



Targeted workshops summary report

Climate Health WA Inquiry

31 January 2020

Purpose

A series of targeted workshops was held as part of the Climate Health WA Inquiry (the Inquiry) to explore the impacts on health that vulnerable groups are facing because of climate change. This report provides a brief background to the Inquiry and the workshops, and then a summary of the feedback received at workshops held with:

- [Aboriginal people](#)
- [Consumers of the WA health system's health services](#)
- [Low income earners and people experiencing homelessness](#)
- [People from culturally and linguistically diverse backgrounds.](#)

Please note that the workshop findings as outlined in this summary report represent the opinions of the workshop attendees and should not be regarded as endorsed by the Department of Health (DoH), or representative of the views of the broader community within these cohorts.

Background

In March 2019, the WA Minister for Health announced a statutory inquiry into the health impacts of climate change in Western Australia (WA), in accordance with the *Public Health Act 2016*. The aim of the Inquiry is to review the current planning and response capacity of the health system in relation to the health impacts of climate change and make recommendations for improvement. A final report is due to the Minister for Health in March 2020.

While climate change affects everyone, it is widely understood that the most vulnerable in the community will suffer the most from its impacts. In recognition of this, the Inquiry held a series of targeted workshops to better understand how climate change is affecting vulnerable people and communities. Following on from a series of open public consultations held in July and August, these targeted workshops were intended to seek the insights and opinions of specific groups and communities and were promoted via targeted social and professional networks to attract participants.

At each workshop, attendees discussed what changes in climate and environment they and their community are experiencing, and the impacts that these changes are having. They also provided examples of what is already happening in their community in response to climate change and offered suggestions for what the health system could do to address this issue. A summary of the workshops and key findings from each group is provided below.

The Inquiry acknowledges that these workshops represent only a portion of the many people and communities that are particularly vulnerable to the impacts of climate change. Given this, further and ongoing engagement with vulnerable groups would be built into any future work undertaken by the WA health system on this topic.

Aboriginal people

Three Aboriginal consultation workshops were held; one in Broome and another in Perth, attended by Aboriginal people from different communities and organisations, and the third with the Aboriginal Health Advisory Council for the East Metropolitan Health Service (EMHS). The workshops were facilitated by Mandy Gadsdon, an Aboriginal woman who is the Director of Collective Connections and Solutions and a member of the EMHS Board.

Impacts: Health, environment and culture

In all three workshops, the strong links between the environment, Aboriginal culture, and health and well-being were emphasised. Damage to the environment was expressed as having a significant effect on all dimensions of life and health. One participant stated, “It is important to recognise that climate change started for Aboriginal people at colonisation”¹, highlighting that the consequences of environmental and ecological change are not new for Aboriginal people. Impacts include the loss of, or a lack of access to, significant cultural sites and landmarks; restrictions for traditional owners practising customs and ceremonies; and changes to the way cultural practices are carried out, for example as a result of a lack of access to food and bush medicines. A change to the timing of Aboriginal seasons was noted. The loss of biodiversity and traditional food sources was of particular concern.

Concerns around water quality and supply were also raised, with participants stating that “water is living for us” and “cultural ties will disappear if the water goes”. Water was reported as becoming saltier, fish populations are decreasing and reductions in surface waters have led to blue green algae, which is associated with significant loss of wildlife. In addition, flooding after big rains can lead to sewage overflows and contamination of water sources. Other environmental issues that were raised included:

- an increase in airborne diseases due to a rise in dust storms resulting from land clearing and a lack of rain, exacerbating respiratory conditions in regional and remote communities
- the impacts of extreme weather events such as cyclones and flooding, including power loss, spoiled food and medications, and reduced access for remote communities to major services (such as hospitals) and fresh food
- the effect of heat on sleep, behaviour and mood, resulting in irritability and anger, and potentially violence
- the effect of fire, the “biggest killer” of country, on “artefacts, culture, food supply, animals, insects, plant foods, [and] ceremonial lands.”

Issues around mental health and wellbeing were repeatedly raised. Participants described feelings of loss and grief due to changes in the look and feel of country, and the loss of biodiversity. Stress and anxiety is also being felt as a result of the difficulty in maintaining culture and traditions, more severe natural disasters and the increased number of really hot days. It was clear that climate change has a diverse and significant impact on Aboriginal communities.

Recommendations for action

In order to help build community resilience, it was recommended that the WA health system undertake broad consultation. It was noted that more education of the community, including through the education system for young people, is required and “people will open up more

¹Quote from Sharon Ramirez, Program Manager for the WA Country Health Service

and more as they get to know about this [climate change and health]”. However, it was also noted that climate change is one more challenge, on top of the other issues that already exist in Aboriginal communities. It was also recognised that clinicians and other health professionals need education and training, to gain a better understanding of the impact of climate change on Aboriginal people.

Access to renewable energy, ensuring water security, planning for climate-resilient infrastructure including roads and housing, and improved emergency management processes, including post-event counselling, were recommended. There was a strong emphasis on the importance of rangers for managing country and documenting observed changes; “rangers are researchers themselves and they see what’s on the ground”. It was felt that the WA health system needs to take on more responsibility and embed climate change considerations into its policies and strategies. In doing so, it should build on local knowledge such as culturally controlled fire practices, and learn from international solutions.

Health consumers

Consumers of WA’s health services were invited to attend a workshop organised by the Health Consumers’ Council (WA), which is a community-based organisation for patient advocacy. This workshop was facilitated by Luke van der Beeke, an external consultant from The Behaviour Change Collaborative.

Impacts: inequality, mental health and building community cohesion

A common theme throughout this workshop was how climate change exacerbates existing inequalities, by placing an additional burden on top of other disadvantages. For example, the impacts of heat and extreme weather events are felt more strongly by low income people, the elderly and people with existing health conditions. As temperatures continue to increase and rainfall decreases, people are becoming more reliant on desalinated water, humidifiers and air conditioning. Not only are these often associated with additional costs – which the more disadvantaged may not be able to afford – but they are themselves contributing to the problem through the associated energy use from non-renewable sources. Further, people in social housing may be living in homes without air conditioning units or proper insulation.

The health impacts of heat in urban areas were of concern. Participants noted that this was a particular issue in suburbs with fewer trees, which experience higher temperatures. Hotter days reduce the amount of time people spend outdoors exercising, playing and connecting with neighbours and their community, which can affect both physical and mental health. Concerns were also raised about longer and more intense fire seasons, reduced air quality, loss of biodiversity, housing insecurity associated with sea level rise and coastal erosion, and the impacts of more extreme weather events on housing and infrastructure.

People described the mental health impacts of climate change that they are seeing or experiencing themselves. These impacts are commonly expressed by the youth but are also being experienced by people closely connected to the land such as Aboriginal people and farmers, as well as parents and grandparents concerned for their children’s futures. However, people are also experiencing positive changes in their communities as a result of climate change. Social connections are increasing amongst young people involved in the school strike for climate, as well as between members of local communities as people come together to talk about how to reduce these impacts.

Recommendations for action

It was recommended that the WA health system engages with communities to highlight the issues around climate change, identify vulnerable people and support them to understand and manage their increased risk. It should also help run workshops that promote local discussions about their area and support the development of local solutions. Collaboration across government agencies, as well as with non-profits and local businesses, is required to take a holistic approach to issues including social housing, information provision, town planning and infrastructure development. Accessibility to health services by public transport needs to be considered to make it more inclusive, for example by the disabled. Audits and reviews of current practice were recommended, as were improved waste management practices.

A number of barriers to change were identified. These included:

- at the national level, in terms of current inaction and the message this sends to the general population
- at a State level, due to challenges working across government agencies and internal bureaucracy
- at a local level, including a general lack of knowledge and awareness, inability of people to see how climate change impacts them directly and a scarcity of easily available information
- resistance from businesses and industry to change and its associated costs.

Tools that were identified as being of assistance in driving action include: consultation, drawing on interest from the community, engaging big business in discussions, identifying economic drivers to change such as costs of waste disposal and opportunities for better alternatives, and harnessing volunteers to work in “pockets of action”.

Low income earners and people experiencing homelessness

A workshop focused on the impacts of climate change for people on low incomes or experiencing homelessness was organised by the WA Council of Social Service and St Patrick’s Community Support Centre. This workshop was facilitated by Luke van der Beeke, an external consultant from The Behaviour Change Collaborative.

Impacts: on chronic conditions and mental health

Participants highlighted how the impacts of climate change are affecting their health. These impacts include increased: respiratory issues such as hay fever, difficulty breathing and asthma; skin conditions; thermoregulatory problems such as those resulting from the combination of medication and days of extreme heat; and challenges sleeping. People also reported feeling increasingly stressed, worried, depressed and anxious as a result of climate change and its impacts on themselves, but also on the environment and animals.

It was generally felt that many people in the community are struggling to see how climate change impacts them personally. An example was provided of a relative moving from Perth to the south west of the State due to the rising temperatures, but not thinking about how the heat and their actions were linked to climate change. It was noted that it is “easy for Australians to be complacent”.

Recommendations for action

It was recommended that consultation and education campaigns be implemented to increase public awareness, while also enabling decision-makers to listen to people and make informed recommendations based on community opinion. Those people who are impacted the most need to be continually engaged in such conversations. Organisations that could assist with such community consultation initiatives were identified. It was suggested that access to information should be provided in different forms, to make sure it is as inclusive as possible. Action on recommendations and policy decisions will be key to maintaining dialogue and community engagement.

The WA health system will need to collaborate with other government agencies to address key climate issues. One issue that was identified was infrastructure: social and affordable housing is not “climate ready”, with many struggling to access or afford heating and cooling systems. The location and structure of homeless shelters, low income earner residences, areas for displaced people, and aged care and childcare facilities need to be considered. It was recommended that solar panels be installed on new properties and all public housing, along with solar grants for community housing organisations, which present an opportunity for providing access to a more affordable power supply.

People from culturally and linguistically diverse backgrounds

The Cultural Diversity Unit within the Public and Aboriginal Health Division, Department of Health, organised a workshop to enable culturally and linguistically diverse people to discuss how climate change is impacting them and their community.

Impacts: family, community and isolation; heat and water

While WA is the focus for this Inquiry, participants noted that the global impacts of climate change are important to migrants who have family and friends in their country of origin. When the families of migrants experience extreme weather events, they often do not receive government support during the recovery phase and may be reliant on money from their family in Australia to help. Sometimes, given Australia’s high cost of living and when people are still in the process of resettling in their new country, this financial need cannot be met, and people struggle with being unable to meet their family’s expectations.

Another challenge facing some migrant households is that of social isolation. Many women move to Perth with their skilled partners, but if they speak limited English or stay home to take care of the children, they may struggle to integrate into the community. These women are often not involved in conversations around what to do in the case of a fire or other natural disasters, which means they may not have the required knowledge or connections with other members of the community to prepare for, and respond to, disasters and other extreme weather events such as heatwaves.

The impacts of the sun and heat were raised, with many migrants experiencing sunburn as a “new phenomenon”. While temperatures in WA may be similar to those in their country of origin, migrants can “feel the difference” – it feels hotter, and the sun is stronger. Many houses do not have air conditioning, especially public housing, and there is limited breeze to provide relief, especially in more inland suburbs. Tree cover is also often limited in the suburbs where many migrants live, adding to the urban heat effect and reducing outdoor activities. Water restrictions also make the urban environment feel much harsher in such

communities; front lawns and parks are dry, and there is limited shade. It was said this “makes people feel poor”. Migrants may also be more reliant on public transport, which often involves standing in the sun at unsheltered bus stops. Religious and cultural beliefs lead many to wear heavy clothing such as burqas or full suits, which can contribute to heat stress when outdoors.

It was expressed that there is a general lack of awareness regarding water quality and availability in many migrant communities. It is normal to purchase water bottles as the primary source of drinking water due to concerns about water quality; migrants may also be wasteful with tap water because it is so easily available compared with what they may have been used to (“you just turn on the tap”). These habits have clear cost implications for these households and can take several years to change, requiring significant effort to educate people about the issues.

Recommendations for action

It was noted that the links between climate change and health are not immediately obvious. As with all other forums, community consultation and education were recommended. It was suggested that existing groups be approached to reach as many people from culturally and linguistically diverse backgrounds as possible. Spiritual leaders may also offer good opportunities for initiating discussion, as they act to bring people together and are well-known within the community. Doctors and other health professionals could also support education initiatives; nurses and midwives are a trusted source of information and have established points of contact via child health checks. Education should be provided in school, as parents listen when their children come home with new information.

In doing any of the above, thought needs to be given to how to connect with socially isolated people. The need for interpreters should also be considered. Information must be presented in different forms (such as pictures, graphs and through real life examples and stories) to support people to connect with the evidence. Finally, it needs to be recognised that climate change is “far down the list” in terms of importance for many people and neighbourhoods. It is expensive to set yourself up to be sustainable, and households often cannot afford to do so without assistance.

Next steps

The feedback received from the workshops will be used to inform the Inquiry’s final report and recommendations. Other consultation approaches that have been undertaken include:

- A series of public forums held across the State
- Written submissions to the Inquiry from individuals and organisations
- Formal public hearings, where the Inquirer invited key individuals and organisations to formally provide evidence.

Summary reports of the [public forums](#) and [written submissions](#) are available on the Inquiry website. All written submissions received by the Inquiry have also been [published here](#). Audio recordings and written transcripts of the [formal hearings](#) are being uploaded as they become available.

To learn more, visit health.wa.gov.au/climatehealthwa or email the Inquiry team at climatehealthwa@health.wa.gov.au