

Better, Healthier Futures Roundtable

Meeting Report



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Recognition and Commitment

We recognise Aboriginal and Torres Strait Islander People as the traditional custodians of the land on which we live and work and acknowledge that sovereignty of the land we call Australia has never been ceded. We commit to listening to and learning from Aboriginal and Torres Strait Islander people about how we can better reflect Indigenous ways of being and knowing in our work.

Better Healthier Futures Roundtable

Meeting Report

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CAHA has taken all due care to ensure that the information contained in this work is accurate at the time of publication. However, this summary is not necessarily a complete representation of the Sept 5 Roundtable, nor does it represent all existing and planned efforts on climate change and health in Australia. Inquiries about specific initiatives can be directed to the respective organisations.



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Introduction

On 5 September 2022, the Climate and Health Alliance (CAHA) and the Better Futures Australia health sector working group convened a Roundtable with leaders from the health sector, the climate movement, and academia in order to develop a common understanding of shared priorities in relation to a national climate and health policy in Australia.

The **Better, Healthier Futures Roundtable** brought together leaders from over 40 health and climate focussed organisations and institutions. It was hosted at the UNSW Canberra campus, and accessible to online participants.

Following the Government's commitment to develop and implement a national strategy on climate change, health and wellbeing, the Roundtable aimed to develop a common understanding about the steps required to support health leadership on climate action, and align shared advocacy by health groups on climate change during this term of government.

Consensus was sought around two concrete initiatives:

- Advancing the development and implementation of a national strategy on climate, health and wellbeing for Australia
- Progressing the development of national and subnational plans for health system decarbonisation and adaptation

The Better Futures Australia health sector working group is led by the Climate and Health Alliance (CAHA), and includes: Doctors for the Environment Australia (DEA), the George Institute of Global Health, Australian Healthcare and Hospitals Association (AHHA), New South Wales Nurses and Midwives Association, Melbourne Climate Futures (MCF), and supported by Climate Action Network Australia (CANA).

The Roundtable was held in advance of the 2-day [Better Futures Forum](#) on 6-7 September. This forum featured climate champions from every sector, including health, and featured opportunities for cross-sectoral collaboration on climate action.

Roundtable Summary

The **Better Healthier Futures Roundtable** brought together over 50 participants from 40 different organisations and institutions (see Annex for the list of participants). Participants were welcomed by the roundtable facilitator and CAHA CEO **Roland Sapsford**, who acknowledged participants were meeting on Ngunnawals and Ngambri Country, and the unceded lands across Australia for online participants.

The day was opened with a session by **Rikki Dank**, Gudanji Traditional Owner, nurse and climate activist. Ms Dank shared her experiences in relation to caring for Country, and Gudanji people's opposition to fracking on their traditional lands. She highlighted the importance of centering Indigenous wisdom at the heart of decision-making.

Next, participants heard from **Professor Kathryn Bowen**, lead author of the IPCC's Sixth Assessment Report and MCF Deputy Director. Professor Bowen shared the latest science on the health impacts of climate change, progress being made on developing integrated health and climate policies, as well as the novel solutions framework outlined in the IPCC report known as 'climate resilient development'.

Roundtable participants also received an update from CAHA Founder and Strategic Projects Director **Fiona Armstrong** on the history and progress towards a National Strategy for Climate, Health and Wellbeing in Australia, and the [Healthy, Regenerative and Just](#) policy framework developed by CAHA and partners. Fiona outlined the broad support that now exists for such a strategy, from over 70 health organisations, all State and Territory governments, several Independent MPs, the Australian Greens, and the Albanese government.

The Federal Minister of Health and Aged Care, the Hon. Mark Butler MP, has confirmed the federal government's commitment to develop a national strategy on climate, health and wellbeing for Australia. Prior to the Roundtable, Minister Butler communicated his three key objectives in relation to climate and health policy to key stakeholders as:

- Maximising the synergies between good climate policy and good public health policy (i.e. embedding climate considerations in all health policy decisions, and vice versa);
- Building Australia's resilience and preparedness to deal with the growing impacts of climate change on health and the healthcare system; and

- Ensuring a nationally coordinated approach to reducing emissions in healthcare.

The health community has a significant opportunity to advance the federal political environment on climate, said keynote speaker **Barry Traill**, CANA federal political advisor. A constructive federal political environment now exists, and the health community can help advance action on climate, both within and beyond its own sector.

Mr Trail highlighted three key political spaces where health stakeholders could make a big difference:

- National and state climate-health policies;
- Directly lobbying and establishing relationships with MPs;
- Engagement in cross-sectoral and other fora.

Claire O'Rourke, Co-Director of the Energy Transformation Program at the Sunrise Project, endorsed Barry's comment, saying health narratives can play a key role in conveying the message that health benefits of climate action outweigh the costs of inaction. **Dr Arnagretta Hunter**, Human Futures Fellow at Australian National University (ANU) College Health & Medicine, encouraged participants to link those climate and health messages back to a clinical context wherever possible. She gave the example of extreme heat, which already causes 2% of mortality in Australia.

Following these initial presentations, participants joined one of three concurrent group discussions to explore how their respective organisations could contribute to move the climate and health agenda forward. Each sessions discussed one of the three key objectives, outlined by Minister Butler:

- Maximising the synergies between good climate policy and public health policy
- Preparing the healthcare sector for the impacts of climate change
- Reducing emissions in the health sector

Questions for participants to discuss included:

- What can your organisation contribute to advancing the policy agenda on climate and health?
- What do you see as opportunities to progress specific aspects of the national strategy?
- What challenges and barriers do you see, and how might they be overcome?

Maximising the synergies between good climate policy and public health policy

This session was moderated by **Barry Traill** and **Belle Workman** from MCF. The discussions highlighted the energy and political momentum in the health sector, which is not always visible outside of the sector. Discussants concluded a stronger focus on **synergies** between health and other sectors is needed.

Successful examples of existing efforts to create synergies between climate and health policy were identified. For instance, a transdisciplinary group on mental health led by the University of Queensland is currently undertaking policy reviews to identify how mental health support could be integrated into climate policies. Another example came from an initiative at the UNSW School of Public Health, which looks at the benefits of urban green spaces, working across fields such as health, economics, and urban planning.

Participants identified the need for improved data collection and dissemination to demonstrate the need for and support the development of stronger synergies between climate and health policy. Others pointed to the need to improve engagement and consultation with First Nations peoples, and to “give back” climate-health data and insights to First Nations communities.

Some of the barriers included a lack of funding for cross-sectoral work, conflicts of interest, and the existence of often superficial connections between health and climate without substantive targets or governance mechanisms in place (e.g. the inclusion of climate in the *National Preventative Health Strategy 2021-30* without any significant commitments to specific activities and targets).

Preparing the healthcare sector for the impacts of climate change

A second breakout session discussed the need to build health resilience from the impacts of climate change across Australia. This session was moderated by **Dr Arnagretta Hunter** from ANU, and **Dr Rebecca Patrick**, CAHA Acting President and Director of the Sustainable Health Network Director.

Participants agreed that the pressure on the health system from climate change is already immense, and that there is a need to prepare and protect people and the health sector from the now inevitable impacts of climate change. Some pointed out that primary health care professionals are currently not sufficiently involved in climate resilience planning, and that there is a need for both local solutions as well as more national planning in order to build resilience.

Resilience was understood to encompass both the health sector, and the wider environment that can provide health resilience to the general population (e.g. resilience in the built environment to withstand flooding). Therefore, the health

sector itself is not entirely responsible for, or in control of, community resilience and population health. A federal strategy addressing climate-health resilience will therefore need to ensure synergies with other sectors and stakeholders.

New models of care were pointed to as an underdeveloped solution for building climate resilience in the health system. Implementation of such resilience measures requires more targeted engagement and coordination with the stakeholders affected by changes.

Education and capacity building was identified as another key element to strengthen resilience. Participants agreed a public health campaign around the impacts of climate change would be an important exercise to build common understanding in Australia. Education within the health sector is also urgently needed, and climate change considerations should be mainstreamed throughout the health curriculum.

One current barrier to climate-health resilience highlighted was the lack of accountability and drivers within the healthcare system to implement climate initiatives. A proposed solution is the inclusion of meaningful environmental indicators in healthcare service agreements, and improved communication channels with local and state players. Additionally, empowering health professionals to take action that fits with their values would also go a long way to improve local ownership and delivery of climate initiatives.

Lastly, participants pointed out the need for both science and imagination to develop a vision of what a resilient health system would look like. Scenarios that demonstrate pathways to resilient populations with health systems that protect and promote population health in the face of climate change can assist here. The [Australia in 2030 scenarios developed by CAHA](#) were pointed to as an example that offers this type of guidance.

Reducing emissions in the health sector

This session was moderated by **Dr Kate Charlesworth**, Senior Sustainability Advisor for the NSW Ministry of Health, and **Professor Eugenie Kayak**, convener of the DEA National Sustainable Healthcare Working Group and Enterprise Professor in Sustainable Healthcare, in the Melbourne Medical School Department of Critical Care.

Participants pointed out that some healthcare specialties and areas of practice have much bigger carbon footprint than others, and there is a need to look at emissions reductions according to these different healthcare specialty areas.

Some of the barriers for healthcare emissions reduction identified include the perception that healthcare is a 'hard to abate' sector, and that there are currently significant gaps in our understanding of the carbon footprint of particular health products and processes, and that the health system is relatively far behind in reporting its' environmental footprint compared to other sectors.

Various opportunities were also identified to improve and expand current healthcare emissions reduction efforts: obligation and reporting requirements, alongside service agreements, can be important levers. Training and ongoing professional development, alongside behaviour change initiatives, would also make a big difference.

Other proposed solutions included using wellbeing economic benefits in the development of better cost analysis, and the potential of a climate and health index that tracks core statistics across the sector to guide policy and practice.

Case studies of action

The final segment of the Roundtable included three case studies, presenting successful examples of advocacy and action on climate change and health.

Dr Jacqueline Small, President of the Royal Australasian College of Physicians (RACP) shared how RACP has worked closely with the other Australian medical colleges over the past few years to advocate for action on climate change to protect health.

For example, in 2021, RACP commissioned a report from CAHA, MCF and Monash University [on the impact of climate change on the health](#) sector. The final report was launched with the support of 10 other medical colleges. The report provided an important evidence base for RACP and others to draw on for an advocacy campaign, based on the recommendations from the research report.

Recommendations from the report included:

- Implementation and funding of a coordinated national strategy on climate change and health.
- Commitments to deliver net zero healthcare by 2040.
- Investment in climate-health vulnerability and capacity assessments with a focus on locally-led planning.

Representatives from the 10 medical colleges (representing over 100,000 medical professionals) have now joined the ongoing advocacy campaign

The colleges will continue to spread the message that action on climate change represents an opportunity to both reduce harms and risks of climate change,

improve health outcomes, and reduce health inequities across Australia, Aotearoa (New Zealand) and the world.

Professor Kayak shared proposal details for a National Sustainable Healthcare Unit, developed by the Australian Medical Association (AMA) and DEA.

The healthcare sector is responsible for over 7% of Australia's carbon emissions. AMA and DEA support the establishment of a National Sustainable Healthcare Unit to facilitate healthcare emissions reduction by 2040. A coordinated approach would offer evidence-based roadmaps and assistance to institutions and industry, while providing leadership to overcome current barriers to collaboration in the healthcare sector.

A nationally coordinated entity could also help the healthcare system to be better placed to be resilient and prepared for the increasing impacts to health and healthcare services from climate change, including by strengthening the collaboration between and across governments, the private sector, and the healthcare sector.

Over 60% of healthcare's emissions are estimated to be from the goods and services procured by the sector (Scope 3). One example of the size of the sector's procurement power includes the healthcare sector as the biggest purchaser of food in Australia.

DEA has outlined further details in its proposal for a National Sustainable Healthcare Unit, which, if instituted, would benefit the health of both the planet and people.

Kylie Woolcock, AHHA CEO, shared some of the work AHHA is undertaking to embed climate change into the national health policy agenda.

Kylie shared some of the lessons highlighted in AHHA's recent [paper](#) on decarbonising clinical care in Australia. This includes the insight that governments usually tend to focus their attention on the most immediate pressures on the healthcare system, such as the COVID-19 pandemic. Pressures on the health system which build over time, or require a more sustained and wide-ranging reform of the healthcare system, often get deprioritised.

Some key streams of reform in the healthcare system are now increasingly being considered by health ministers, including applying a more value-based approach to help ease the impacts of climate change in the healthcare system.

However, government strategies on climate change and health are often still developed in parallel. Instead, action on climate change and environmental sustainability must be embedded in healthcare reforms.

Summary

In closing remarks, **Fiona Armstrong** provided a summary of the discussions. She captured some of the key messages that were surfaced throughout the day:

- We all need to work to maximise the **synergies** between good climate policy and health policy. One way to emphasise the benefits of doing so would be to conduct an economic analysis of the health savings associated with carefully designed emissions reduction and climate adaptation and resilience strategies, which would help pitch the necessary initiatives to decision-makers, including Treasury.
- **Interdisciplinary approaches** are needed to communicate the complexities of the issue, and systemic solutions to tackle the climate and health agenda.
- The need to **build public support** for the climate and health agenda, and to bring together those voices to create the mandate for action that will allow policy makers to progress.
- There is an urgent need to **challenge vested interests** that hinder progress on climate action, and to champion the power that health voices have in this discussion.
- Health leaders must increasingly **collaborate** with others to ensure positive climate and health outcomes, such as building resilience in the community.
- Much more work needs to be done to ensure there is **inclusion of priority populations** in consultative processes, by ensuring there is a “seat at the table” for Indigenous communities, people with disability, diverse gender constituencies, and other affected groups.
- Addressing the health impacts of climate change also means **promoting the health and wellbeing, agency, and resilience of health professionals**. Part of this is empowering them to take action and lead on climate and health challenges.
- Momentum is building to **reduce emissions in the healthcare sector**, and many people and institutions are starting to tackle this challenge. Communities of practice like the Global Green and Health Hospitals Network are collaborating and driving a lot of this action. However, there is a need for more policy and leadership from government to speed up this process.
- There is a huge need to **improve public awareness** on the connections between public health and climate change. This should be embedded in schools and programs for young people as well as health professionals’ curricula.
- Many health groups support a proposal for a national **Sustainable Healthcare Unit**. This would help improve coordination nationally, measure progress, and help close gaps and barriers in the sector.
- A strong and well-coordinated health sector movement in this sector can have a meaningful impact on the nation’s climate efforts.

Outcomes

Joint Statement

One of the outcomes of the roundtable was a [Joint Statement](#), signed by dozens of health organisations, calling for the following first steps as immediate priorities towards the development of the National Strategy:

- A Ministerial Forum to coordinate across health, climate and other portfolios.
- A national health vulnerability and capacity assessment of the populations most susceptible to climate-health impacts.
- An evaluation of the health and economic damages from climate change, and the health and economic benefits of climate policies.
- A mapping exercise to identify existing climate and health initiatives to identify progress and gaps to guide policy and investment.
- Establishment of a Sustainable Healthcare Unit in the Department of Health.

Political momentum

Political progress was made on the sidelines of the Better, Healthier Futures Roundtable. Independent MP Dr Sophie Scamps spoke to a [motion](#) in parliament on Monday 5 September about the urgent need for a national climate-health strategy. Minister Butler [re-confirmed](#) his intention to develop a focused climate change plan for the health sector.

The Roundtable also attracted significant media attention, with coverage by [SBS](#), [Canberra Times](#), [Perth Now](#), [China News](#), and many others.

Improved coordination

Many participants agreed there is a need for improved coordination and collaboration on climate change within the Australian health community. Several alliances, networks, and partnerships already exist, and the capacity and willingness of health organisations to engage with these groups is growing.

Key Resources

AHHA: [Issues brief: decarbonising clinical care in Australia](#)

CAHA: [Healthy, Regenerative and Just: a framework for a national strategy on climate, health and wellbeing](#); [Australia in 2030: Possible Alternative Futures](#); [Real, Urgent and Now: Communicating the health impacts of climate change](#)

DEA: [Proposal for a National Sustainable Healthcare Unit](#)

MCF: [Health benefits of climate mitigation measures](#)

Annex: Roundtable Participants

Participants of the Better Healthier Futures Roundtable.

Name	Title	Institution
Fiona Tito Wheatland		ACT Health Consumers Association
Archana Shrivathsa		ANZCA Environmental Sustainability Network
Angela Cartwright	Policy Role	Asthma Australia
Kimberly Humphrey		Australasian College of Emergency Medicine
Lai Heng Foong	Delegate	Australasian College of Emergency Medicine
Linda Davidson		Australian College of Nursing
Ying Zhang		Australian Epidemiological Society
Magdalena Simonis		Australian Federation of Medical Women
Kylie Woolcock	CEO	Australian Healthcare and Hospitals Association (AHHA)
Emma Hoban		AHHA
Ashleigh Croucher	Policy Manager	Australian Indigenous Doctors' Association
Hannah Wigley		Australian Medical Association
Anita Mills	Public Health Manager	Australian Medical Association
Jasmine Davis		Australian Medical Students' Association
Katya Gvozdenko	Public Relations Officer	Australian Medical Students' Association
Arnagretta Hunter		Australian National University
Samantha Casey		Australian Nursing and Midwifery Federation (Vic Branch)
Simon Tatz	GM: Policy & Gov Relations	Australian Physiotherapy Association
Leah Williams		Australian Psychological Society
Sarah Quinn		Australian Psychological Society
Barb Vernon	CEO	Australian Women's Health Network
Joanne Walker		CAHA
Rebecca Patrick	Vice President; Convenor	CAHA / Deakin Health Nature Sustainability Research Group
Marty Middlebrook		Climate Action Network Australia
Lisa Cliff		Climate Action Network Australia

Barry Traill		Climate Action Network Australia
Eugenie Kayak		DEA
Kara Nimon	Student Engagement Officer	DEA
Denise Cauchi		DEA
Cybele Dey		DEA / Sydney Children's Hospital Network
Mary-Anne Land		Dietitians Australia
Charlie Prell	Chair	Farmers for Climate Action
Lin Oke	Coordinator	Friends of CAHA
Sue Cooke		Griffith
Belle Workman		Melbourne Climate Futures
Jocelyn Abbott	Senior Policy Officer	NAATSIWP
Kate Charlesworth		NSW Health
Malcolm Baalman	Policy Manager	Public Health Association of Australia
Ingrid Johnston	Senior Policy Officer	Public Health Association of Australia
Karen Price	President	RACGP
Julie Caporetto	Executive Assistant	RACGP
Tracy Smart		RACMA
Eddie van den Bempt		Royal Australian and New Zealand College of Ophthalmologists
Jacqueline Small	Interim CEO	
Nicola Lewis	President	Royal Australian College of Physicians
Veronica Le Nevez		Royal Australian College of Physicians
Frank Quinlan	General Manager Policy and Advocacy	Royal Australian College of Physicians
Rachel Green	Federation Executive Director	Royal Flying Doctors Service
Claire O'Rourke		SANE
Emma Bacon	Australia Energy Transformation Program Co-Director	Sunrise Project
Amy Peden	Executive Director	Sweltering Cities
Fiona Charlson		UNSW
Liz Hanna		UQ
Alexandra Barratt		WFPHA
Diane Heart		Wiser Healthcare
Rikki Dank		Friends of CAHA
Ben Mouat		Gudanji for Country
Arthur Wyns	Office Manager	CAHA
Fiona Armstrong	Policy Manager	CAHA
Roland Sapsford	Strategic Projects Director	CAHA
	Chief Executive Officer	CAHA

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