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# WA Community Disaster Resilience Strategy

CAHA submission in response to  
Western Australia discussion paper

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## Contact

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## About the Climate and Health Alliance

The Climate and Health Alliance (CAHA) is a national charity and the peak body on climate change and health in Australia. CAHA is an alliance of organisations within the health sector working together to raise awareness about the health risks of climate change and the health benefits of emissions reductions.

The membership of CAHA includes a broad cross-section of health sector stakeholders with 90+ member organisations, representing healthcare professionals from a range of disciplines, as well as healthcare service providers, institutions, academics, researchers, and consumers.

The Climate and Health Alliance has produced a significant number of reports and publications to assist policymakers and inform health stakeholders and the wider community to understand the links between climate change and health, and to guide decisions regarding policy and solutions. These include Healthy, Regenerative and Just - A Framework for a National Strategy on Climate, Health and Well-being for Australia; Human Health and Wellbeing Adaptation Plan for Queensland; Climate Change and Australia's Healthcare Systems for the Royal Australasian College of Physicians; Real, Urgent and Now: Guide to climate and health communications and a report from a national survey of healthcare professionals on climate change and health; and more.

CAHA also supports Australian and New Zealand health services and organisations - including the majority of health service providers in WA - to strengthen their resilience and reduce their ecological and carbon footprint via the Global Green and Healthy Hospital Network. CAHA also contributes to many conferences, community dialogues, and forums, both nationally and internationally on these issues.

For more information about the membership and governance of the Climate and Health Alliance, see [www.caha.org.au](http://www.caha.org.au).

# Building community resilience against climate change

The [discussion paper](#) of the draft WA Community Disaster Resilience Strategy (“the strategy”) recognises the threat that climate change poses to our collective capacity to respond to and recover from disasters.

It thereby builds on the findings of the [Climate Health WA Inquiry](#), which established that the changing climate will result in more frequent and more extreme weather events. Similarly, a recent report by the [Intergovernmental Panel on Climate Change](#) (IPCC) found climate change is already harming the health and wellbeing of Australians across the country.

A stated intent of the strategy is to increase the capacity of communities to cope with and recover from the possible impacts of those climate-induced risks.

However, the Climate Justice Union (CJU), in its March 2022 submission to the discussion paper, has highlighted that while the draft strategy does recognise the threat that climate change poses to WA communities, it does not include any concrete “change initiatives” to actively address the impacts of climate change, or help build the community’s literacy and capacity to understand and respond this threat.

CAHA fully supports CJU’s feedback on this matter, and would like to point to *Healthy, Regenerative and Just*, CAHA’s framework for a national strategy on climate, health and well-being for Australia. This [policy framework](#), which has been endorsed by over 70 health and medical organisations from across Australia, provides a set of recommendations to federal, state and local governments, including on disaster resilience.

The framework includes three policy directions and 24 individual policy recommendations on how federal, state/territory and local governments can support healthy and resilient communities in the face of climate change.

The strategy’s four “transformational shifts” and the proposed “change initiatives” can be strengthened by ensuring they are designed to respond to climate change as well. The 24 policy recommendations in the “Healthy Regenerative and Just” framework (see appendix) provide a useful repository of policy options to further improve the currently proposed “change initiatives” .

### **Support healthy and resilient communities**

*Healthy Regenerative and Just: framework for a national strategy on climate, health and well-being for Australia*

Policy direction 1: Recognise the relationship between climate change and the social, cultural and environmental determinants of health (e.g. factors such as cultural identity, gender, housing, food security, employment and the natural and urban environment).

Policy direction 2: Recognise and respect the knowledge, capacity and strength of Aboriginal and Torres Strait Islander peoples to lead decisions that affect their country and communities.

Policy direction 3: Empower health and community service organisations with data and information to equip them to build resilience and capacity to respond to specific climate related threats.

## **The role of healthcare in building community resilience**

Health and human service providers, along with volunteers and health advocates, play a crucial role in ensuring community resilience and response to disasters.

Health professionals and service providers are on the front line when it comes to responding to the acute and long-term health impacts of disasters, and one of the most effective ways to protect communities from the worsening impacts of disasters is by strengthening the public health system.

CAHA asserts that the importance of health and human services for safeguarding community resilience deserves a more prominent role in the WA Community Disaster Resilience Strategy. Various entry points exist within WA's health system to ensure this:

- WA health services are already required to prepare disaster plans, and these could be expanded to explicitly cover the role of communities in responding to local health threats, as well as the impacts of climate change on these services.
- The Climate Health WA Inquiry final report has suggested the state conduct a new health vulnerability and adaptation assessment, which would provide valuable information on current community vulnerabilities and priorities.
- The newly established Health WA Sustainable Development Unit (SDU) will develop a health adaptation plan in the coming months, and has been allocated a \$118 million fund to invest in future climate-related initiatives,

including to create climate-resilient communities, which could be complementary to the efforts of the Community Disaster Resilience Strategy.

By including concrete and measurable outcomes for the health care sector in the Community Disaster Resilience Strategy, health care and other service providers would have a well-defined role in supporting the community to respond to and recover from threats. It would also be crucial to avoid duplication, given the various ongoing efforts at state and local levels.

## Building community resilience by reducing inequities

COVID-19 has highlighted and worsened long-standing inequities in Australian society. This has in turn increased existing vulnerabilities to climate change and further limited the ability of disadvantaged communities to be resilient and adapt to shocks and stresses. This is especially the case for Aboriginal and Torres Strait Islander peoples; the systemic disadvantages they experience leave them more vulnerable to climate change and other threats.

When designed well, the various “change initiatives” outlined in the draft strategy can empower and benefit the most disadvantaged in the community. However, for these initiatives to be effective, they need to be co-designed with local communities, be adequately resourced, and go beyond a short-term disaster-response approach to a more long-term preventative approach that supports communities not only to be resilient, but to thrive.

In addition, CAHA believes the draft strategy can be significantly strengthened by explicitly recognising and valuing Indigenous peoples’ knowledge and contributions to community resilience. Indigenous perspectives, cultural knowledge and practice should be incorporated in each of the strategy’s various “change initiatives”, and in their local implementation.

# Strengthening the WA strategy through a climate change, health and justice lens

**Table: Examples of lead actions that would help build community resilience against climate change, strengthen the role of the healthcare sector, and reduce inequities.**

Change Initiative	Lead Actions (from a Climate, Health and Justice perspective)
1.1: Expanded membership of emergency management committees	<p><b>Climate:</b> Monitor climate vulnerabilities at local and regional level.</p> <p><b>Health:</b> Strengthen collaboration with local healthcare providers. Offer local capacity building for the health workforce as well as volunteers.</p> <p><b>Justice:</b> Ensure Indigenous representation, co-ownership and capacity building in committees. Ensure committees are representative of the communities they serve.</p>
1.2: Increase engagement with peak bodies and industry groups	<p><b>Climate:</b> Example of peak body to involve: Climate Justice Union.</p> <p><b>Health:</b> Involve Indigenous health bodies, state health bodies, national peak bodies such as CAHA.</p> <p><b>Justice:</b> Shift the emphasis from industry engagement to community and public sector engagement.</p>
1.3: Create more pathways to volunteer and help in emergencies	<p><b>Justice:</b> Develop clearer support, capacity building, and compensation avenues for volunteers. Develop more formal pathways for volunteers. Co-design volunteer programs with local knowledge holders.</p>
1.4: Improve access to information about risk and emergencies	<p><b>Climate:</b> Identify and list actions to mitigate hazards and impacts.</p> <p><b>Health:</b> Provide information on the health risk of hazards and disasters to communities, and include links to sites with health and social services.</p> <p><b>Justice:</b> Provide translated content, include culturally appropriate and strength-based information to support people most at risk.</p>
2.1: Foster community-led behaviour change for preparedness	<p><b>Climate:</b> Ensure community preparedness planning is informed by climate predictions.</p> <p><b>Health:</b> Strengthen preparedness of both the primary and tertiary health care sector, e.g. for heatwaves.</p> <p><b>Justice:</b> Support marginalised and vulnerable community members so they have capacity to respond to climate-related risks and threats.</p>
2.2: Enable interactive community mapping for risk reduction 2.3: Engage community in planning for recovery	<p><b>Climate:</b> Pair community mapping to early warning systems and climate resilience efforts.</p> <p><b>Health:</b> Include mapping of available public health measures and health emergency plans. Involve local health services in recovery planning.</p> <p><b>Justice:</b> Expand mapping from existing resources to also include needs and barriers. Actively involve low-income and disadvantaged households in recovery planning.</p>

2.4: Reach out to young families, young adults and youth 2.5: Equip children and youth with skills for disaster resilience	<p><b>Climate:</b> Teach climate science and climate justice in conjunction with disaster preparedness.</p> <p><b>Health:</b> Invest in mental health support services to build community resilience pre- and post-disasters.</p> <p><b>Justice:</b> Pair educational programmes to actions and programs that empower young people to participate in prevention and response.</p>
3.1: Co-design a personal safety planning process	<p><b>Health:</b> Involve health care providers, including health promotion professionals and social workers in the co-design of person-centred and place-based plans. Mainstream personal safety planning into health care practices.</p>
3.2: Create community processes for translation of emergency information	<p><b>Climate:</b> Pair translation efforts to change initiative 1.4. Help “translate” climate science for a broad public to improve people’s understanding of relative risk.</p> <p><b>Health:</b> Ensure crucial health information is available in the relevant languages.</p> <p><b>Justice:</b> Ensure the inclusion of culturally and linguistically diverse members throughout the whole process, not just in translating the end result.</p>
3.3: Develop lifelines and safe pathways for people experiencing homelessness	<p><b>Climate:</b> Boost heatwave readiness by ensuring adequate heat shelters or cooling centres are located or built for vulnerable individuals and groups, including rural and remote communities.</p> <p><b>Health:</b> Ensure health services are involved in risk identification and location as well as features of shelters and cooling centres.</p> <p><b>Justice:</b> Invest in improvements to housing, including energy security and insulation. Promote measures to ensure appropriate social housing that is resilient to extreme heat and other weather events, including for Aboriginal and Torres Strait Islander people, especially in remote communities.</p>
3.4: Partner with Aboriginal rangers for emergency response	<p><b>Climate:</b> Partner with Aboriginal rangers for prevention and preparedness, as well as emergency response, e.g. bushfire prevention.</p> <p><b>Health:</b> Strengthen collaboration with Indigenous health services in co-designing emergency preparedness and response plans to ensure local relevance and community buy-in.</p>
3.5: Explore the role of districts in supporting small communities	<p><b>Climate:</b> Districts to support local governments with building climate resilience.</p> <p><b>Health:</b> Strengthen the resilience and adaptive capacity of WA health service providers.</p> <p><b>Justice:</b> Invest in community engagement initiatives using co-design principles.</p>
4.1: Reduce the barriers to accessing mental health support	<p><b>Climate:</b> Incorporate mental health services in Heat-Health Action Plans and other disaster response plans.</p> <p><b>Health:</b> Invest in community mental health programs, designed for and with local communities.</p> <p><b>Justice:</b> Support mental health programs that are led by and specific to the needs of Aboriginal and Torres Strait Islander communities, and ensure all mainstream services are culturally safe for Indigenous people, people of colour, ethnic minorities and people at risk of</p>

	discrimination.
4.2: Increase knowledge of person-centred, trauma-informed and inclusive practices	<p><b>Climate:</b> Recognise psychosocial impacts of climate change.</p> <p><b>Health:</b> Ensure programs are inclusive regardless of gender, ethnic background, or socio-economic status.</p> <p><b>Justice:</b> Recognise the knowledge, capacity and experience that exists among Australia's First Peoples when developing programs and policies. Invest in initiatives to expand Aboriginal and Torres Strait Islander health, culture, and conservation initiatives.</p>
4.3: Improve support for local leaders of social recovery	<p><b>Justice:</b> Invest in building social resilience across all communities to support local leadership. Ensure committees are representative of the communities they serve.</p>
4.4: Strengthen financial safety nets	<p><b>Climate:</b> Pair early-warning and rapid-response systems to financial responses, e.g. by releasing disaster funds before disasters hit.</p> <p><b>Health:</b> Adopt best practices from the COVID-19 response for other health hazards.</p> <p><b>Justice:</b> Adequately resource all the above change initiatives to strengthen overall community resilience.</p>



# Appendix A: Policy recommendations to support healthy and resilient communities.

**Table : Policy recommendations to support healthy and resilient communities.**

Recommendations from the 'Healthy, Regenerative and Just' framework. The framework can be accessed [here](#), and is endorsed by 70+ health organisations from across Australia.

2.1	Incorporate the concept of planetary boundaries and <b>planetary health into decision-making</b> – to ensure we recognise we are rapidly approaching fundamental limits to finite resources that underpin our economy and way of life, and that our health depends on the state of natural systems, which are being profoundly undermined by our way of life.
2.2	Invest in <b>long term risk assessment and strategic management</b> of energy, water and food systems, which are crucial to positive health outcomes as well as social, economic and national security.
2.3	Promote <b>energy security</b> for all, and support community-owned energy infrastructure, particularly in remote and regional communities (including transitioning from diesel to clean, renewable energy such as solar and wind with battery storage).
2.4	Promote strategies to improve the <b>energy performance</b> of buildings and inclusion of green infrastructure in urban design to simultaneously achieve emissions reductions and promote public health and well-being.
2.5	Promote measures to ensure appropriate <b>social housing that is resilient</b> to extreme heat and other weather events, including for Aboriginal and Torres Strait Islander people, especially in remote communities.
2.6	Encourage the adoption of low emissions <b>diets</b> and development of local urban food systems and food production, including the use of community gardens.
2.7	Promote adaptation and mitigation strategies to manage <b>food and water security</b> in regional and remote communities, including the rising cost of food and pharmaceutical supplies due to a loss of flora and fauna.
2.8	Develop <b>public health promotion programs</b> to encourage shifting to healthy and sustainable dietary patterns, with an emphasis on locally sourced food where possible. These programs should be targeted to specific communities based on their locations and sources of food (e.g. remote Aboriginal and Torres Strait Islander communities).
2.9	Invest in building <b>social resilience</b> across all communities to support local leadership and community connection and empowerment to enhance collective efficacy.

- 2.10 **Support communities** to increase their own resilience to the effects of climate change and reduce near- and long-term demand on all health and well-being services.
- 2.11 Increase **Aboriginal and Torres Strait Islander participation** in policymaking and decision-making regarding environmental management strategies, and implement sustainable funding models for Indigenous environmental management programs.
- 2.12 Recognise the knowledge, capacity and experience that exists among Australia's First Peoples when developing programs and policies, and **work with Aboriginal and Torres Strait Islander people** and groups to ensure new and existing initiatives enhance and support these strengths.
- 2.13 Invest in initiatives to **expand Aboriginal and Torres Strait Islander health, culture, and conservation initiatives**, including Indigenous-led health and community services, education and language programs and Indigenous Ranger programs.
- 2.14 Ensure **Aboriginal and Torres Strait Islander leadership and co-design in climate adaptation and resilience initiatives**, such as bushfire prevention, water management, carbon farming, development of robust community renewable energy systems, and restoration of ecosystems.
- 2.15 Provide sufficient resources to fully **implement the National Aboriginal and Torres Strait Islander Health Plan** to close the gap in Indigenous disadvantage.
- 2.16 Invest in **community engagement initiatives** using co-design principles to guide policy development and decision-making.
- 2.17 Support and resource **health and community services** to respond and adapt to climate change to ensure ongoing service continuity and safety and quality of care.
- 2.18 Ensure health and community services have **access to data and information** to:
  - identify the risks from climate change and extreme weather events to their service (organisation and service recipients) and to prepare emergency management and service continuity plans to enhance organisational and community resilience;
  - develop their understanding of the likely impacts and associated costs of climate change on social determinants of health (e.g. gender, cultural and socio-economic status, rurality, housing, employment, food security, built environment);
  - identify actions to mitigate these impacts; and quantifying the health co-benefits of implementing these actions;
  - take an integrated, holistic, culturally appropriate and strength-based approach to support people most at risk from the health, social, cultural, economic and environmental impacts of climate change;
  - implement appropriate public health measures to reduce avoidable morbidity and mortality from: heatwaves; bushfires; poor air quality; vector borne and other infectious diseases; food and water borne illnesses; and mental health stressors
  - support marginalised and vulnerable communities so they have capacity to respond to climate-related risks and threats; and
  - utilise inclusive approaches to risk assessment and planning to strengthen and empower communities, services and individuals, and to help reduce feelings of helplessness.
- 2.19 Invest in **early warning systems** based on meteorological data to inform timely public

health advice.

- 2.20 Invest in **improvements to housing**, including energy security and insulation to reduce thermal stress.
- 2.21 Establish **urban planning** guidance to ensure equitable access to public shade, greenspaces and cool spots.
- 2.22 Implement **Heat-Health Action Plans** for all states to build heatwave preparedness and resilience and avoid excess mortality and service strain related to heat.
- 2.23 Boost **heatwave readiness**: ensure adequate heat shelters or cooling centres are located or built for vulnerable individuals and groups, including rural and remote communities
- 2.24 Invest in **community mental health programs** (e.g.resilience workshops, counselling services) to support people suffering from the mass trauma of climate-related disasters and emergencies, as well as climate anxiety and distress due to climate change impacts on health, lives, and livelihoods.  
Support mental health programs that are led by and specific to the needs of Aboriginal and Torres Strait Islander communities, and ensure all mainstream services are culturally safe for Indigenous people, people of colour, ethnic minorities and people at risk of discrimination.

## Appendix B: Climate and Health Alliance Members

### CAHA membership as at February 2022.

Abilita  
Arriba Group  
Asthma Australia  
Australasian College of Health Service Management (ACHSM)  
Australasian College of Nutritional and Environmental Medicine (ACNEM)  
Australasian Epidemiological Association (AEA)  
Australasian Society of Lifestyle Medicine (ASLM)  
Australian Association of Gerontology (AAG)  
Australian Association of Social Workers (AASW)  
Australian Chiropractors Association  
Australian College of Nursing (ACN)  
Australian Council of Social Service (ACOSS)  
Australian Federation of Medical Women (AFMW)  
Australian Healthcare and Hospitals Association (AHHA)  
Australian Health Promotion Association (AHPA)  
Australian Indigenous Doctors' Association (AIDA)  
Australian Institute of Health Innovation (AIHI)  
Australian Lesbian Medical Association (ALMA)  
Australian Medical Students' Association (AMSA)  
Australian Nursing and Midwifery Federation (ANMF)  
Australian Physiotherapy Association  
Australian Podiatry Association (APodA)  
Australian Primary Health Care Nurses Association (APNA)  
Australian Psychological Society (APS)  
Australian Women's Health Network (AWHN)  
Brooke Shelton - Perinatal, Child & Family Counselling  
Cairns Hand Clinic  
Central Australia Rural Practitioners Association (CARPA)  
Children's Healthcare Australasia  
Climatewise Design  
Codesain  
CoHealth  
ConNetica Consulting  
Consumers Health Forum of Australia (CHF)  
Coota Girls Aboriginal Corporation  
CRANApplus  
Cultivate Impact

Dietitians Australia  
Doctors for Nutrition  
Doctors Reform Society (DRS)  
Enliven Victoria  
Enriching Lives Psychology  
Environmental Health Australia  
Faculty of Health, University of Technology Sydney  
Food for Thought Consulting Australia  
Friends of CAHA  
Health Care Consumers' Association ACT  
Health Consumers NSW  
Health Issues Centre (HIC)  
Health Nature Sustainability Research Group (HNSRG)  
Health Services Union (HSU)  
Healthy Futures  
Indigenous Allied Health Australia  
Inner East Primary Care Partnership (IEPCP)  
Institute for Sustainable Futures, University of Technology Sydney  
Kooweerup Regional Health Service (KRHS)  
Lowitja Institute  
Medical Association for Prevention of War (MAWP) Australia  
Medical Scientists Association of Victoria (MSAV)  
Metta Health & Psychology  
MinterEllison  
Motion Energy Group  
Mott MacDonald  
National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP)  
National Rural Health Alliance  
Naturopaths and Herbalists Association of Australia (NHAA)  
NSW Nurses and Midwives' Association (NSWNMA)  
Optometry Australia  
Pharmacists for the Environment Australia (PEA)  
Psychology for a Safe Climate (PSC)  
Public Health Association of Australia (PHAA)  
Queensland Nurses and Midwives Union (QNMU)  
Royal Australasian College of Physicians  
Rural Doctors Association of Victoria (RDAV)  
SANE Australia  
School of Public Health, University of Sydney  
School of Public Health & Social Work, Queensland University of Technology  
Second Chance Psychology  
Services for Australian Rural and Remote Allied Health (SARRAH)

Veterinarians for Climate Action (VFCA)

Victorian Allied Health Professionals Association (VAHPA)

Vote Earth Now

Weenthunga Health Network

Women's Health East (WHE)

Women's Health Goulburn North East (WHGNE)

Women's Health in the North (WHIN)

Women's Healthcare Australasia