



# Climate and Health

## POSITION STATEMENT

### College position

The College acknowledges the substantive evidence to suggest that the impacts of climate change are creating a global health emergency and that these effects are being felt especially by rural and remote communities in Australia and across the world<sup>1</sup>.

A global health emergency calls for an emergency response, and ACRRM calls on all levels of Government in Australia to take immediate and sustained action to minimise the impact of climate change. Australia needs to take much greater steps to mitigate and adapt to bring climate change under control to save lives and protect health.

ACRRM calls on government at all levels to apply a “rural-proofing lens” to climate change policy to ensure the health of our population living in rural and remote Australia.

In response, ACRRM will:

- Continue to join global efforts to raise awareness of the impacts of climate change on human health and to advocate for positive action.
- Support the development of National Climate Change and Health Strategy to facilitate planning for future climate health impacts, and rural research into the health effects of climate changes
- Promote the role of the Rural Generalist in responding to the burden of non-communicable disease resulting from climate change such as mental illness, to provide high quality care, and keep people healthy and out of hospital.
- Reviewing its curriculum and training programs to reflect the related emerging priorities for Rural Generalist practice.
- Promote environmental sustainability within its own operations and the health sector more broadly, and support members in their efforts to do the same within their own practices and work environments

### Climate change and rural and remote communities

Our rural and remote communities experience many disadvantages compared to their urban counterparts. The risks posed by climate change to health threaten to exacerbate many of the health inequalities already experienced by those in regional and rural areas<sup>2</sup>.

With many rural and remote areas reliant on primary agriculture production and vulnerable to drought, bushfires, cyclones, floods and heatwaves, these areas stand to be disproportionately affected by the impacts of climate change, particularly as water security is inherently threatened by changes in climate.

The National Farmers Federation has cited climate change as the biggest issue ever faced by Australian agriculture. ([nff.org.au](http://nff.org.au)) The knock-on effects for agriculture, horticulture and livestock production has the potential to impact on the availability and price of food.

On the global scale, the College acknowledges the World Health Organisation’s prediction that areas with weak health infrastructure—such as developing countries and remote communities will be the least able to cope with the negative effects of climate change<sup>3</sup>, and is committed to ensuring that existing health inequities are not increased.

### The health impacts of climate change

The projected health impacts of climate change in Australia include:

- 1. Mental health impacts:** concerns and worries about climate change can lead to distress as a result of environmental change and loss of attachment to place<sup>4</sup>. Attachment to place is fundamental to human health and can enhance climate change adaptation, which is recognised as a crucial response to the risks associated with climate change.
- 2. Vulnerable groups:** Aboriginal and Torres Strait Islander people have higher than average exposure to climate change because of a heavy reliance on climate-sensitive primary industries, strong social connections to the natural environment and constraints to adaptation<sup>5</sup>. In addition, heat poses an extra risk to this group due to the high frequency of heat-sensitive chronic diseases (such as cardiac and renal conditions) in this population.

- 3. Heat related impacts:** increase in heat related deaths and hospital admissions, particularly among the elderly. Heat stress in the workplace is an occupational health hazard and can result in economic costs from lost productivity.
- 4. Food and water-borne diseases:** human water supplies can be contaminated from sewage or farm run-off due to increased frequency of storms and floods. Conversely, drought may increase the concentration of pathogens in water supplies causing danger to rural communities and livestock. Additional reliance on air conditioning could lead to increased exposure to Legionella<sup>6</sup>.
- 5. Vector-borne diseases:** Geographic distribution of mosquitoes capable of bearing dengue fever may spread south from Queensland, increasing the population at risk from under half a million to between 5 and 8 million Australians by the end of this century<sup>7</sup>.
- 6. Respiratory illnesses:** increased frequency and intensity of bushfires, drought and dust storms lead to acute increases in particle matter levels, exacerbates asthma, use of respiratory medication and hospital admissions<sup>8</sup>.
- 7. Other indirect impacts:** in rural and remote areas where climate change places additional stress on livelihoods, the impacts on mental health can be especially acute.
- 8. Pregnancy and birth:** exposure to extreme heat may adversely impact pregnant women and birth outcomes including increased pre-term birth rates, low birth weight babies, increased still birth rates and neonatal stress<sup>9</sup>.

## Strategies for the health sector

### 1. Health inequities

Research demonstrates that climate change will exacerbate existing health inequities as certain groups are more vulnerable to climate related events<sup>10</sup>.

Aboriginal and Torres Strait Islander people, children, people with disability, older people and people of a lower socio-economic status will be the least able to cope with the health impacts of climate change.

Typically, the health of marginalised groups is most affected by climate change, including the mentally ill, children, indigenous populations, and people with a pre-existing illness.

ACRRM believes that people living in rural and remote communities should have access to the highest quality, safe and sustainable healthcare services. This requires an approach to climate change policies which properly reflects the distinctions of the rural and remote experience of climate change.

### 2. The role of the rural GP

Rural Generalists are uniquely placed to lead the response to the burden of non-communicable disease resulting from climate change such as mental illness, to provide high quality care, and keep people healthy and out of hospital.

They are also able to support ongoing education for themselves, other health professionals, communities and patients re climate change and the impact on individual and population health.

Improved integration of public education and awareness with the primary healthcare sector is especially important to improving healthcare outcomes for rural and remote communities which are geographically isolated and rely on collaboration to maximise local capacity.

Rural and remote health professionals are affected by the climate change issues which impact on the communities in which they live and work, such as drought or bushfires. Like their counterparts in the wider community, they feel the economic and social impacts of vagrancies of climate and a reduced range of services. They can strengthen preparedness for disaster and promote resilience and community capacity building.

### 3. Healthcare sustainability

The Australian healthcare sector contributes around 7% of Australia's total emissions. As a trainer of the next generation of rural doctors, ACRRM is committed to developing policy and progressing toward reducing its own organisational carbon footprint, as well as to educate and support its members on practical ways that they can make a positive contribution.

ACRRM supports the development of National Climate Change and Health Strategy to facilitate planning for future climate health impacts, and the establishment of a National Sustainable Healthcare Unit to support environmentally sustainable practice in healthcare.

ACRRM calls on government at all levels to apply a "rural-proofing lens" to climate change policy to ensure the health of our population living in rural and remote Australia.

#### Find out more

If you have any queries relating to this Position Statement, please contact us by:

**Email:** [policy@acrrm.org.au](mailto:policy@acrrm.org.au)

**Phone:** 1800 223 226

**Website:** [mycollege.acrrm.org.au / contact-us](http://mycollege.acrrm.org.au/contact-us)

---

## Endnotes

- 1 Watts N et al. *The 2018 report of the Lancet Countdown on health and climate change: shaping the health of nations for centuries to come*. Review. Vol 392: 10163, P2479-2514, Dec 8, 2018: [https://doi.org/10.1016/S0140-6736\(18\)32594-7](https://doi.org/10.1016/S0140-6736(18)32594-7)
- 2 Climate Council "On the Frontline: Climate Change & Rural Communities", 2016
- 3 WHO Climate Change and Health Factsheet. <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health>
- 4 Albrecht, G and Weissbecker, I. *Climate change and human wellbeing, global challenges and opportunities*, Springer 2011
- 5 Reisinger, AR et al "Australasia in Climate Change 2014: Impacts, Adaptation and Vulnerability Part B Regional Aspects. Contribution of Working Group II to the Fifth Assessment Report of the Intergovernmental Panel on Climate Change, CB Field et al, 2014 Cambridge University Press, Cambridge UK and New York USA p1371-1438.
- 6 Harley, D et al, "Climate change and infectious diseases in Australia: future prospects, adaptation options, and research priorities". *Asia-Pacific Journal of Public Health/Asia Pacific Academic Consortium for Public Health*, 2011 23(2 Suppl): p.54S-66.
- 7 Bambrick, HJ et al, "The Impacts of Climate Change on Three Health Outcomes: Temperature-related Mortality and Hospitalisations, Salmonellosis and other Bacterial Gastroenteritis, and Population at Risk from Dengue" in *Garnaut Climate Change Review*, R Garnaut, Editor, 2008, Cambridge University Press: Canberra. ACT, Australia
- 8 Kelly, FJ and Fussell, JC. "Global nature of airborne particle toxicity and health effects: a focus on megacities, wildfires, dust storms and residential biomass burning, *Toxicology Research*, Volume 9, Issue 4, July 2020, pages 331-345.
- 9 Kuehn L, McCormick S. Heat Exposure and Maternal Health in the Face of Climate Change August 2017 *Int J Environ Res Public Health* 14(8):853 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5580557>
- 10 Hess et al Hess, J., Heilpern, K., Davis, T., Frumkin, H. (2009) 'Climate Change and Emergency Medicine: Impacts and Opportunities', *Academic Emergency Medicine*, vol. 16, no. 8, pp. 782-794



**ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the Traditional Owners of lands across Australia in which our members and staff work and live, and pay respect to their Elders past present and future.**

