



National Adaptation Research Plan Consultation Draft Human Health Stakeholder Feedback

We value your feedback. Please use this form to return your comments and suggestions electronically via email to f.stadler@griffith.edu.au. Please rename the document before submitting it. Preferred format: "NARP_health_" followed by your name and organisation.

Example: NARP_health_FrankStadler_GriffithUniversity.doc

Deadline for submissions: COB Friday 17 October 2008.

The feedback form has three parts.

- [1\) organisational and contributor details:](#)
- [2\) chapter-by-chapter feedback:](#) and
- [3\) general questions about the consultation draft.](#)

If you have any problems with this form, please do not hesitate to contact us on 07 5552 9333.

Thank you.

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Part 1 - Organisational and contributor details

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Part 2 - Chapter-by-chapter feedback

Please add your comments and feedback to each consultation draft chapter listed here.

2. Categories and examples of adaptation

Provides a helpful summary – and helps to frame the approach taken.

3. Current state of research on health impacts, vulnerability, and adaptive strategies

On page 12: “Primary health care is an important component of the overall health system’s adaptive response because ...” not only does it “... provide a broad range of services including physical, psychological and social health care, and include the concept of prevention as well as treatment adapted to local conditions” (as set out in the model) but it provides a framework that the health system can work through which addresses problems relating to global warming simultaneously and synergistically to addressing other public and clinical health issues.

Perhaps more importantly it also provides an existing, clear model of how community involvement and political action is needed to address major health issues. The value of the broad primary health care approach needs to be emphasised.

Australia’s primary health service sector is currently beset by two problems that affect capacity to respond to demand: workforce and infrastructure. This is particularly the case in rural and remote Australia where many of the more vulnerable of the population live. This is a key issue that intersects with other

broad health care domains and needs to be borne in mind in planning and undertaking research. The Research Plan needs to acknowledge this.

4. Climate change-related research in Australia: current knowledge, gaps and research priorities

Agree with Plan – given the vulnerability of Australia, and spread of weather & geographical regions, the range of predicted impacts is vast. In contrast, and although slowly improving – our understanding of local likelihoods and recommended adaptive strategies remains very poor.

4.1 Heat Waves

Do we know the effects of persistently high night time temperatures for old/frail people and those with cardiovascular disease who might otherwise be acclimatised to hot weather?

Is it worth researching the benefits of reduction in low temperature morbidity / mortality in southern regions as a way of estimating the possibility of transferring resources into other prevention and care settings?

Is the issue of heat/humidity and violence particularly domestic and community violence a topic for research? This cross-links with mental health.

4.2 Extreme Weather Events

Preparation to face impact of extreme weather events -

A) Evaluation of likely events at a local level – to feed into planning process
B) Evaluation of potential impact and response capacity to multiple or sequential significant events of like or dissimilar nature

- 1) health promotion / education of communities to prepare and minimise risk
- 2) response – surge capacity, coverage of services available in local area / or urgent establishment of these. Preparation and training of other fields to provide support in times of events.
- 3) recovery – capacity
- 4) evaluation of impacts – and requirements to instil community restoration & function – physical / economic and emotional

4.3 Vector-borne

Is research required for potentially new VBDs e.g. Japanese Encephalitis?
Is there need to look at the intersectoral relationship to Pandemic Disease Planning which is another current big topic?
Does VBD control intersect with Building design sector for instance with vector protection e.g. screens?

On P24 (4.4.1 introductory paragraph): a query re point of fact; as part of rarer sequelae of gastrointestinal infections, do these infections cause rheumatoid arthritis? The sequelae to shigella and other infections is a sero-negative arthropathy.

4.4 Food quality

4.5 Air quality

4.6 Water quality

4.7 Mental health

This topic is well dealt with. There is an additional aspect of the social change factors in communities and industries where major change will need to occur e.g. coal industry.

Is the low level future-anxiety as low priority / impact as the document suggests? Does climate change together with the discord from the whole global environmental change and 'toxic' society contribute as a factor in further 'alienation' in youth leading to increased drug and alcohol misuse? Is this an issue for this research?

4.8 Communities and indigenous health

Primary Health Care philosophy informs discussion here: in research priorities for community and indigenous health it is particularly important to use a participatory action approach so the relevant already vulnerable communities engage with research and results from the research in a way that supports their active engagement in responding. See Stakeholder comment above. (This point is recognised in Section 7 budget implications but should also be mentioned here.)

4.9 Health care system, infrastructure and services

Primary care services as well as hospitals will need support. So sentence one should read: "There is a strong need for adequate hospital **and primary care** systems to cope with a potential increase in climate change-related illness."

5. Prioritising climate change related health research

"6. Equity considerations surrounding the perceived beneficiaries of the research and resulting adaptation strategies." Excellent addition to the criteria.

6. Crosscutting, methodological and implementation issues

Participatory action research as a methodology is suggested without being spelt out through the document. [?](#) This methodology is particularly useful with

more vulnerable groups for creating engagement and follow through. The suggestion to involve policy makers is similar. Participatory research also assists communities to pro-actively manage change. The methodology and its strengths need to be much more clearly articulated throughout.

In promoting and prioritising research one additional factor could be: Does research to elucidate risks and vulnerabilities allow development of a tool to assist with future warning systems (i.e. dual capacity research)?

Also although modelling will be important given the temporal impracticality of traditional prospective data collection, is the need for evaluative observational research, to ensure that reality is running along the model and if not to allow us to adjust our adaptations, included?

Related issues

How is impending peak oil being factored in as a cross-sectoral impact? The adverse effects particularly in rural and remote Australia will compound climate effects.

How does population factor into the research agenda for Australia? Research to factor population growth and distribution in to mitigation and adaptation strategies seems necessary.

What additional monitoring is required?

Can (the limited) existing monitoring be expanded / altered / linked to become more useful?

What format of information is most useful for policy-making – across various research themes?

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Part 3 - general comments about the consultation draft

Please answer with an "X" in relevant boxes.	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Research and action in relation to the impacts of climate change on human health is important.	X				
Australia's health sector is well prepared for the impacts of climate change.				X	
I have had extensive exposure to climate change adaptation research and planning. (Give some examples below)			X		
<p>Examples:</p> <p>Limited exposure only.</p> <p>Extensive exploration into the current literature and evidence, some broad exposure at the evidence -policy development interface.</p> <p>Direct experience in attempting – and failing - to inject climate change into health curriculum at tertiary level across full Faculty of Health Sciences (incorporating all allied health, nursing, public health, dentistry & pharmacy) due a) lack of interest of Dean, and b) lack of available funding at university. Outcome: climate change will not be taught to future health practitioners of ANY specialty at that specific university. Understanding that Australia wide, uptake via individual Schools (other than environmental health) or Faculties of Health Sciences is sporadic at best.</p>					

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Regarding the draft document	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The document was readable.	X				
The document provided a good assessment of the current level of climate change preparedness and adaptation in the health sector.	X				
The document provides a strong platform for climate	X				

change adaptation research planning in Australia					
The listed priority research areas and topics accurately reflect the current priorities for adaptation research.		X			
General comments regarding the document					
<p>Insert your general comments here:</p> <ol style="list-style-type: none"> 1) The Plan provides a good overview which has captured the main topics and provides a clear framework for planning future research. More importantly it prioritises areas for research. Some minor factual errors exist, but these do not inherently detract from the value of this document. Essentially, the PHAA applauds the work of the Plan drafting committee. 2) There is a reasonable focus on Indigenous health issues which needs to remain strong because of the historical context resulting in greater Indigenous vulnerability. 3) A similar positive discrimination of focus on rural and remote health issues is important for equity reasons. 4) A critical feature of where Australia stands in terms of embarking on developing an encompassing response to impending climate change impacts upon the health of Australians is that we are facing new ground. These climate issues are all encompassing. It is therefore imperative that not only does the Human Health research interconnect with the other major themes, but this research must also include formal mechanisms for information sharing. Coordination of research proposals, research projects and expertise is needed. This needs to involve establishing connections at various levels, for research institutions, and research users, such as across state jurisdictions, at the actual project level. Whether coordination exists as a database, or via establishment of groups, and whether this occurs at the NARN level, or at the Facility must be determined – and fully funded. 5) An ongoing system of evaluating how research and our understanding of impacts /success of adaptive strategies is progressing, and reprioritising is required. 6) Human behaviour is another key ingredient that cannot be overlooked. Understanding societal attitudes is vital to achieve any success in behaviour modification, and any estimation of likely response to a changing environment. Furthermore, behavioural responses from the past cannot always be extrapolated to the future. Ongoing monitoring of attitudes, beliefs, concerns, and reactions at the population, and sub-population levels must feed into all planning and prioritising. For example, Victoria recently learned that evacuating people from their homes is a far easier process during floods and bushfires, rather than during a situation where the risk can not be visibly seen. 					

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