



Consumers Health
Forum OF Australia

SUBMISSION

**CHF Submission to the Royal
Commission into Natural
Disaster Arrangements: health
arrangements in natural
disasters**

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Consumers Health Forum of Australia 2020
*CHF Submission to the Royal Commission into
Natural Disaster Arrangements: health
arrangements in natural disasters*

Canberra, Australia

P: 02 6273 5444

E: info@chf.org.au

twitter.com/CHFofAustralia

facebook.com/CHFofAustralia

Office Address

7B/17 Napier Close,
Deakin ACT 2600

Postal Address

PO Box 73
Deakin West ACT 2600

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Introduction

The Consumers Health Forum of Australia (CHF) is the national peak body representing the diverse interests of Australian healthcare consumers and those with an interest in health consumer affairs. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

The 2020 bushfires confronted Australians with the dire health consequences of climate change and natural disasters. CHF believes we need an urgent and credible response to both the immediate health consequences of these kinds of disasters as well as the underlying causes. The range of impacts we saw over the most recent bushfire season include health services having to close due to fire risk, respiratory problems triggered by smoke and mental health and social issues aggravated by stress.

We know the effects of climate change are not going away and will only get worse if we do not take appropriate action. We need to invest in our health system so that it can meet the needs of the community in a climate-changed world.

General comments

The social, cultural and environmental determinants of health have a significant influence on health outcomes. Governments have a responsibility to protect the people they represent and therefore must prioritise action to help reduce the risks to people's health arising from natural disasters. This is particularly critical at this moment because we know that climate change is contributing to increased intensity, duration and frequency of disaster events.

Natural disasters increase mortality and morbidity by placing pressure on health services, aggravating existing illnesses and placing more Australians at risk of illness.¹ It is important that we recognise that the recent bushfire season was not an outlier – consumers have been experiencing the health impacts of climate change for many years already and will continue to do so.

In 2009 during the Victorian heatwave Ambulance Victoria recorded an increase in heat-related emergency calls 34 times greater than normal, resulting in 374 additional deaths² and 173 subsequent fatalities from related bushfires.³ Preliminary evaluation data from the 2019-20 bushfire season estimates that bushfire smoke was responsible for 417 excess deaths, more than 1,000 cardiovascular hospitalisations, more than 2,000 respiratory hospitalisations and

¹ Climate and Health Alliance (2016) *Towards a National Strategy on Climate, Health and Wellbeing for Australia: Discussion Paper*. Melbourne: Climate and Health Alliance.

² Hughes, L., Hanna, E., & Fenwick, J. (2016). *The Silent Killer: Climate change and the health impacts of extreme heat*. Potts Point: Climate Council of Australia Ltd.

³ Australian Academy of Science. (2015). *Climate change challenges to health: Risks and opportunities. Recommendations from the 2014 Theo Murphy High Flyers Think Tank*. Canberra: Australian Academy of Science.

1,300 presentations to Emergency Departments for asthma during the 19 weeks of continuous fires.⁴

As well as having a direct impact on health, natural disaster events disrupt access to ongoing essential healthcare services, including through GP clinics and community pharmacies. This is particularly important for consumers with chronic health conditions. These sorts of impacts are felt disproportionately by consumers in rural and regional communities who already experience worse health outcomes and have poorer access to health services.

The health impacts of climate change and natural disasters is an issue of significant concern for health consumers. In January 2020 CHF surveyed consumers about their views on the relationship between climate and health through our Australia's Health Panel platform. 136 panellists participated in the survey and 77 per cent of respondents believed that climate change can have an adverse impact on their personal health.

Significant majorities of consumers were worried about how a range of environmental issues would impact their health, including concerns about water quality and security (91%), smoke (88%), extreme weather events (85%), heat (83%), food security and quality (82%) and air pollution (80%). Respondents were most concerned about the impacts these effects would have on respiratory health (89%), mental health (80%) and chronic illnesses (73%). 81 per cent of respondents believed that the government was not doing enough to reduce the impact of climate change on health.

Given these significant concerns, we need to draw on community experience and expertise to inform the response to natural disasters and make the response tailored to the local context in each community. It is also clear that we do not yet know what many of the long-term health effects will be from these events, for example from prolonged exposure to smoke. Therefore, governments also need to invest in research to inform the response going forward.

Response to key issues

Q1: Are the current national health coordination arrangements appropriate to respond to natural disasters in Australia?

CHF believes that the COVID-19 pandemic has provided some important lessons for how health disaster arrangements should operate in Australia. It is clear from both the summer bushfires and the COVID-19 pandemic that the role of the Australian Health Protection Principal Committee (AHPPC) is critical to coordinating across national, state and territory systems and providing independent expert advice in a timely manner. The separation of this process from the political environment is an important way to ensure the community has trust and confidence in the advice being given.

The importance and effectiveness of the AHPPC has been highlighted in recent times and this has reinforced the benefits of drawing on independent, expert advice, particularly in times of

⁴ Borchers et al. (2020). *Unprecedented smoke-related health burden associated with the 2019-20 bushfires in eastern Australia*. Medical Journal of Australia. Doi: 10.5694/mja2.50545

national emergency when public trust and compliance is critical to the response. Additionally, the creation of the National Cabinet has proven a useful mechanism for fast, coordinated decision making in a time of crisis. This contrasts strongly with the highly bureaucratic Council of Australian Governments (COAG) model and would also be beneficial to support a coordinated response to natural disasters.

In relation to how these arrangements impacted the experience of consumers on the ground, CHF received some feedback during the bushfire crisis that local communities were having difficulty getting updated information, there was confusion about where to access accurate and up to date advice and there was confusion and poor organisation in some instances among local coordinating bodies . In some areas PHNs were used as a conduit for sharing information and responding to community inquiries, but not all PHNs had the capacity to undertake this role effectively. If PHNs are considered an important avenue for information sharing and are to be used as a public facing contact point during natural disasters, then additional planning, training and capacity may be required. Given their regional presence and role in supporting primary care, and the role of primary care providers themselves as frontline responders to disaster-induced health issues, CHF believes it is appropriate to utilise PHNs as local coordinators of the service response.

An example of a specific area that needs to be factored into planning is in relation to maternity care. Infants can be particularly vulnerable in emergencies and families may be in situations where they are without power or water for days at a time. Consideration needs to be given to how birthing services and breastfeeding support can be made available during and after a natural disaster. Clear information needs to be available to new parents about how to prepare and what supplies they may need and supplies for new babies also need to be available at evacuation centres. A clearer process is needed to determine how information gets passed down from the AHPPC through government agencies to communities on the ground, and how the priorities and needs of each community are factored into planning and response.

Additionally, we need to be better prepared to mitigate the effects of future natural disasters and build resilience into the health system when they do occur. That is why CHF strongly supports the call from the Climate and Health Alliance (CAHA) for a national strategy on climate health and wellbeing. An effective national strategy must include a multi-portfolio response involving federal and state governments to ensure a nationally coordinated approach to tackling the worsening health impacts of climate change. The strategy would also help ensure that health service planning includes climate change preparedness to respond to the increasing demand for health services from extreme weather events.

Q2: Should primary care providers and primary health networks be better integrated in natural disaster preparedness, response and recovery?

Yes. CHF research has repeatedly found that general practice and community pharmacy are the most common contact points consumers have with the health system. Both services are also highly trusted and valued by consumers and are often the first place consumers go when they are having a health issue. Engagement with primary care is significantly higher than with hospitals and other acute services.

As noted previously, CHF heard of some difficulties with getting clear and accurate health information to communities in fire affected areas during the 2019-20 bushfires. Additionally, Asthma Australia's Bushfire Smoke Impact Survey found that lack of relevant information and ineffective public health messaging were some of the main factors limiting the ability of individuals to avoid smoke during the bushfire crisis, along with financial constraints.⁵ Primary healthcare services were needed more than ever with extreme heat, smoke and stress impacting on people's health.

Clear and consistent advice is needed at the national level, but the implementation of that advice will be different in each local community and this is where the primary health sector is best placed to assist. Many PHNs already have effective consultation mechanisms and ways of connecting with their local communities, though this is variable across each region. Clinical committees and community advisory committees would be well placed to provide advice about the needs of the local community and assist with distributing critical information. This should include consideration of how to keep primary care services open and operating in times of emergency.

It would therefore be valuable to undertake an assessment of each PHN's consumer and community engagement capabilities to enable PHNs to further develop this area where required.

Q3: What approaches could be adopted to better support primary care providers to provide health services in the response and recovery phases of a natural disaster?

It is critical that during a natural disaster the primary health care system can adapt and can continue to provide essential services in a rapidly changing environment. In times of emergency the ability to provide coordinated team-based care becomes even more important. This should include arrangements that support all primary care providers to work to their full scope of practice to reduce pressure on general practice in times of significant stress and demand. The skills of nurses, midwives, pharmacists and allied health professionals should be drawn on to support communities and deliver patient-centred care in both the response and recovery phases.

The recent introduction of expanded telehealth Medicare items has been welcomed in a time of health anxiety and should be continued beyond the COVID-19 pandemic. While the realities of a pandemic are undoubtedly different from a natural disaster, access to telehealth would likely provide some similar benefits. Telehealth should not be seen as a replacement for face to face care, but it can be a useful option for providing timely access to care when consumers would have difficulty attending a clinic, when public health messages advise not going outside or when physical examination is not required. However, accessing reliable broadband internet remains one of the most significant technical barriers, particularly for those located in rural areas.

A recent CHF survey found that more than 80 per cent of those who were offered telehealth services in the past few months used it and of those a similar proportion viewed the service as

⁵ Asthma Australia (2020) *Bushfire Smoke Impact Survey 2019-2020 – Bushfire smoke: Are you coping?* Melbourne: Asthma Australia.

excellent or good quality. Being able to have a video consultation with a GP or get a script renewed over the phone can help consumers self-manage their health even when a natural disaster is disrupting other parts of their day to day life. Training and education for both consumers and health professionals is required to ensure it can work effectively when it is needed most.

Other aspects of digital health, such as e-prescribing and electronic health records, could also help support consumers to self-manage and stay well in these circumstances. These mechanisms make it easier for consumers to access services such as medications and pathology tests even if some local service providers have closed due to the effects of a natural disaster. However, it should also be noted that some natural disasters will cause significant disruption to communication infrastructure and so the health system should never be entirely reliant on digital service models.

Engagement with the community pharmacy sector is critical to ensure that people have access to and continue to adhere to quality use of medicines through a period of natural disaster. Electronic prescribing is one important component of this and should be used alongside other approaches such as medicine home delivery and telehealth medication reviews. These approaches are an effective way to ensure ongoing access to medications in times of emergency, as we have seen throughout the COVID-19 pandemic.

CHF also supports incentives for primary care providers to undertake training to deliver trauma-informed care to help communities who are grieving through the recovery phase after a natural disaster. We know that the unprecedented levels and duration of the 2019-20 bushfires and smoke had significant impacts on mental health, including new and increased symptoms of anxiety and depression.⁶ Primary care is well placed to respond to these issues as they are a valued and trusted component of the health system and many consumers have an ongoing relationship with their provider. Primary care is also a more affordable and accessible option than specialist services for many consumers.

Lastly, a key priority must be to provide better integration between primary care and hospitals, aged care and social care at the local level, including more capacity to support transitions of care. CHF frequently hears from our members that that the consumer experience of the Australian health system is one of disconnected and poorly coordinated care. This fragmentation is further exacerbated in emergency situations. Better integrating services are important for improving the consumer experience of care and avoiding the trauma of consumers having to repeat their story to multiple providers. It also enables better team-based care which focuses on the needs of the consumer rather than the system.

⁶ Asthma Australia (2020) *Bushfire Smoke Impact Survey 2019-2020 – Bushfire smoke: Are you coping?* Melbourne: Asthma Australia.

Q4: Should a standard approach to reporting and categorising air quality across Australia be implemented, and if so, how?

CHF believes a standardised approach to reporting and categorising air quality is needed to avoid confusion and ensure consumers can feel confident to know how to care for themselves in times of emergency or crisis.

We strongly support Asthma Australia's call for better air quality monitoring and reporting systems, including a nationally consistent approach developed through the Meeting of Environment Ministers. It is critically important that people can feel confident with the information available to them as lack of information or confused information only creates further anxiety. In line with Asthma Australia's recommendation, a uniform approach to measuring and reporting air quality should consist of:

- separating out PM2.5 in the reporting of air quality data;
- requiring PM2.5 to be reported as an hourly average;
- using consistent terminology and measures to describe categories of air quality; and
- introducing strong compliance and enforcement measures.⁷

Alongside a consistent classification scheme, we also need real time monitoring of air quality to put information in people's hands and help them make the best decisions they can. To help support accurate, real-time readings, more air quality monitoring stations are needed, particularly outside metropolitan areas, and temporary stations may be needed during bushfire season when air quality is more likely to deteriorate for extended periods.

Q5: How should public health information about bushfire smoke be improved?

Improvements in air quality monitoring need to be supported by education tools and public health messaging and awareness campaigns, and so that consumers and community members understand the information and know what they need to do to protect themselves. Environmental public health literacy is critically important in times of emergency and research suggests this is a current gap.

Public health messaging needs to focus on practical information about what to do when bushfire smoke is causing poor air quality. Information must be clear, consistent and presented in an easily understandable format. CHF supports the Public Health Association of Australia's call for an Air Smart campaign, similar to those developed to increase community understanding about Ultra Violet Radiation and the dangers of sun exposure.⁸

The information used in campaigns should be based on a set of evidence-based policy guidelines so that it is clear what action community members should take and what activities can continue as smoke and air quality levels change over time. Guidelines currently exist for heatwaves to determine when schools, universities, sporting events, construction sites and other workplaces are considered unsafe. Similar guidelines are needed in relation to bushfire smoke and air quality. The guidelines should also include information about the value and

⁷ Ibid.

⁸ Public Health Association of Australia. (2020, January 15). *More Australians are having to become air-quality smart, like being sun smart* [Press release]. Retrieved from <https://www.phaa.net.au/news/more-australians-are-having-to-become-air-quality-smart-like-being-sun-smart>

limitations of face masks, and what other strategies are effective to reduce exposure to smoke and hazardous air particles.

Additionally, while recognising the inherent complexity and technical nature of these issues, governments need to develop clear, simple communications methods that are easily recognisable across the community. The Fire Danger Rating scale is an excellent example that gives consumers clear advice on days of high fire danger, with signs placed along major roads and easily readable while driving past. Having been reinforced through school programs and community campaigns and promoted by trusted organisations, this tool has helped improve community awareness and knowledge of what to do in dangerous fire conditions.

We know that bushfire smoke will be an ongoing issue in future summers and so a similar approach to communication and education is needed to keep the community safe from hazardous air quality. Campaigns should be promoted across multiple media platforms and in different languages to ensure the message is accessible to a wide and diverse audience.

Q6: What should be the priority areas of research concerning the physical and mental health impacts of natural disasters?

While we have some understanding of the short-term impacts of smoke exposure, trauma and disaster events, our understanding of the long-term impacts of these events is less well developed. CHF would like to see a strong focus on longitudinal research that tracks the impact of these situations over time so that communities can make better informed decisions about where to invest and how to support themselves. This work needs to start now to help prepare for the next crisis rather than taking a reactive approach.

Additionally, consumer-driven and translational research has been identified as a top priority under the Medical Research Future Fund and is equally relevant to research into the health effects of natural disasters. CHF supports efforts to pair researchers with consumers, carers and clinicians to jointly design grant proposals that enable consumer-driven, targeted research.

There is also benefit in using crowdsourcing approaches to identify consumer research priorities, and then connecting with consumers to help translate evidence to make it relevant to communities on the ground and maximise its impact. These kinds of approaches can help align research with the lived experiences, values and priorities of consumers, carers and clinicians.

Finally, noting the importance of primary care in supporting the response and recovery effort in local communities, CHF would welcome priority being given to primary care, aged care and digital health research. We know that digital health is going to disrupt and transform the way we interact with healthcare services and it is important that we understand which tools can provide benefit and facilitate better access to care in emergency and recovery situations.