and planning that is tailored to each region's key climate issues is required.

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

a. Immediate operational and capacity building support for the NT primary healthcare system.
b. Assessment and planning for transition to renewable energy at all primary healthcare services and ACCHSs in the NT, including remote services.
c. Adaptation measures in the NT should otherwise focus on improving the social determinants of health for the community. Immediate actions include addressing inadequate housing (housing infrastructure, power and water supply) and building climate resilient housing.
d. There must be sustained attention to building the capacity and resilience of Aboriginal primary health care (and community-controlled health services in particular) with a focus on reducing unsustainable rates of workforce turnover and high vacancy rates and building a strong local Aboriginal workforce. This will increase the effectiveness of the whole system.
e. Community education about the dangers of heat and humidity. Aboriginal communities clearly are expert at dealing with extreme climates in the NT. However, there is now a chronic disease epidemic and many people may not be aware of the risks of heat to those with chronic disease and to the growing risk as the climate heats up and becomes more unpredictable. Also, peoples living conditions have changed markedly since colonisation. This education must be Aboriginal led. Community controlled health services and Land Councils should work together to develop and deliver this education.

Proposed Objective 4: Health in All Policies

22. What are the key areas in which a Health in All Policies approach might assist in addressing the health and wellbeing impacts of climate change and reducing emissions?

A Health in All Policies approach must oppose ongoing fossil fuel mining, such as fracking in the Beetalo Basin. Fracking will produce vast amounts of carbon emissions and is not compatible with climate change mitigation or adaptation. It is also not compatible with the commitment to partnership and shared decision making with Aboriginal people (in line with the National Agreement to Closing the Gap Reform Priorities). Fracking will also endanger the water sources of the adjacent Aboriginal communities – water insecurity will worsen their ability to adapt to climate change.

A Health in all Policies approach must also oppose other unsustainable and damaging exploitation of land which is strongly opposed by local Aboriginal people. Examples include the Singleton Station horticultural development and the unsustainably high rate of land clearing in the NT.

A Food Security strategy must use a Health in All Policies approach by promoting food systems that meet people's health needs and expansion of local Aboriginal food knowledge and production. Stores in remote communities should be considered as essential services and provided with funding to ensure that they can provide healthy food at reasonable prices (currently food is on average 56% more expensive in very remote communities than in Darwin) and are resilient to weather events and power outages. Stores need to have adequate storage and supplies to support communities that are cut off from outside supplies by weather events. This will require government funding.

Housing policy in the NT needs to put Aboriginal health and well being front and centre. Aboriginal organisations such as Aboriginal Housing NT and the Land Councils need to have much greater input into housing policy and communities also need a much greater role in decision making at the local level. Houses must be climate resilient and well insulated. Housing that is poorly designed for the climate exposes residents to additional heat stress and poor health outcomes (Quilty et al, 2022). However, with the extreme heat in the NT and the very high rates of chronic disease, this will be insufficient to protect vulnerable people from extreme heat alone. Air conditioning in housing needs to be standard in all built homes to ensure that people are protected. Power must be made affordable to Aboriginal communities including by transition to renewable energy.

Source:
Quilty S, Frank Jupurrurla N, Bailie RS, Gruen RL (2022). Climate, housing, energy and Indigenous health: a call to action. Med J Aust. Jul 4;217(1):9-12. doi: 10.5694/mja2.51610. Epub 2022 Jun 16. PMID: 35708259; PMCID: PMC9545280.

23. What are the most effective ways to facilitate collaboration and partnerships between stakeholders to maximise the synergies between climate policy and public health policy? What are some successful examples of collaboration in this area?

As described previously, the ranger program has major environmental and climate benefits as well as impressive public health and social outcomes. Land Councils should be supported to expand ranger and other environmental programs.

Enablers

24. How could these enablers be improved to better inform the objectives of the Strategy? Should any enablers be added or removed?
Consistent with First Nations Leadership being a principle of the Strategy, the workforce enabler should include specific reference to the need to increase Aboriginal and Torres Strait Islander participation and leadership within the health sector broadly, as well as specifically within the area of climate change and health.
25. For each of these enablers: a. What is currently working well? b. What actions should the Strategy consider to support delivery?
Workforce: The primary health workforce needs to be trained and supported to deal with climate change and extreme weather events. This includes training on disaster planning and recovery. This training should be aimed not just at health professionals but all staff including administration and support staff who often play critical roles in disasters. Some useful training was undertaken during COVID-19 but this needs to be maintained. **Research:** Research needs to be informed by the priorities of Aboriginal communities and other groups that will be disproportionately impacted. Too often, research grants (in all areas) are released with 4-6 week turnarounds giving little time to develop collaborations with Aboriginal organisations. If the strategy is to be truly informed by Aboriginal cultural knowledge, then research needs to demonstrate true partnership and collaboration with Aboriginal communities. This takes time to develop. **Communication**: Land Councils and the community-controlled health sector should be resourced to provide information to Aboriginal communities about climate change, the impact of climate change on health and what they can do to protect their health and wellbeing. The Central Land Council has already undertaken good work in this area.

Thank you for taking the time to complete this survey – your feedback is greatly appreciated!

Please submit this form in Word format to Health.Climate.Consultation@health.gov.au.