Australian College of Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

College Submission
July 2023

National Health and Climate Strategy

About the Australian College of Rural and Remote Medicine (ACRRM)

ACRRM's vision is ***the right doctors, in the right places, with the right skills, providing rural and remote people with excellent health care.*** It provides a quality Fellowship program including training, professional development, and clinical practice standards; and support and advocacy services for rural doctors and the communities they serve.

ACRRM is accredited by the Australian Medical Council to set standards for the specialty of general practice. The College's programs are specifically designed to provide Fellows with the extended skills required to deliver the highest quality Rural Generalist model of care in rural and remote communities, which often experience a shortage of local specialist and allied health services.

ACRRM has more than 5000 rural doctor members including 1000 registrars, who live and work in rural, remote, and Aboriginal and Torres Strait Islander communities across Australia. Our members provide expert front line medical care in a diverse range of settings including general practices, hospitals, emergency departments, Aboriginal Medical Services, and other remote settings such as RFDS and Australian Antarctic Division.

Initial Comments

ACRRM welcomes the opportunity to provide feedback on the draft National Health and Climate Strategy. The College acknowledges the substantive evidence 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.[1]

[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

In addition to strengthening primary health care to respond to the health impacts of climate change, this Strategy presents an opportunity to design and implement the required changes in structure, process, and practice across the health sector to achieve sustainable development goals. However, changes in mindset and the re-design of health services to address their environmental impacts are required.[2]

To maximise its effectiveness, the strategy needs to strike a balance between ensuring safety and quality of patient care, harmonisation with existing strategies, and minimising compliance burdens on a system already under pressure. The health sector cannot solve the climate emergency in isolation, and health service providers and health organisations must be fully supported and funded to deliver sustainable, adaptable, and resilient health care.

If the Strategy is to succeed in the aim of net zero emissions from healthcare by 2040, it must be properly funded to do so. The College calls on governments at all levels to actively invest in the process across all sectors.

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 educating and supporting its members on practical ways they can make a positive individual contribution as well as leading and supporting their communities to do so.

The Rural and Remote Context

Research demonstrates that impacts from climate change vary considerably across Australia.[3] The health impacts of climate change in rural and remote Australia are broad, damaging, increasing and under-estimated. They include (but are not limited to): increasing heat stress; exacerbation of non-communicable diseases; increasing exposure to infectious diseases; increasing frequency and severity of hydrometeorological disasters (droughts, floods and tropical cyclones); and psychological distress.[4]

Our rural and remote communities already experience many disadvantages compared to their urban counterparts, and the risks posed by climate change to health threaten to exacerbate many of the health inequities experienced by those living and working in regional and rural areas.[5]

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. The follow-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.[6] It is therefore of paramount importance that

[2] WHO Transforming Healthcare, 17 March 2022 https://www.who.int/news/item/17-03-2022-transforming-health-care-stories-of-changemakers-across-the-world
[3] Climate Change and Aboriginal and Torres Strait Islander Health, Lowitja Institute, November 2021 https://www.lowitja.org.au/content/Image/Lowitja_ClimateChangeHealth_1021_D10.pdf
[4] Climate change: a brief overview of the science and health impacts for Australia, Hanna and McIver
[5] Climate Council "On the Frontline: Climate Change & Rural Communities", MJA 208 97) 16 April 2018.
[6] WHO Climate Change and Health Factsheet. https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health

the Strategy applies a “rural-proofing lens” to climate policy to protect the health of populations living in rural, remote and Aboriginal and Torres Strait Islander communities across Australia.

The Role of the Rural Generalist

ACRRM supports doctors to become specialist General Practitioners trained to work in the Rural Generalist model of practice. As such they are purpose-trained through the ACRRM Fellowship (FACRRM) to provide comprehensive primary care, secondary care, population and public health services and emergency care within the clinical context of rural and remote locations.

Rural Generalists are often the only provider of medical services in rural and remote areas, and in areas where health services do exist, are often the first point of contact for patients. They work under unique circumstances and with a scope of practice and working environment which can be very different to urban practice. These doctors are often the only readily available health care practitioners and as such, they may need to take on a range of roles which would ordinarily fall to specialists, allied health professionals, or health care teams in larger areas.

Rural Generalists are uniquely placed to lead the response to the burden of disease resulting from climate change, including mental illness, and 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 regarding climate change and its impact on individual and population health. Within the public health setting, they can strengthen preparedness for disaster and promote resilience and community capacity building.

Response to Consultation Questions

We have responded to the consultation questions pertinent to the work of the College.

Question 1: How could the objectives of measurement, mitigation, adaptation, and health in all policies be improved to better support the vision of the Strategy?

Rural and remote Australians are grossly underserved by the health system and record greater disadvantage by health, mortality, and morbidity measures as well as by most measures of social determinants of health. The disparities in the health status of Indigenous Australians and those of remote Australians are intertwined. It is imperative that the Strategy specifically references those communities which face unique challenges in accessing health services, such as rural and remote and Aboriginal and Torres Strait Islander communities.

Whilst the College commends the Health in All Policies objective, we would caution against a “one size fits all” approach. The Strategy must recognise that there will be different challenges for different communities, requiring purpose-built solutions. Strong partnerships and a multi-agency approach, which is flexible to adapt to the specific needs of rural and remote communities is required to address health inequity.

Question 2: How could the following principles be improved to better inform the objectives of the Strategy?

Principle one – First Nations Leadership

The disparities in the health status of Indigenous Australians and those of remote Australians are intertwined, and it is imperative that in addressing rural access that this includes providing access to culturally safe and responsive health care for Aboriginal and Torres Strait Islander peoples. The impacts of climate change disproportionately impact Indigenous communities, who suffer an even

greater burden than non-Indigenous populations due to, *inter alia*: a higher proportion living in remote areas; lower levels of household income; less access to affordable, nutritious food; less access to safe water and sanitation; higher rates of overcrowding; and higher rates of unemployment.

The Strategy presents an opportunity to empower Aboriginal and Torres Strait Islander communities to lead climate action planning based on their intimate traditional and historical knowledges of Country. Best practice principles to facilitate this will include place-based adaptation and mitigation strategies, leveraging valuable biocultural knowledge and sustainable resourcing, all as outlined in the recent Lowitja Institute discussion paper.[7]

Engagement with NACCHO and Aboriginal Community Controlled Health Services will be key to incorporating First Nations expertise and knowledge in the Strategy. The success of the Plan will be contingent on its interaction with the *National Agreement on Closing the Gap,* and the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031.*

Principle two – Tackling Health Inequities

Achieving health equity requires a multi-agency approach to respond to both health needs and their determinants.[8] The development of purpose-built solutions, designed in partnership with communities and other participants in the system (including non-health services) which can in turn respond to specific health needs, will be key to the success of the Strategy in rural and remote areas. Connected systems which empower patients and clinicians, harness participation, share resources and accountabilities will be an important component.

Principle three – Population Health and Prevention

The Strategy must include and prioritise a health systems reform approach that centres prevention, optimising models of care and reducing low value care and resource use. Targeted investment is required in a National Climate Change and Health Resilience Fund to identify resilience strategies suited to Australia's health system. A Climate Friendly Health System Innovation Fund should also be established to provide grants to local health services for emissions reduction and sustainability initiatives.

The College recommends that a designated proportion of any investment under these funds be allocated to projects which are located in, or targeted towards, rural and remote and Aboriginal and Torres Strait Islander people and communities.

Principle five – Evidence Informed Policymaking

We note this principle centres around actions being prioritised based on the principles of cost-effective analysis, considering where resources can be allocated to maximise population health gains, while also taking account of health inequities. The latter is particularly important in prioritising investment in support and strategies in rural and remote communities, services and facilities, which may not have the same quantifiable public health gains as in more populated area and where the traditional assessments of cost-effectiveness may not apply.

The Strategy must include the development of a rigorous and accessible online monitoring and recording system to consolidate the evidence base for climate health action, along with guidelines and training to support locally led climate risk and vulnerability assessments, adaptation, and resilience planning.

[7] Climate Change and Aboriginal and Torres Strait Islander Health, Lowitja Institute, November 2021 https://www.lowitja.org.au/content/Image/Lowitja_ClimateChangeHealth_1021_D10.pdf
[8] Rural and Remote Health and Wellbeing Strategy 2022-27 https://www.health.qld.gov.au/system-governance/strategic-direction/plans/rural-and-remote-health-and-wellbeing-strategy

Principle six - Strong Partnerships across all Levels of Government and Beyond

The College would recommend the Strategy adopts a cross-sectoral approach which recognises that strong and continued leadership, support and commitment will be required from different groups including government and non-government organisations across sectors, members of the workforce, and people and their communities.

It is imperative that the pivotal role of health professionals is recognised and utilised. This is particularly important in the context of rural and remote and Aboriginal and Torres Strait Islander communities, which rely heavily on the small team of doctors, nurses, and health professionals to deliver healthcare needs. The development and rollout of guidelines must support locally led climate risk and vulnerability assessment, adaptation, and resilience planning, with specific co-design and guidance from First Nations leadership.

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

Targeted emissions reduction efforts must recognise the importance of tailored solutions. What is appropriate for a large urban hospital is unlikely to be achievable in small rural and remote facilities. There is the potential for the costs associated with implementation to prove prohibitive for smaller service providers without additional funding and support.

Rural and remote health service providers are diverse in terms of size, scope of practice and range of services provided, facilities and funding models. They do however share several commonalities when operating across rural and remote communities:

- Administrative and financial imposts associated with the need to interact with, report and respond to a range of agencies with the flow-on costs in time and staff resources, and potential for duplication and wasted effort.
- A fragile workforce– the nature of the rural workforce means that even the strongest service providers can change rapidly with the retirement or departure of a few key personnel.
- Less flexibility and ability to quickly respond to change.
- Higher cost structures and challenges in sourcing goods and services, including in providing after-hours services.
- High patient populations which have generally poorer general health and lower socio-economic status.
- Poorer access to prompt referral, hospital-based and psychiatric and other services.

The Strategy must acknowledge that smaller service providers in rural and remote communities may face challenges in implementing targets, even with the best intentions. There is a compelling argument for prioritising opportunities to reduce costs and administrative imposts and streamline the process as much as possible, particularly for these providers and facilities.

The Strategy should consider the need to develop a range of targeted resources to support reduction efforts, including factsheets, tools, and templates. These need to be backed by sufficient funding and resourcing. The potential role of Rural Generalists as service providers, system managers and community leaders in rural and remote communities should be leveraged in the process.

Question 12: Which specific action areas should be considered relating to medicines and gases, over and above any existing policies or initiatives in this area?

There are a range of practices across health care delivery which contribute to global climate impacts. These include low value or unnecessary tests, unnecessary travel, poorly implemented preventative health and ineffective design and management of facilities.

Embedding actions to address sustainability outcomes within a health service organisation's safety and quality monitoring framework would ensure that climate risk, resilience, adaptability, and sustainability become part of daily practice for health service providers.

Question 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?

Supporting health service organisations to deliver sustainable, adaptable, and resilient care health care should be an important component of the Strategy. Initiatives such as the Australian Commission on Safety and Quality in Health Care (ACQSHC) Sustainable Healthcare Module represent a positive step forward. The module was developed to apply in any healthcare setting across Australia, leveraging an organisation's existing clinical governance framework for its implementation.

ACRRM's submission outlined support for the Module, which will equip organisations to:

- Develop systems to anticipate, recognise and respond to changes in climate-based health demands
- Build resilient systems to plan for adapt to climate threats, and use available resources, while minimising waste
- Reduce the provision of low value care
- Develop a workforce with the capacity to understand and interpret risks to sustainable healthcare, as well as build and apply these systems in the workplace.

The College noted that whilst these benefits are highly commendable, health service organisations will need to be sufficiently funded and supported to achieve these outcomes. Organisations will need to adapt to manage the impact of climatic events, and anticipate, prepare for, and respond to climatic changes to build resilience.

Climate risk literacy will need to be substantially improved across organisations through education, training, and support to ensure the workforce is upskilled to meet the challenges associated with delivering sustainable health services in the future. It is therefore imperative that the work of the ACQSHC and the National Health and Climate Unit align in this space.

Question 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?

Rural doctors are at the frontline of the emergency and disaster response in rural and remote areas. They are often called to assist the ambulance and retrieval services at the roadside; supervise transport to the local hospital; and stabilise the patient for retrieval. Many have on-call responsibilities to their local rural hospital. This local involvement is important and can save lives. It is important that these rural doctors have the necessary training, skills, and support to be able to provide an effective response to a wide range of emergency situations.

Prolonged periods of droughts, large-scale bushfires, and the increasing number of adverse weather events and floods, together with the advent of the COVID-19 pandemic in Australia in early 2020, have reinforced the need to better utilise the skills and experience of rural doctors as first responders, as providers of frontline health care in the community and local hospitals during and in the aftermath of emergencies and disasters, and in strategic planning at the local, jurisdictional and national levels.

The establishment of a well-equipped and appropriately-skilled surge health and medical workforce for deployment in response to extreme weather events would be welcomed, alongside maximising the

potential from existing locally based services. The development and rollout of guidelines and training to support locally led climate risk and vulnerability assessment, adaptation, and resilience planning, co-designed, and where appropriate, and guided by First Nations leadership. should be included in the Strategy. The national approach must be sufficiently flexible to allow adaptation to suit rural and remote contexts and tailoring to specific needs.

A range of climate resources, information for patients, resilience initiatives and appropriate workshops and training for frontline healthcare teams should be funded and developed in consultation with rural and remote practitioners and communities.

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

The response to and impacts from extreme weather events should be considered as an urgent national priority. In countries such as New Zealand, Scotland, the UK and Canada, there are formal rural responder networks which incorporate the rural GP in their centralised emergency response protocols. By contrast, Australia's health system is characterised by siloed approaches, fragmented and inequitable funding, and convoluted arrangements, including the two-tiers of responsibility (Commonwealth and State/Territory).

Poor interconnectedness between health services and social and community services, emergency services and others, means that delivering the integrated responses needed during emergencies and disasters is challenging. Poor communication and mixed messages exacerbate the issues.

The College recommends that national and regional emergency and disaster response be reviewed as one immediate health system adaption action. This should include the involvement of rural and remote doctors and their teams, who are critical players in emergency and disaster response efforts. As frontline health carers during events they provide care for their own patients and others. They are also the main providers of ongoing care following such events. They can offer unique insights not only into community responses during and in the aftermath of emergencies and disasters but also into the operation of the health system, particularly in relation to how rural general practices and community care can operate and integrate with secondary and tertiary care.

Utilising self-nominated volunteer members of the rural doctors workforce or from rural responder support groups would ensure that there are highly-skilled and experienced practitioners available to respond and assist in mitigating any delays in retrieval services.

An example of such a network exists in South Australia. The Rural Emergency Responder Network (RERN) is a network of specially trained South Australian Rural GPs that attend out-of-hospital emergencies in partnership with the SA Ambulance Service (SAAS) and the MedStar retrieval service. RERN doctors are linked to the SAAS communications network allowing them to be called to life threatening incidents in regional South Australia.[9] These doctors commit to maintaining relevant emergency skills. They are equipped by SA County Health and operate within a formal clinical governance structure. Variants of this model could be adopted by other State jurisdictions.[10]

A 2015 survey demonstrated tacit support for such a scheme, with 98% of 420 rural doctor responders supporting involvement in a National Rural Emergency Responder Network[11].This network should be national, have reciprocal recognition between the states for credentialing, include ongoing upskilling in prehospital and emergency care, and be integrated into existing disaster plans.

[9]https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/services/regional+health+services/rural+emergency+responders+network+rern/rural+emergency+responders+network+-+rern
[10] Leeuwenburg T, Hall J. Tyranny of distance and rural prehospital care: Is there potential for a national rural responder network? *Emerg Med Australasia. 2015 Oct;27(5):481-4. doi: 10.1111/1742-6723.12432. Epub 2015 Jun 24.*
[11] Leeuwenburg T, Hall J. Tyranny of distance and rural prehospital care: Is there potential for a national rural responder network? *Emerg Med Australasia. 2015 Oct;27(5):481-4. doi: 10.1111/1742-6723.12432. Epub 2015 Jun 24.*

While practitioner health and wellbeing must be supported at all times, this becomes more vital during, after and beyond emergency and disaster response. The rural and remote health workforce must have easy access to personal mentoring and support structures to assist them maintain their physical and mental safety and wellbeing. Services such as the CRANAplus Bush Support Line[12], (which provides high-quality, free of charge, confidential 24/7 telephone support and is open to all health workers and their families in rural, remote, and isolated communities), and should be promoted and supported, alongside specific training and support for in person services to assist frontline healthcare teams working in disaster and emergency response.

Question 24: How could the following enablers be improved to better inform the objectives of the Strategy? Should any enablers be added or removed?

***Enabler one* - Workforce, leadership, and training**

The differing circumstances in rural and remote areas which require practitioners to provide a varying and typically broader and more complex suite of services than their urban counterparts apply not only to rural general practice, but also to the provision of other healthcare services in rural and remote areas. Services are often delivered in ways that differ from typical urban practice models due to the limited resources and clinical teams in the local rural setting, and it is important that in aiming to provide education and support to our rural and remote clinicians, the system allows the necessary flexibility to reflect these unique circumstances.

The approach recommended by the ACSQHC Sustainable Healthcare Module is supported, however health service organisations will need to be sufficiently funded and supported to achieve these outcomes.

Enabler two – Research

The Strategy must support the development of a rigorous and accessible online system to consolidate the evidence base for climate health action, along with guidelines and training to support locally led climate risk and vulnerability assessments, adaptation, and resilience planning.

Where possible, rural and remote clinicians should be supported to undertake or support relevant research projects to increase the knowledge and resource base for their communities.

Enabler three - Communication and engagement

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

Health professionals are one of the main sources of information about health care for consumers. In rural and remote areas in particular, they can recognise the needs and preferences of individual consumers and tailor their communication style to the person's situation.[13] Health professionals play and important role in presenting information, encouraging people to speak up if they have difficulty in understanding information, adopt and adapt effective communication strategies, and improvement projects to reduce barriers to health literacy.[14]

The Strategy should support the development of a range of rurally-relevant resources, including factsheets, tools, and templates. These need to be underpinned by sufficient funding and resourcing to support effective promotion and implementation.

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[12] https://crana.org.au/mental-health-wellbeing/call-1800-805-391
[13] Australian Safety and Quality Goals for Health Care *Partnering with Consumers: Action Guide*. ACSQHC, 2012. (Accessed 15 March 2013, at www.safetyandquality.gov.au/wp-content/uploads/2012/08/3-Partnering-with-consumers.pdf)
[14] ACQSHC Report August 2014: Health Literacy: Taking action to improve quality and safety https://www.safetyandquality.gov.au/sites/default/files/migrated/Health-Literacy-Taking-action-to-improve-safety-and-quality.pdf

Enabler four - Collaboration

It is imperative that in addressing the climate issues faced by rural and remote and Aboriginal and Torres Strait Islander peoples that the process includes buy-in and a systematic approach to the development of health service capacity at all levels of government, across sectors, and with community participation and engagement. Multi sector collaboration and cognisance of the wider determinants of health will be key.

As mentioned previously, coordination and collaboration between all levels of government; the public and private sector; and health care facilities, practitioners and communities will be pivotal in achieving significant and lasting change.

Enabler five - Monitoring and reporting

The Strategy must be viewed as a catalyst and enabler for outcomes, rather than an outcome in itself. It will only be as effective as the associated implementation and monitoring activities.

The College recommends the development and implementation of a robust and transparent monitoring and evaluation framework, including indicators that show progress on health outcomes, health system resilience and capacity-building, together with targets that demonstrate a reduction in health system emissions. The framework should include an annual reporting cycle which is based on an holistic and multi-system approach and which is linked to clear and achievable indicators and targets.

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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.