

Tasmanian Climate Change and Health Roundtable

Final Report

June 2020

This is an initiative between Public Health Services and the Tasmanian Climate Change Office.

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I Background

Ten years ago, climate change was described as “the biggest global health threat of the 21st Century”, putting the “lives and wellbeing of billions of people at increased risk” (Costello et al. 2009, p. 1693). The projected effects of climate change have also been described as representing “an unacceptably high and potentially catastrophic risk to human health” (Watts et al. 2015). The World Health Organization (WHO) recognises the health impacts of a changing climate as overwhelmingly negative, with regions exhibiting the poorest health infrastructure being the least able to adapt, prepare and respond to the variety of increased health risks likely in a changing climate (World Health Organization 2017). This scale of vulnerability to climate risks exists both across and within nations, down to a local level.

The WHO and other researchers have identified multiple areas where a changing climate may impact health outcomes. These include:

- increased frequency and severity of natural disasters (e.g. floods, cyclones, drought, heatwaves, bushfires)
- emerging environmental challenges (e.g. increased pollen, increased air pollution, increased ozone, UV radiation) acting to exacerbate various chronic medical conditions (e.g. diabetes, heart and lung diseases)
- rising rates of infections (e.g. malaria, diarrhoea, meningitis, dengue fever) and increased algae blooms due to the increased spread of vectors and increased air and sea surface temperatures
- challenges to mental health as a result of displacement and migration
- water and food insecurity as a result of the impact of extreme events, resulting in reduced fishery and agricultural productivity
- changes to the price and quality of fresh food as a result of extreme events, increasing the likelihood of poor nutrition
- loss of biodiversity, leading to increases in pests and potential ecosystem collapse
- other social factors, including decreased work capacity, increased migration, increased conflict and increased homelessness (World Health Organization 2012; Watts et al. 2015).

For more information on linkages between these issues, see Appendix A.

While these themes are broadly representative of climate change and health issues worldwide, local identification of current and emerging threats will allow for a more targeted mitigation both at a policy level and for community education about adapting to these risks. These local challenges and solutions are best identified through research and consultation with local and distant collaborators, building on experience from other jurisdictions in preparing for and mitigating these effects.

While the health impacts of a changing climate are largely described as negative, Watts et al. (2015) also declare that “tackling climate change could be the greatest global health opportunity of the 21st century”. It is in this context that the Tasmanian Government has undertaken to progress work on identifying the climate change and health impacts within Tasmania, and the actions to mitigate and adapt to these challenges.

Through *Climate Action 21: Tasmania's Climate Change Action Plan 2017-2021* (Department of Premier and Cabinet 2017), the importance of framing climate change through a health lens has been identified in the Tasmanian context with

Action 6.4: Identify additional policies and programs to respond to the potential health impacts of climate change

Action 6.4. This sits under Priority Area 6 (Supporting community action), but it also has strong linkages to other priorities such as 'Understanding Tasmania's future climate' and 'Building climate resilience'.

The Department of Health (DoH) is the lead agency for this action, and Public Health Services (PHS) has taken responsibility for delivery of this action.

Through a small working group, PHS identified that a Tasmanian Climate Change and Health Roundtable event (the "Roundtable") was an appropriate method of identifying and prioritising policies, programs and research in order to effectively identify and respond to climate change and health impacts in the Tasmanian context, with specific emphasis on vulnerable Tasmanians. See Appendix B for more information on this process.

This Roundtable event was held in Hobart, Tasmania on Wednesday 3 April 2019.

This report provides a background to this event, a description of the process undertaken at the event, outcomes of the event and next steps.

This project was supported by the Department of Premier and Cabinet's Tasmanian Climate Change Office (TCCO) under Climate Action 21.

For more information on the Tasmanian Climate Change and Health Roundtable, please contact health.communities@health.tas.gov.au



2 The Tasmanian Climate Change and Health Roundtable

2.1 Aims and Objectives

The aim of the Roundtable was to help identify and prioritise policies, programs and research in climate change and health, specific to the Tasmanian context.

This was achieved by bringing together a number of local and national researchers, clinicians and policy makers in the climate change and health space, facilitating an environment of learning from each other and conversations about new ideas.

The objectives of the Roundtable were:

1. to identify emerging threats to the health of vulnerable Tasmanians from a changing climate
2. to build on the existing resilience and capacity of the Tasmanian community
3. to connect Australian policy makers and researchers in this field with those in Tasmania.

2.2 Participants

The working group identified that the Tasmanian health sector would benefit by having knowledge and input from other jurisdictions who were potentially more advanced in the climate change and health space. The working group also identified that active researchers in the climate change and health sector would be a valuable addition to the discussion. Local policy makers in the health sector were identified through discussions within the working group and within the broader PHS executive team.

For a full list of organisations represented at the event, see Appendix C.

2.3 Agenda

The agenda was developed to take advantage of the resources and knowledge of participants and to apply this to a local level. Morning presentations were structured to provide an international perspective and drill down to a local perspective. The afternoon workshop provided participants with an opportunity to identify and prioritise appropriate policies, programs and research in order to effectively respond to climate change and health impacts in the Tasmanian context, with specific emphasis on vulnerable Tasmanians.

For more information, see Appendix D.



3 Outcomes

The Roundtable achieved the following:

- enhanced awareness and understanding by policymakers of the health risks associated with a changing climate, specifically in the Tasmanian context
- enhanced understanding by policymakers of existing programs and policies that include, or could incorporate, a climate change and health lens
- strengthened engagement between Tasmanian researchers and policy makers in this field with those in other Australian jurisdictions
- strengthened engagement between PHS and the TCCO
- fulfilment of Action 6.4 in Climate Action 21
- input into the independent review of the *Climate Change (State Action) Act 2008*.

The Roundtable captured over 120 actions across seven priority areas, drawn from the National Strategy on Climate, Health and Wellbeing for Australia (Climate and Health Alliance 2017) (see Figure 1). After the event, these actions were reviewed for clarity and duplication. Merging similar actions and eliminating actions that were better suited to in-principle activities reduced this to 42 actions. These are presented in Table 1.

These 42 actions represent the views of Roundtable participants, in the context of identifying policies and programs to respond to the potential health impacts of climate change in Tasmania. Some of the identified actions may already be occurring in Tasmania. The actions identified do not necessarily represent the views of the Tasmanian Government.



Figure 1: Key policy action areas: National Strategy on Climate, Health and Wellbeing for Australia, Climate and Health Alliance (2017)

Table 1: Tasmanian Climate Change and Health Roundtable: Priority areas and identified actions

Priority	Priority area	Identified action
1	Health promoting and emissions-reducing policies	<ul style="list-style-type: none"> • Promote healthy foods, especially those related to reduced emissions (for example, local fresh fruit and vegetables) • Develop/strengthen advertising standards for healthy food choices • Develop local food policies supporting both producers and users • Develop a state policy for healthy spaces and places • Increase active travel options: <ul style="list-style-type: none"> ○ bike lanes ○ accessible public transport ○ support employees to purchase bikes/use healthy transport (consider perverse disincentives and FBT implications) • Unlock building stairwells to increase incidental work activity • Implement a school lunch program
2	Emergency and disaster preparedness	<ul style="list-style-type: none"> • Plan around frequency and severity of disasters • Develop a risk framework • Build capacity within government to de-silo emergency and disaster planning and response • Evaluate response to the disasters we've had • Educate community around emergencies and disasters • Develop a community engagement strategy
3	Supporting health and resilient communities	<ul style="list-style-type: none"> • Promote liveability agenda <ul style="list-style-type: none"> ○ Community engagement ○ Premier's Health and Wellbeing Advisory Committee engagement ○ Mapping local areas and feeding back to local government ○ Data collection ○ State planning policies influenced • Develop housing and building support <ul style="list-style-type: none"> ○ Climate change as a driver for housing development ○ High quality social housing ○ Mandate efficiency levels in new builds • Develop planning legislation supporting community action to support health • Embed community engagement into recovery to look at how to rebuild to be climate change oriented

Priority	Priority area	Identified action
4	Education and capacity building	<ul style="list-style-type: none"> • Educate and expose policy people to what's happening in the tertiary space • Encourage climate change researchers to talk across boundaries • Review community interface to simplify language and messaging – website and information/resources • Provide education on co-benefits and linking personal decisions to climate • Embed climate change in medical curriculum (Aust/NZ medical deans have this project underway) • Embed education into CPD for government employees
5	Leadership and governance	<ul style="list-style-type: none"> • Add indicators to monitor progress and hold to account • Conduct legislative and policy scan then update/create to address gaps • Develop accountability framework for assets, programs and projects
6	A sustainable and climate-resilient health sector	<ul style="list-style-type: none"> • Establish a sustainability unit within health – drive initiatives and develop guidelines • Develop health sector strategy for reducing emissions and adaptation, including state-wide hospital climate goals and targets • Implement healthy and sustainable food choices in hospital catering • Connect health service exec staff with community of interest • Deliver a greenhouse gases and waste audit • Revise health service delivery models to avoid I-on-I services and getting people to come to the provider
7	Research and data	<ul style="list-style-type: none"> • Fund ongoing research to support implementing the monitoring and surveillance plan, in order to understand progress across all seven domains of action • Develop and strengthen health data access pathway • Make environmental health data more available, robust and translated for community • Undertake a climate health needs assessment to identify what is already happening, needs, strengths, gaps and threats • Make data release protocols streamlined and in real time • Add Hobart data to international heat health study • Build intervention studies based on the geospatial needs and response • Understand housing as a priority research area <ul style="list-style-type: none"> ○ Housing needs and vulnerability in a changing climate • Link findings from research to building codes

4 Next Steps

As a result of the Roundtable, the working group has identified the next steps in this process.

4.1 Communicate the findings

- This report will be made available to government decision makers and the Tasmanian public.
- Briefings will be provided to key decision makers within the DoH and across other Tasmanian Government agencies, to identify existing examples and future opportunities. Various existing strategic plans and policies will be identified and evaluated for alignment with these findings.
- A PHS talk series presentation will be made; these presentations are open to all DoH employees.

4.2 Strategic alignment

- These findings will help inform the next Tasmanian Government *Climate Change Action* plan development process.
- The potential for a Tasmanian Climate Change and Health Adaptation Plan will be explored.



5 References

Climate and Health Alliance. 2017. *Framework for a National Strategy on Climate, Health and Wellbeing for Australia*, Climate and Health Alliance, Melbourne.

Costello A, Abbas M, Allen A, Ball S, Bell S, Bellamy R, Friel S, Groce N, Johnson A, Kett M, Lee M, Levy C, Maslin M, McCoy D, McGuire B, Montgomery H, Napier D, Pagel C, Patel J, de Oliveira J, Redclift N, Rees H, Rogger D, Scott J, Stephenson J, Twigg J, Wolff J, Patterson C. 2009. Managing the health effects of climate change, *Lancet*, 373 (9676), pp. 1693-1733.

Department of Health. 2019. *State of Public Health Report*, Tasmanian Government, Hobart.

Department of Premier and Cabinet. 2017. *Climate Action 21: Tasmania's Climate Change Action Plan 2017-2021*, Tasmanian Government, Hobart.

Watts N, Adger W, Agnolucci P, Blackstock J, Byass P, Cai W, Chaytor S, Colbourn T, Collins M, Cooper A, Cox P, Depledge J, Drummond P, Ekins P, Galaz V, Grace D, Graham H, Grubb M, Haines A, Hamilton I, Hunter A, Jiang X, Li M, Kelman I, Liang L, Lott M, Lowe R, Luo Y, Mace G, Maslin M, Nilsson M, Oreszczyn T, Pye S, Quinn T, Svendsdotter M, Venevsky S, Warner K, Xu B, Yang J, Yin Y, Yu C, Zhang Q, Gong P, Montgomery H, Costello A. 2015. Health and climate change: policy responses to protect public health, *Lancet*, 386 (10006), pp. 1861-1914.

World Health Organization, 2012. Atlas of Health and Climate, www.who.int/globalchange/publications/atlas/report/en

World Health Organization, 2017. Climate change and health - Fact sheet, www.who.int/mediacentre/factsheets/fs266/en

Zhang Y, Beggs P, Bambrick H, Berry H, Linnenluecke M, Trueck S, Alders R, Bi P, Boylan S, Green D, Guo Y, Hanigan I, Hanna E, Malik A, Morgan G, Stevenson M, Tong S, Watts N, Capon A. 2018. The MJA–Lancet Countdown on health and climate change: Australian policy inaction threatens lives, *Medical Journal of Australia*, 209 (11), p. 474.



Appendix A – Climate Change and Health diagrams

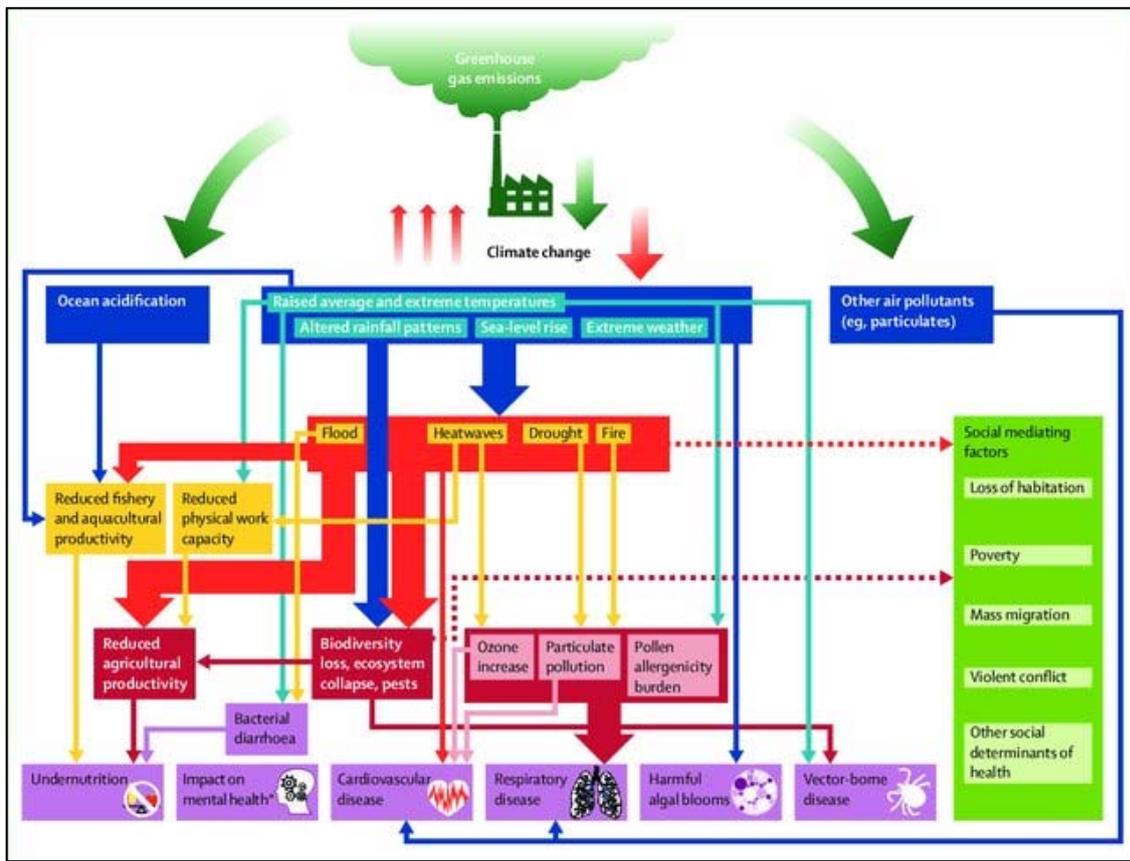


Figure 1: An overview of the links between greenhouse gas emissions, climate change and health (Watts et al. 2015)

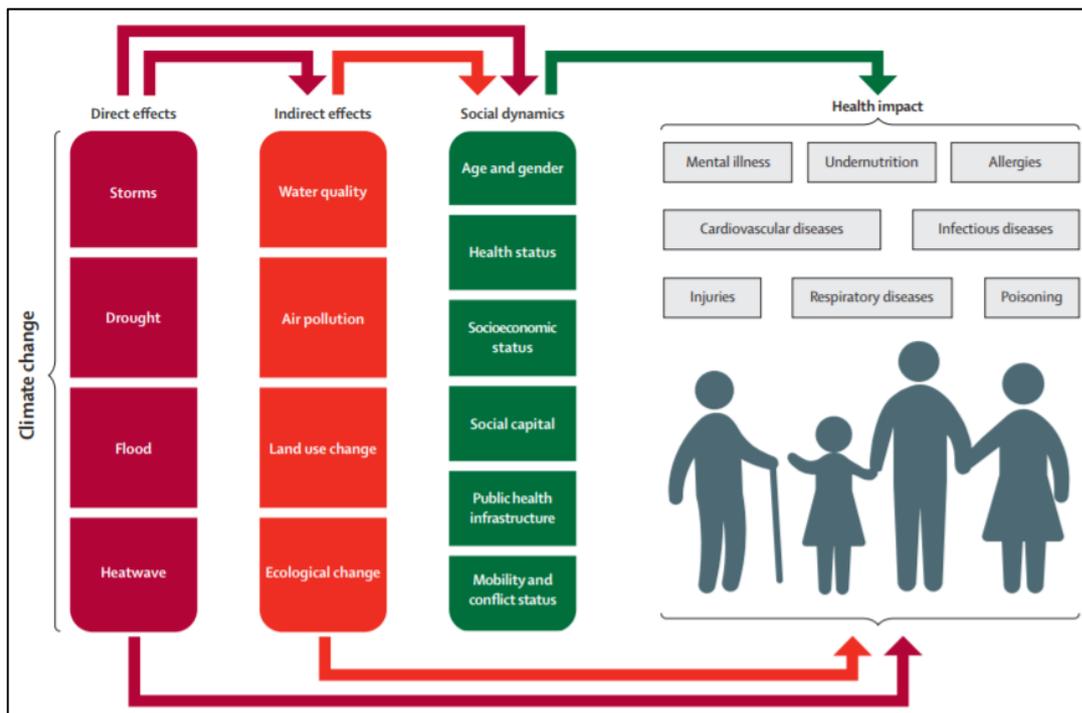


Figure 2: The direct and indirect effects of climate change on health and wellbeing (Watts et al. 2015)

Appendix B – Roundtable Process

A number of steps were undertaken in the development and coordination of the event.

1. The event was coordinated through a small working group, with representatives from PHS and the TCCO.
2. Funding was secured to cover event expenses and a project officer.
3. The working group convened as needed to progress the project plan, and identify and discuss the aims and objectives, event timing, participants and agenda.
4. The event was timed to fall outside Tasmanian and interstate school holidays, Tasmanian Parliament sitting days and after the peak summer season emergency response period.
5. The working group identified a number of potential participants from within Tasmania and around Australia, across the areas of health policy, clinical work and research. The project officer contacted identified potential participants, developing a list of those able to attend. For those not able to attend, a suitable proxy was sought. Care was taken to balance the representation across these three areas (see Appendix C).
6. Room booking and facilitator coordination was managed by the project manager.
7. Catering and travel arrangements were managed by PHS administrative staff.

Appendix C – Organisations represented

- Climate and Health Alliance
- Climate Change Research Centre, University of New South Wales
- Climate Council
- Climate Futures Program, Antarctic Climate and Ecosystems Cooperative Research Centre
- Deakin University
- Department of Health and Human Services, Victoria
- Department of Health, Tasmania
- Department of Premier and Cabinet, Tasmania
- Department of State Growth, Tasmania
- Doctors for the Environment
- Department of Health, Queensland
- Heart Foundation, Tasmania
- Local Government Association of Tasmania
- London School of Hygiene and Tropical Medicine, University of London
- Menzies Institute for Medical Research, University of Tasmania
- National Centre for Epidemiology and Population Health, Australian National University
- NSW Health
- Public Health Services, South Australia Health
- Rural Clinical School, University of Tasmania
- School of Medicine, University of Tasmania
- School of Public Health and Social Work, Queensland University of Technology
- School of Public Health, University of Adelaide
- School of Public Health, University of Sydney
- Tasmanian Council of Social Services
- Tasmanian Health Service

Appendix D – Roundtable Agenda

Associate Professor Antonio Gasparini, a biostatistician and epidemiologist from the London School of Hygiene and Tropical Medicine delivered the keynote address, outlining current methods to evaluate the health impacts of climate change. Dr Mark Veitch, Director of Public Health, presented on the Tasmanian State of Public Health Report (Department of Health 2019), and Ms Libby Muir from the Climate and Health Alliance presented on the National Strategy on Climate, Health and Wellbeing for Australia (Climate and Health Alliance 2017). Dr Liz Hanna from the Australian National University presented on the findings of the Lancet Countdown report on climate change and health in Australia (Zhang et al. 2018) and state representatives discussed their local issues. Ms Carole Owen, in her role as Director of Community Recovery for the Bushfire Recovery Taskforce presented on the local recovery efforts after the 2019 Tasmanian bushfires.

In the afternoon, participants were separated into tables representing the seven key policy action areas outlined in the National Strategy on Climate, Health and Wellbeing for Australia. These were:

1. Health-promoting and emissions-reducing policies
2. Emergency and disaster preparedness
3. Supporting healthy and resilient communities
4. Education and capacity building
5. Leadership and governance
6. A sustainable and climate resilience health sector
7. Research and data



Key policy action areas: National Strategy on Climate, Health and Wellbeing for Australia, Climate and Health Alliance (2017)

Participants at each table were requested to “identify and prioritise appropriate policies, programs and research in order to effectively respond to climate change and health impacts in the Tasmanian context, with specific emphasis on vulnerable Tasmanians”. Participants were also asked to consider that:

- policymakers, clinicians, researchers are the focus
- actions be within our positional power to do or change
- actions had a 5-year timeframe
- no new resources were available
- a ‘parking space’ be available if actions did not meet the above criteria.

A second session in the afternoon allocated participants to a different table to the first session and repeated the process.

After each session, participants provided feedback to the group per table, with notes captured both at the table and by the facilitator.

Tasmanian Climate Change and Health Roundtable

Wednesday 3 April 2019

Institute of Marine and Antarctic Studies, Castray Esplanade, Hobart

Time	Content	Lead organisation
8:45	Arrival and tea/coffee	
9:00	Welcome	PHS, TCCO
9:05	Introductions	Facilitator
9:15	Keynote and Questions	London School of Hygiene and Tropical Medicine
10:00	State of Public Health report: What are Tasmania's priorities?	Department of Health
10:15	National Strategy on Climate, Health and Well-being for Australia	Climate and Health Alliance
10:30	The Lancet Countdown Australian report	National Centre for Epidemiology and Population Health
10:45	Morning tea	
11:05	Jurisdictional highlights (2-3 mins per region)	State representatives
11:15	Community health in natural disasters: Lessons from Tasmania	Dept of Premier and Cabinet
11:25	Defining our purpose and objectives for Tasmania	All
12:25	Defining our actions - Activity set up	Facilitator
12:30	Lunch	
1:30	Table activity: Part 1	All
2:10	Feedback and discussion from each table (5 mins per table)	All
2:30	Afternoon tea	All
2:50	Table activity: Part 2	All
3:20	Feedback and discussion from each table (5 mins per table)	All
3:40	Wrap up and next steps	Facilitator