



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?
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What is your organisation?
<i>Naturopaths and Herbalists Association of Australia [NHAA]</i>
Have you read and agreed to the Privacy Statement ? (NB we will not be able to use your submission unless you tick this box)
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Do you identify as Aboriginal and/or Torres Strait Islander? (Yes/No/Prefer not to say)
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Please select which applies to you:
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Questions for feedback from the Consultation Paper

Introduction

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

A vision statement provides strategic framework and direction. The objectives outlined in the Strategy will enhance through a clear and articulated vision statement which will underpin such objectives. Inclusion of a vision statement is a key priority for this Strategy to ensure the stated objectives have foundation. A recommended vision statement – *To foster a climate resilient nation which adapts to lessen their impacts on climate change.*

Albeit the objectives outlined lack detail and do not specify realistic targets which incorporate timelines or measurable outcomes for actions and implementation. Revised objectives should consider measures and timelines for example - a 50% reduction in greenhouse gas emissions by 2040 across all health sectors. Further, the Strategy's objectives contain terms which are inconsistent and not clearly defined – for example what/who constitutes the 'health system' all health practitioners (registered or not), related suppliers/manufacturers, health related food transportation, client transport to/from clinic?

The intent of the Strategy's objectives, measuring and mitigating greenhouse gas emissions and the Health in All Policies approach, should consider aligning to a health services paradigm which focuses primarily on promoting health and wellbeing and sustaining climate resilient communities through emissions reductions.

Recommendations:

- Provide vision statement
- Revise objectives to incorporate detail - consider objectives which are specific, measurable, attainable, and time sensitive.
- Revise objectives to primarily promote health in wellbeing in the context of climate change.
- Include a glossary of terms to clearly define terms throughout the Strategy i.e., 'health system'.
- RE: Objective 1 – include an accompanying list with specific emissions being tested.

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

Principle six can be expanded to incorporate the role of all the healthcare workforce and to include collaboration with consumers.

The protection of population health and wellbeing must be the primary focus of the Strategy which is then enabled by measurement, mitigation, and adaption. Therefore, the proposed principles must also consider the intergenerational health consequences of global climate change.

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

All efforts to reduce scope type 1, 2, and 3 emissions are supported. Notwithstanding, the 'health system' remains undefined (refer to question 1 above). Instating a glossary of terms will assist to identify the key sources of emission from within the health system and therefore the types of greenhouse gas emissions. Emission reduction efforts will succeed upon understanding and targeting the key sources of the emissions.

Recommendations:

- Include a glossary to define/clarify terms.

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 Strategy should outline how engagement with First Nations elders, leaders, and communities will occur and how First Nations peoples will be advanced by instituting the Strategy.

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 outline how engagement with First Nations elders, leaders, and communities will occur and how First Nations peoples will be advanced by instituting the Strategy.

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?

Currently, the NHAA are not involved in any existing or planned initiatives to measure and report on health system emissions and/or energy use in Australia.

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

Client experiences and outcomes are not to be compromised by the Strategy's approach to climate action. Therefore, consumer led solutions and lived experiences should be considered, when practicable.

To ensure that all sources of emissions are captured, emissions data must be obtained from numerous sources not just those sources which currently report emissions. As stated above, a definition of the 'health system' is necessary as such clarity will assist to identify the exact emissions requiring measurement. Nevertheless, it is recommended to focus on all emissions with particular emphasis on scope two and three emissions (indirect emissions) within the broader context of health. Setting realistic goals should be considered by the Strategy.

Renewable energy usage data may provide as valuable data to justify any decarbonisation efforts.

Proposed Objective 2: Mitigation

<p>8. What do you think of these proposed focus areas for emissions reduction? Should anything else be included?</p>
<p>The Strategy recognises the urgency is taking action to reduce greenhouse gas emissions, and forms a solid starting point, yet fails to justify the inclusion of the proposed focus areas for emissions.</p> <p>Further, the Australian Health System considers food and plant-based medicines as pillars of health, and thus a significant contribution to the health system’s carbon footprint; food/plant medicine growth, food/plant medicine production, and food/plant medicine waste is highly recommended for inclusion as a proposed area of focus.</p> <p>The implementation of decarbonisation approaches across sectors of the health system is another proposed focus area worthy of inclusion.</p> <p>Also, consider a transition to renewable energy sources for all health facilities.</p>
<p>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?</p>
<p>No further recommendations are considered within the scope of Naturopathy and Herbalism.</p>
<p>10. Which specific action areas should be considered relating to travel and transport, over and above any existing policies or initiatives in this area?</p>
<p>No further recommendations are considered within the scope of Naturopathy and Herbalism.</p>
<p>11. Which specific action areas should be considered relating to supply chain, over and above any existing policies or initiatives in this area?</p>
<p>No further recommendations are considered within the scope of Naturopathy and Herbalism.</p>
<p>12. Which specific action areas should be considered relating to medicines and gases, over and above any existing policies or initiatives in this area?</p>
<p>No further recommendations are considered within the scope of Naturopathy and Herbalism.</p>
<p>13. Which specific action areas should be considered relating to waste, over and above any existing policies or initiatives in this area?</p>
<p>No further recommendations are considered within the scope of Naturopathy and Herbalism.</p>
<p>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?</p>

The inclusion of preventive health and optimising models of care in the Strategy is supported. Considering the prevalence of non-communicable diseases [NCD's], the Strategy should address how prevention measures, keeping people healthy and avoiding disease onset, will combat NCDs exacerbated by climate change. The Strategy must also consider how it will assimilate and coordinate action across existing national strategies and other policy which impact health and climate outcomes. Opportunities should be explored by the Strategy to secure funding for health promotion and optimising models of care.

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

The Strategy should incorporate a decarbonisation plan that guides private providers by outlining their opportunities and responsibilities to reduce emissions.

Private providers, health executives, and board members must understand the role they can play to enable the Strategy and should be made aware of the potential for liability if failing to account for climate risks in strategic and operational plans.

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?

Immediate action informed upon best practice is endorsed.

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

No further recommendations are considered within the scope of Naturopathy and Herbalism.

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?

Prioritize a strong support and inclusion of communities experiencing vulnerabilities.

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?

Support is advocated for the development of a National Health Vulnerability and Adaption Assessment and a National Health Adaption Plan. Consumer led solutions and lived experiences should be considered and implemented during development of the plan.

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?

No further recommendations are considered within the scope of Naturopathy and Herbalism.

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

Immediate priority areas must consider the disruption and effects that operational changes may have on the health sector and how best to resource such changes. To effectively implement the Strategy through a Health in All Policies approach, adaption actions must be initiated through education and capacity building among the health workforce, health community members, and health policy makers. Priority should also be granted to support and resources for rural and remote health services.

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?

The Strategy requires revision to address the health risks posed by climate change across all sectors of health. The overall focus of the Strategy should be amended toward reducing the current risks to population health from climate change.

Please seek advice from health experts and industry consultants to assist in establishing regulatory frameworks for the assessment of health risks and impacts, to advice on appropriate solutions, and to monitor progress.

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?

The Strategy should seek to establish an overarching working group or National Committee that consists of experts representing the most relevant facets of health, climate science, and Government.

Enablers

24. How could these enablers be improved to better inform the objectives of the Strategy?
Should any enablers be added or removed?

Enabler 1: Workforce, leadership, and training - Ensuring adequate support during the change process beyond training alone. Also, the Strategy must develop a contingency plan that will offer support in cases of workforce shortages in extreme climate events. To ensure workforce, leadership, and training spans all of the health sector, professional development programs regarding health and climate change may be instituted.

Enabler 2: Research – Scan current research activities and then identify any gaps in the research so that key areas of climate and health research are identified as areas of investment and support.

Enabler 4: Collaboration – Government investment is required to ensure effective interdisciplinary collaboration across the health sector; the health sector requires funding to make a commitment in responding to decarbonisation and climate strategies.

Recommendations:

Expand the enablers to also include a planning process which would address health and climate change governance, finance, and implementation.

25. For each of these enablers:

- a. What is currently working well?
- b. What actions should the Strategy consider to support delivery?

No further recommendations are considered within the scope of Naturopathy and Herbalism.

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

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