Victorian Government Consultation on Adaptation Action Plans

August 2021

Introduction

The Australasian College for Emergency Medicine (ACEM, the College) welcomes the opportunity to provide a submission to the Victorian Government Consultation on Adaptation Action Plans towards Building a Climate Resilient Victoria.

ACEM is the peak body for emergency medicine and has a vital interest in ensuring the highest standards of emergency medical care for all patients. ACEM is responsible for the training and ongoing education of emergency physicians and the advancement of professional standards in emergency medicine in Australia and Aotearoa New Zealand.

The College commends the Victorian Government for recognising the urgent need to review existing policy and regulatory approaches to improve community resilience to climate change, particularly in the context of the immediate and evolving threats posed by climate-related natural disasters. Most importantly, we urge the Victorian Government to seek to develop effective, evidence-based strategies towards a health sector that takes into account that public health is already being damaged by climate change and adapts to this, as well preparing for greater climate-related harm in the future.

Although the health sector is poised to face major challenges from climate change, it is also a major contributor, representing approximately 7 per cent of Australia's national carbon footprint, the majority of which is from public hospitals.[1] This represents a significant opportunity for the Victorian Government to lead the de-carbonisation movement within the public hospital sector as part of efforts to improve the resilience of the Victorian community to the acute and chronic health impacts of climate change.

Emergency Departments (EDs) are at the forefront of the impacts of climate change and health, and in particular the threat to health services posed by the increasing intensity and frequency of severe natural disasters.

Most recently we have seen the impacts of the Black Summer Bushfires, which beyond the areas immediately threatened by fire also caused severe and prolonged air pollution events with significant health impacts on the community, adversely impacting up to 80 per cent if the Australian population.[2,3]

Similarly, an underexamined challenge is the broader health impacts of more frequent, severe, and prolonged heat events, which can manifest in a variety of health effects, many of which ultimately lead to increased ED presentations and hospitalisations.[4] The psychological impacts of these traumatic disaster events are much more difficult to capture but are increasingly recognised, as is the association between climate change and mental health.[5,6] Climate-related events are prolonged, recurrent, do not allow time for recovery phases, and impact emergency service workforce. They ultimately manifest in greater numbers of presentations to EDs, which, as a result, require improved integration into emergency management plans.

EDs are therefore key stakeholders within the broader health services sector as they are a vital pathway through which preventative health, acute physical and mental health care, and urgent referrals to social

support services are obtained for the Victorian community. Increasingly and concerningly, EDs are becoming a de facto primary care service, particularly when issues arise outside usual business hours and for socially disadvantaged communities for who general practice services may be inaccessible. When coupled with the consistently increasing volume of ED presentations, this imposes further challenges on EDs and their staff to provide effective, safe, and timely care.

Efforts to support resilience within the health sector are therefore crucial and required urgently if we are to meet the health threats of climate change and be able to enact the preparedness and recovery phases of the Victorian State Emergency Management Plan over the coming decades. This will include anticipation of more extreme weather events and preparing Victorian EDs for managing the increased number of presentations.

What impacts have you observed or experienced in your everyday life as a result of climate change?

As Emergency Physicians, we have directly observed an increase in the frequency of extreme weather events: there have been multiple days reported as the hottest ever, which see an increase in patients presenting to EDs with heat-related illness or after being affected by bushfires. There have also been several flooding events resulting in injury, loss of housing, and even loss of life. Out of usual season snow and heavy rainfalls are now becoming common place and compound the threats of record heatwaves by imposing further challenges on communities during periods of recovery.

Emergency physicians see patients with direct health consequences from these events, such as trauma injuries, dehydration, and breathing problems, but also the indirect consequences, such as exacerbation of chronic health conditions due to loss of contact with regular health providers or inability to access usual medications. These disruptions in usual care manifest in increased emergency presentations as health situations deteriorate beyond the capacity of primary care or community-based management. This places further demand on a hospital system that is already under considerable strain at baseline.

What future impacts of climate change are you most concerned about?

The College is especially concerned about the social and economic impacts of climate change as these will inevitably have a significant impact on the health outcomes of individuals, families, and the community. The social determinants of health demonstrate clearly that an individual's social and economic resources greatly influence their health outcomes.[7] As communities are placed under greater strain, their ability to access and implement routine preventative health activities diminishes. This will increase the already unmanageable burden of chronic disease on our overstretched health systems.

As extreme weather events increase in frequency, further displacement of communities will occur as flood-prone or high fire risk areas become uninhabitable. This will increase the population density in other areas, bringing increased pressure on health services and other infrastructure. People living closer together, in larger households and with poorer housing quality all increase risks of communicable disease. Increased funding for population and urban planning, undertaken by the Victorian Planning Authority, will be needed to ensure that both health infrastructure (such as hospital and community-based services) and other infrastructure vital for healthy lifestyles (such as green space, active transport, and public parklands) is sufficient for impending population shifts within the state.

We are also concerned about the effect of climate change on the necessities of life, such as food security, safety of our water supply, and the environmental degradation causing destruction of shelters. These things are taken for granted in Victoria, but as climate change has a greater and greater impact on our way of life, the more that early intervention becomes vital. The adaptation plans will need to address these vulnerabilities.

What shared opportunities do you envisage?

Due to the intersectional nature of public health, positive actions in this space can support climate adaptation and health. Proactive adaptation can include healthy active transport options that encourage

walking and cycling to assist with decarbonisation, reduce traffic congestion, and reduce harms from air pollution. The State should change how it invests in infrastructure so that the population are enabled to make healthier choices such as these. Victoria should adapt its approach to urban design and planning, so that it takes into account a geographically shifting population and ensures all major amenities are within walking distance of high-density housing blocks again to reduce reliance on vehicular transport, reduce health harms from air pollution, and encourage active lifestyles. We know that individuals need a healthy environment to support them to make healthier choices.

Victoria can also benefit from a key opportunity for more First Nations management of lands and waterways through the additional lens of climate change resilience. As part of the broader Treaty process, returning to traditional management of natural environments is an opportunity to address past social injustices and build a legacy for future generations by protecting the cultural knowledge of Traditional Owners and the natural reserves of our state. Shared partnership models for national parks, like Kakadu National Park, may serve as a local model towards state parks that are owned and managed by Aboriginal landowners and made accessible to all Victorians.

What shared challenges could be considered?

In terms of the health sector specifically, the Victorian public hospital systems are structured independently of each other, which presents unique challenges compared with other Australian jurisdictions. The Victorian system is potentially unprepared to manage the threats of climate change because of the devolved nature of the hospital systems.

Compared to other states, the lack of centralised co-ordination and networking between hospital facilities imposes additional challenges when faced with sector-wide emergency events. This has been clearly documented following recent reviews of the Victorian epidemic thunderstorm asthma event in 2016, and has been made evident throughout the COVID-19 pandemic where coordination between facilities has been a challenge.

This is especially true for regional and rural health services, which cannot draw on adequate local resources in times of emergency and are not sufficiently linked to metropolitan counterparts in the current model.

The information technology systems that underpin entire state health sectors are typically shared in other jurisdictions, meaning data can be better used for real time surveillance and monitoring of emergent challenges, informing relocation of resources to affected areas and transfer of subacute cases to other hospital networks.

A better networked health system would also reduce wasteful duplication of activities across hospitals allowing shared evidence-based approaches to be applied across a single state service and tailored locally as required. In the absence of broad-scale change in structure and governance, it will require the leadership and direction from the Victorian Government, and the Department of Health, to ensure that the health system is both able to efficiently respond in a coordinated, equitable way to the challenges of climate change, and to become a more adaptable system that is ready for change.

The impetus to transition away from polluting, wasteful, and resource intensive living will become critical and will have to happen to ensure population health is maintained in some way. The shared challenges provide the biggest opportunities but are significant. Unless there are immediate and significant changes, climate change will increase social inequality. In order to mitigate, we need a society that will embrace equality and that recognises that raising the standard of living for socially disadvantaged communities benefits us all. Society will need to make sacrifices in order to mitigate risks, and consumption, at all levels, must decrease.

A major component of the COVID-19 pandemic response in Victoria has been the willingness of our communities to make sacrifices for each other's wellbeing. This sentiment needs to urgently be expanded to climate action.

Are there any particular issues that you would like to see considered across these seven AAPs?

ACEM supports the following measures, which would improve the health and wellbeing of the Victorian community:

- Changes to emergency management plans that incorporate a climate change lens, taking account of the prolonged nature of climate-related events, increased presentation numbers, and the impact on the medical workforce.

- Engagement of medical colleges to consider standards for professional practice and how they might improve health response with climate change lens.

- Greater detail and more specific actions in the Health and Human Services System AAP on how the Victorian health system will be made adaptable to the challenges of climate change.

- Urban design that recognises that Victoria will need to adapt to changing settlement habits. In addition to higher density living in some areas, the amenities of these places, such as schools and shops, should be within safe walking distance of housing, so that long commutes by vehicle are not required, and promotion of healthy living through the co-benefits of physical activity.

- Regulations that build on current requirements for the building of all homes and public infrastructure with thermal insulation and appropriate ventilation so that minimal extra energy is required to keep the occupants at a comfortable temperature, as well as progressive improvement to existing infrastructure and housing stock, especially rental properties.

- Diversifying industrial farming crops so that they are better able to adapt to changing climates and meet the demand of the population.

- Investigating and, where possible, developing and implementing innovative solutions to prevent and manage natural catastrophes.

Conclusion

ACEM is grateful for the opportunity to contribute to this submission. It is an important step towards developing a robust and meaningful response to reduce the health impacts that are caused by climate change.

There are insufficient resources in this system to manage these current challenges, let alone the anticipated burdens of climate change that we are already witnessing. ACEM would welcome a strong commitment towards zero emissions earlier than the year 2050 in line with the call by the Paris Agreement (of which Australia is a signatory).

If you require any further information about any of the above issues or if you have any questions about ACEM or our work, please do not hesitate to contact Jesse Dean, General Manager, Policy and Regional Engagement (jesse.dean@acem.org.au; +61 3 9320 0862).

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