Central Australian
Aboriginal Congress
ABORIGINAL CORPORATION | ICN 7823

Submission to the Australian Government's development of a National Health and Climate Strategy

July 2023

Executive Summary

(Note responses below to the 'Questions for Feedback' in the National Health and Climate Strategy Consultation Paper. Please refer to the body of this submission for details and additional information)

The dimensions of the challenge

Questions for feedback # 3: Which of the various types of greenhouse gas emissions discussed above should be in scope of the Strategy's emission reduction efforts?

The scope of the *National Health and Climate Strategy* should be widened to include the effects on the health of First Nations people of all Australian greenhouse gas emissions whatever their source (including those originating outside the health system) and that it includes policies and actions to rapidly and substantially reduce these accordingly.

Principles for action

Questions for feedback # 2: How could these principles be improved to better inform the objectives of the Strategy?

Action to mitigate the effects of climate change, or assist Aboriginal communities to adapt to it, must recognise the rights to self-determination of Aboriginal peoples as established under international agreements to which Australia is a signatory, including the United Nations Declaration on the Rights of Indigenous Peoples.

Health effects of climate change in Central Australia

Questions for feedback # 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?

The National Health and Climate Strategy should commit to the following investments to minimise the adverse health effects of climate change:

- addressing the social and economic determinants of health
- increasing the resources for comprehensive primary health care under Aboriginal community control
- increasing investment in health infrastructure
- substantially improving community housing, food security and water quality
- advocating for and establishing appropriate regulatory and taxation regimes

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Importance of community controlled primary health care

Questions for feedback # 4: What existing First Nations policies, initiatives, expertise, knowledge and practices should the Strategy align with or draw upon to address climate change and protect First Nations country, culture and wellbeing?

The *National Health and Climate Strategy* should explicitly recognise Aboriginal community-controlled organisations, especially Aboriginal community-controlled health services, as preferred providers for government funded services to address the health effects of climate change, in recognition of their greater service effectiveness, their higher levels of employment of Aboriginal people, and their formal structures for involving Aboriginal communities in decision-making.

Limiting the amount the climate changes (mitigation)

Questions for feedback # 22: What are the key areas in which a Health in All Policies approach might assist in addressing the health and wellbeing impacts of climate change and reducing emissions?

In order to mitigate the amount the climate changes as a result of human activity, and to meet the Government's own commitments, the National Health and Climate Strategy should recommend:

- banning any further fossil fuel developments, including Hydraulic Fracturing ('fracking')
- investing in sustainable renewable power (e.g. solar) especially in remote communities with appropriate backup systems
- recognising and investing in Aboriginal traditional ecological knowledge
- adopting an economic paradigm that is focused on public health and the reduction of inequality

Reducing the negative effects of climate change (adaptation)

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

Significant infrastructure funding for the Aboriginal community controlled health service sector is required to ensure clinics and staff housing are in a position to continue to provide comprehensive primary health care services to Aboriginal communities to address the accelerating health effects of climate change. This should include specific funding for sustainable infrastructure (solar, transition to electric vehicles etc), along with ongoing funding for sustainability action positions within ACCHSs

Climate change, health, and Closing the Gap

Questions for feedback # 5: What types of governance forums should be utilised to facilitate co-design of the Strategy with First Nations people to ensure First Nations voices, decision-making and leadership are embedded in the Strategy?

The co-design of the National Health and Climate Strategy as it relates to Aboriginal communities should be progressed at a national level through the partnership structures established and agreed under the Partnership Agreement on Closing the Gap.

Questions for feedback # 23: What are the most effective ways to facilitate collaboration and partnerships between stakeholders to maximise the synergies between climate policy and public health policy? What are some successful examples of collaboration in this area?

At a national level, the Closing the Gap partnership structures are the most appropriate forums for collaboration and partnerships to ensure a public health perspective is at the forefront of any response to climate change as it affects Australia's First Nations.

At the level of the Northern Territory, this should take place through the already established successful Forums:

- the Northern Territory Executive Council on Closing The Gap / Aboriginal Affairs, and
- the Northern Territory Aboriginal Health Forum.

Actions by Central Australian Aboriginal Congress

Questions for feedback # 6: Beyond the schemes already noted above, is your organisation involved in any existing or planned initiatives to measure and report on health system emissions and/or energy use in Australia?

See attached Sustainability Report (December 2022) prepared for Central Australian Aboriginal Congress.

About Us

Central Australian Aboriginal Congress (Congress) is a large Aboriginal community controlled health service based in Alice Springs. We are one of the most experienced organisations in the country in Aboriginal health, a national leader in primary health care, and a strong advocate for the health of Aboriginal[1] people. Since the 1970s, we have developed a comprehensive model of primary health care that includes:

- multidisciplinary clinical care;
- health promotion and disease prevention programs; and
- action on the social, cultural, economic and political determinants of health and wellbeing.

This submission is provided from the perspective of the Aboriginal communities of Central Australia. However, much of what is included in this submission is applicable across regional and remote Australia.

[1] The Congress Board of Directors prefers the term 'Aboriginal' as the most appropriate in the Central Australian context to refer to Australia's First Peoples.

The dimensions of the challenge

QUESTIONS FOR FEEDBACK # 3: Which of the various types of greenhouse gas emissions discussed above should be in scope of the Strategy's emission reduction efforts?

The scope of the *National Health and Climate Strategy* should be widened to include the effects on the health of First Nations people of all Australian greenhouse gas emissions *whatever their source* (including those originating outside the health system) and that it includes policies and actions to rapidly and substantially reduce these accordingly.

1. Climate change caused by the emissions of greenhouse gases from human activity is an established scientific fact supported by a consensus of scientists working in the field. The global effects of climate change are already being felt through increased temperatures; more intense and more frequent bushfires; droughts; more severe storms; a warming and rising ocean; loss of animal and plant species; reduced food crops yields; and poverty and displacement [1].

2. In this context, the Australian Government's promise to reduce national emissions by 43% below 2005 levels by 2030, and to achieve net zero national emissions by 2050 is a modest yet welcome commitment. Similarly the development of a *National Health and Climate Strategy* is welcome, as are any attempts to mitigate the emissions of greenhouse gases from the Australian health sector.

3. However, the focus of the Strategy on reducing the emissions of greenhouse gases from the Australian health sector alone is misguided. The health effects of climate change are not just driven by the emissions from the health sector, which contributes only a small fraction (7%) of Australia's total CO_2 emissions [2].

4. The scale of the effects of health system emissions compared to those from other Australian sources can be brought into focus by using research estimating the global excess mortality that can be expected to result from CO_2 emissions [3]. This suggests that every 4,434 tons of CO_2 emitted in 2020 can be expected to cause one excess death globally during the period from 2020 to 2100. Note that this is only *temperature-rated mortality* and does not include the many other potential causes of mortality caused by climate change.

5. This allows us to calculate that the emissions from the Australian health system over one year can be expected to contribute over 8,000 excess global temperature-related deaths during 2020 to 2100, assuming that emissions stay at the current level. Of course, these expected excess deaths are *global* as the effects of emissions contribute to global climate change, not just to the climate of the nation where they were emitted.

6. As Australia has 0.3% of the world's population, we can come to an approximate estimate of 3 Australian deaths during the period 2020 to 2100

per year of health sector emissions, or just under 800 Australian deaths for thirty years of operation of the Australian health system. See *Figure 1*.

7. To understand the scale this mortality cost of carbon, using the same methodology we can estimate that (for example) the burning of coal from all proposed and approved mines in Queensland's Galilee Basin will lead to an additional 200,000 temperature-related deaths globally per year of operation during the period 2020 to 2100, or approximately 19,000 additional Australian deaths for thirty years of operation. Note that for the purpose of the mortality associated with coal mines, it is irrelevant whether the coal is burned in Australia or elsewhere on the planet: it can be expected to lead to the same number of excess deaths of Australian citizens.

Figure 1: Comparison of the effect of CO_2 emissions on excess temperature-related mortality, 2020 – 2100 between the Australian health system and an example fossil-fuel development

Australian Health System	Comparison: Galilee Basin Coal	
35,770,000	857,000,000	tons of CO_2 emitted per year of operation [2, 4]
4,343		tons of CO_2 leading to 1 excess temperature-related death globally 2020-2100 [3]
8,236	197,329	Approximate excess global temperature-related deaths per year of operation, 2020-2100
3	634	Approximate excess Australian temperature-related deaths per year of operation, 2020-2100
793	19,010	Approximate excess Australian temperature-related deaths over 30 years of emissions, 2020-2100
4.2%	100%	Relative impact on excess temperature-related mortality

8. We can therefore estimate that excess temperature-related mortality from emissions from Australia's health system would only be 4.2% of that expected from just one large fossil-fuel mining development in Australia. It should also be noted that:

   - excess temperature-related deaths will be suffered disproportionally by First Nations globally and Aboriginal and Torres Strait Islander communities in Australia (see *Figure 2* below)
   - the health system will *save* many lives in the years to 2100, thus offsetting the mortality caused by its emissions; other sources of emissions such as coal mines do not have this effect.

Principles for action

QUESTIONS FOR FEEDBACK # 2: How could these principles be improved to better inform the objectives of the Strategy?

Action to mitigate the effects of climate change, or assist Aboriginal communities to adapt to it, must recognise the rights to self-determination of Aboriginal peoples as established under international agreements to which Australia is a signatory, including the *United Nations Declaration on the Rights of Indigenous Peoples.*

9. Through their diverse cultures, Aboriginal peoples have cared for and sustainably regulated the natural ecosystems of this continent for tens of thousands of years. However, the process of colonisation in Australia has profoundly undermined their ability to care for Country.

10. The deregulated non-Aboriginal economic system and its unrestrained pursuit of profit is now causing irreparable damage to the living systems that sustain life in the Northern Territory, across Australia, and around the world.

11. Climate change is a fundamental threat to the planet's living systems and to all human societies. It poses particular threats to the health and wellbeing of vulnerable peoples, including the Aboriginal nations of the Northern Territory.

12. These threats are not in the future – they are happening now. If they are not to become ever more serious, climate change must be tackled immediately. This means all governments taking immediate and effective action to:

    - mitigate the effects of climate change in particular by reducing greenhouse gas emissions, and
    - assist communities, especially vulnerable communities such as Aboriginal nations – to adapt to the effects of climate change.

13. Aboriginal people did not create climate change, but they are amongst those who are most affected by it. Accordingly, action to mitigate the effects of climate change, or assist Aboriginal communities to adapt to it, must recognise the rights to self-determination of Aboriginal peoples as established under international agreements to which Australia is a signatory, including the *United Nations Declaration on the Rights of Indigenous Peoples* [5], which states:

    Article 23: Indigenous peoples ... have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions;

    Article 29: Indigenous peoples have the right to the conservation and protection of the environment and the productive capacity of their lands or territories and resources. States shall establish and implement assistance programmes for indigenous peoples for such conservation and protection, without discrimination.

Climate change in Central Australia

14. The effects of climate change are already being felt. In Central Australia they will – or are expected to – include [6-9]:

    - increased temperatures, with average temperatures expected to increase by 4.1^{O}C by 2090 unless action to reduce emissions is taken;
    - more hot days, with the number of days per year over 35^{0}C estimated to increase from around 90 currently to an estimated 118 by 2030 and 180 by 2070) – noting that the average number of days of extreme heat between 2018-21 *are already matching previously predicted values for 2050* under a scenario where emissions are not reduced until that year;
    - more variable rainfall (for example, more average rainfall but greater variation of wet and dry periods and continuing droughts); and
    - more extreme weather events such as storms, floods, bushfires, cold snaps, and heatwaves.

15. Aboriginal people recognise climate change and its effects on the ecosystem in Central Australia [6]:

    I think it is changing, sometimes hotter, sometimes colder. Weather more mixed up. Not hot all the time in summer, cold in winter. People talking about this now, now everything's changing, one day hot, one day cold. (Ltyentye Apurte ranger)

    Blossom flowers come on at different times. Atwakeye (Wild Orange) should be flowering at Christmas time, but they are coming early. Other things come late or early, but are all mixed up. (Longterm resident of Ltyentye Apurte)

    In the old days, the stars and the weather lined up. (Eastern Arrernte elder)

Aboriginal communities at risk from climate change

16. Climate change is affecting everyone. However, just as ill-health is not distributed evenly across society, the negative effects of climate change are posing greater risks to some populations than others. Populations at particular health risk include those living in poverty; those with pre-existing poor health; those in remote areas; and those living in poor housing. The following table shows how Aboriginal people in the Northern Territory are particularly vulnerable due to these factors.

Figure 2: Increased climate change health risks for Aboriginal communities in the Northern Territory

Vulnerable Population [10-12]	Aboriginal population in the Northern Territory
Living in poverty	Median total personal income for Aboriginal people in the Northern Territory is a quarter of that for non-Aboriginal people ($281 compared to $1,072 per week) [13] In very remote areas, Aboriginal incomes are falling, and the income gap to non-Aboriginal people widening [14]
Pre-existing low levels of health (especially respiratory / cardio-vascular disease, alcohol/drug issues or other mental health issues)	In 2014–15, a fifth (18%) of Aboriginal people in the Northern Territory self-assessed their health as only as fair or poor [15] Aboriginal Territorians die from respiratory disease at 2.7 times the rate for non-Indigenous Australians and at higher rates than Aboriginal people elsewhere in Australia [15] More than one in five (22%) of Aboriginal Territorians report high or very high levels of psychological distress compared with 8% for non-Indigenous Australians [15] The life expectancy gap is still 13.5 years for Aboriginal Territorians compared to non-Indigenous Australians [16]
Living in remote areas	In the Northern Territory, almost four out of five Aboriginal people live in Remote (21%) and Very remote areas (58%) [15] Three quarters (75%) of those living in very remote areas are Aboriginal [15]
Living in poor housing	A third (33%) of Aboriginal Territorians live in houses that need 1 or more extra bedrooms, six times the rate (5%) for non-Aboriginal people [13]

17. While climate change affects everyone's health, Aboriginal people in the Territory are disproportionately at risk due to the burden of disadvantage and poor health that they already carry as a result of colonisation.

Health effects of climate change in Central Australia

QUESTIONS FOR FEEDBACK # 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?

The *National Health and Climate Strategy* should commit to the following investments to minimise the adverse health effects of climate change:

- addressing the social and economic determinants of health
- increasing the resources for comprehensive primary health care under Aboriginal community control
- increasing investment in health infrastructure including staff housing
- substantially improving community housing, food security and water quality
- advocating for and establishing appropriate regulatory and taxation regimes

18. For Aboriginal people health is *not just the physical well-being of an individual but includes the social, emotional and cultural well-being of the whole community* [17]. This definition:

> *... recognises the importance of connection to land, culture, spirituality, ancestry, family and community, how these connections have been shaped across generations, and the processes by which they affect individual wellbeing. It is a whole-of-life view, and it includes the interdependent relationships between families, communities, land, sea and spirit and the cyclical concept of life–death–life*. [18]

19. Accordingly, the disruption and damage to the living world that climate change creates is in itself a harm to the health of Aboriginal people as it undermines the relationships to land and sea that are at the heart of Aboriginal wellbeing. In Aboriginal culture the human spirit is one with the physical environment from which it was formed. An insult to the physical environment creates human illness in and of itself.

20. There are also a range of direct effects on population health that climate change is creating. These include the following [10, 11, 19-22]

    a. *increased sickness and mortality* due to heat stress with Aboriginal people particularly vulnerable due to poorer underlying health in general and higher rates of cardio-respiratory disease in particular

    b. *increased food insecurity and malnutrition* with remote Aboriginal communities particularly vulnerable due to pre-existing poverty and poor access to healthy food, and expected increases in prices of food and damage to ecosystems that disrupts access to traditional foods

    c. *increased risk from infectious disease* and increased range of some vector-borne diseases. Remote Aboriginal communities are particularly vulnerable to food- and water-borne disease

    d. *poorer social and emotional wellbeing / mental health*, with increasing temperatures contributing to greater stress and higher rates of suicide. For Aboriginal people, social and emotional wellbeing is also undermined by damage to Country and disruption of cultural practices

    e. *poorer respiratory health* due to increased smoke from bushfires and/or dust

    f. *reduced fresh water supply* (both quantity and quality) due to changed rainfall and increased evaporation rates as well as potential contamination from mining and other extraction industries

    g. *increased potential for social conflict* due to displacement of populations (climate refugees) for example due to changing temperatures or sea level rise elsewhere.

21. In addition, climate change will increasingly reduce the capacity of the health system to respond to the health needs of communities in the Northern Territory because of [10, 11, 19]:

    a. *increased difficulty in recruiting and retaining health staff*, especially to remote areas affected by increased temperatures and more extreme weather events

    b. *increased health facility infrastructure costs* to ensure health buildings and staff accommodation are appropriately insulated and cooled

    c. *reduced productivity of health staff* due to heat stress and sickness.

Importance of community controlled primary health care

QUESTIONS FOR FEEDBACK # 4: What existing First Nations policies, initiatives, expertise, knowledge and practices should the Strategy align with or draw upon to address climate change and protect First Nations country, culture and wellbeing?

The *National Health and Climate Strategy* should explicitly recognise Aboriginal community-controlled organisations, especially Aboriginal community-controlled health services, as preferred providers for government funded services to address the health effects of climate change, in recognition of their greater service effectiveness, their higher levels of employment of Aboriginal people, and their formal structures for involving Aboriginal communities in decision-making.

22. Addressing the health challenges being caused by climate change in Aboriginal communities will require increased investment in comprehensive primary health care that seeks to treat ill health; promote good health and; and tackle the social and economic drivers of poor health. For First Nations people, this investment needs to be directed through the Aboriginal community controlled health service (ACCHS) sector.

23. ACCHSs have a range of inter-linked structural advantages in delivering services and hence improved outcomes compared to non-Indigenous services (government or private). These structural advantages include:

    a. *a holistic approach to service delivery*, including through addressing the social determinants of child and family wellbeing, based on a lived understanding of the Aboriginal conception of health

    b. *culturally responsive services*: Aboriginal community-controlled health services are able to provide their care within a culturally responsive setting, based on local knowledge, an Aboriginal governance structure and workforce, and strong relationships with the communities that they serve

    c. *better access*, based on community engagement and trust: a strong practice of community engagement founded on strong relationships with the community, in turn based on a sense of ownership and history.

Aboriginal people consistently prefer to use Aboriginal organisations such as ACCHSs over mainstream services giving them a strong advantage in addressing access issues, particularly when dealing with culturally sensitive issues relating to sexuality, pregnancy, childbirth and addiction

d. *Aboriginal governance:* individuals and communities are encouraged and enabled to participate in decisions on service delivery, including though formal governing Boards, including a high proportion of Aboriginal women in governance positions

e. *an Aboriginal workforce:* community-controlled services are significantly better at attracting, training and retaining Aboriginal staff leading to greater cultural appropriateness of services as well as benefits through providing employment and capacity building in the Aboriginal community, especially for Aboriginal women

f. *high levels of accountability:* Aboriginal community-controlled health services are highly accountable to their funders for the services they provide through robust data collection and a reporting regime which is above the requirements of mainstream health and wellbeing services.

24. The greater effectiveness of ACCHS in delivering health outcomes has been recognised by numerous studies and is embedded in Australian Government policy, including the *Closing the Gap Agreement* [23].

Limiting the amount the climate changes (mitigation)

QUESTIONS FOR FEEDBACK # 22: What are the key areas in which a Health in All Policies approach might assist in addressing the health and wellbeing impacts of climate change and reducing emissions?

In order to mitigate the amount the climate changes as a result of human activity, and to meet the Government's own commitments, the *National Health and Climate Strategy* should recommend:

- banning any further fossil fuel developments, including Hydraulic Fracturing ('fracking')
- investing in sustainable renewable power (e.g. solar) especially in remote communities
- recognising and investing in Aboriginal traditional ecological knowledge
- adopting an economic paradigm that is focused on public health and the reduction of inequality

25. Limiting the amount or rate of climate change involves reducing the levels of heat-trapping greenhouse gases in the atmosphere: continuing current emissions rates is likely to lead to a 4°C of warming by 2100 [21]. All governments will need to implement substantial cuts in greenhouse gas emissions if catastrophic effects on human health are to be avoided.

26. Urgent and sustained action is required order to meet the Australian Government's commitment to reduce national emissions by 43% below 2005 levels by 2030, and to achieve net zero national emissions by 2050. In regards specifically to the health of Australia's First Nations, the *National Health and Climate Strategy* should recommend:

    a. *banning any further fossil fuel developments, including Hydraulic Fracturing ('fracking')* as they are incompatible with reducing greenhouse gas emissions and poses a range of other environmental threats to the health

    b. *investing in sustainable renewable power* (e.g. solar) especially in remote communities, including well-resourced systems for maintenance and back up

    c. *recognising and investing in Aboriginal traditional ecological knowledge* to manage Country and reduce the release of greenhouse gases for example through Ranger programs to manage fire regimes, feral animals etc.

    d. *adopting an economic paradigm that is focused on public health and the reduction of inequality*, rather than the unrestrained pursuit of private profit and the exploitation of the natural world.

Reducing the negative effects of climate change (adaptation)

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

Significant infrastructure funding for the Aboriginal community controlled health service sector is required to ensure clinics and staff housing are in a position to continue to provide comprehensive primary health care services to Aboriginal communities to address the accelerating health effects of climate change. This should include specific funding for sustainable infrastructure (solar, transition to electric vehicles etc), along with ongoing funding for sustainability action positions within ACCHSs

27. The *National Health and Climate Strategy* should commit to the following investments which can be expected to help minimise the adverse health effects outlined above:

    a. *addressing the social and economic determinants of health* that increase the vulnerability of Aboriginal communities to the health effects of climate change. This includes action on poverty, lack of appropriate education, employment, and housing (see next point) and action to *reduce inequality*

    b. *increasing the resources for comprehensive primary health care* under Aboriginal community control, including social and emotional wellbeing services, to respond at the grassroots level to increased health risks posed by climate change and provide a centre for coordinated action and advocacy on health needs

c. *increasing investment in health infrastructure* to ensure that all clinics and staff housing are fit for purpose in the context of increasing temperatures and more extreme weather

d. *substantially improving community housing*, to ensure that public housing and houses in Aboriginal communities meet the needs of Aboriginal families facing increasing temperatures (improved insulation, air-conditioning, and water) supply; that construction specifications are updated and enforced; and that increased maintenance is provided

e. *advocating for and establishing appropriate regulatory and taxation regimes* to ensure that government both address inequality and has the revenue to invest in transitioning to a low carbon economy and which ensure that the effects of climate change are not felt disproportionately by poor and marginalised communities.

28. In regard to *increasing investment in health infrastructure* above, as our peak body the National Aboriginal Community Controlled Health Organisation (NACCHO) has been advocating [24], the sector is critically in need of infrastructure upgrades. The effects of climate change add to this need, to ensure that clinic buildings and staff housing are appropriately insulated, cooled, and constructed to a standard that ensures that they will continue to be able to provide their vital services to Aboriginal communities, particularly those in remote and regional Australia.

Climate change, health, and Closing the Gap

QUESTIONS FOR FEEDBACK # 5: What types of governance forums should be utilised to facilitate co-design of the Strategy with First Nations people to ensure First Nations voices, decision-making and leadership are embedded in the Strategy?

The co-design of the *National Health and Climate Strategy* as it relates to Aboriginal communities should be progressed at a national level through the partnership structures established and agreed under the *Partnership Agreement on Closing the Gap*.

QUESTIONS FOR FEEDBACK # 23: What are the most effective ways to facilitate collaboration and partnerships between stakeholders to maximise the synergies between climate policy and public health policy? What are some successful examples of collaboration in this area?

At a national level, the Closing the Gap partnership structures are the most appropriate forums for collaboration and partnerships to ensure a public health perspective is at the forefront of any response to climate change as it affects Australia's First Nations.

At the level of the Northern Territory, this should take place through the already established successful Forums:

- the Northern Territory Executive Council on Closing The Gap / Aboriginal Affairs, and
- the Northern Territory Aboriginal Health Forum.

29. Numerous government funding programs in Aboriginal health and wellbeing have failed due to lack of engagement with Aboriginal stakeholders and collaboration with other government agencies.

30. The *Partnership Agreement on Closing the Gap* [23] was negotiated and agreed to by the Coalition of Peaks and the Council of Australian Governments in March 2019. The Partnership Agreement provides an historic opportunity for Aboriginal and Torres Strait Islander Peoples and governments to work together as true partners with equal participation and shared decision-making across all levels of government.

31. Accordingly, the co-design of the National Health and Climate Strategy as it relates to Aboriginal communities should be progressed at a national level through the partnership structures established and agreed under the *Partnership Agreement on Closing the Gap*.

32. The Closing the Gap partnership structures are also the most appropriate for the national collaboration and partnerships to ensure a public health perspective is at the forefront of any response to climate change as it affects Australia's First Nations. At the level of the Northern Territory, however, there are two highly successful collaborative forums already in place which should be used to determine policy and program priorities:

    a. *The Northern Territory Executive Council on Closing The Gap / Aboriginal Affairs.* The Council has membership from NT Chief Minister and Cabinet, the NIAA, the Local Government Association of the Northern Territory (LGANT) and the Aboriginal Peak Organisations Northern Territory (APONT). Its role is to oversee the coordination and implementation of the National Agreement on Closing the Gap.

    b. *The Northern Territory Aboriginal Health Forum*, a peak-level partnership with considerable public health expertise and a long history of successful collaboration between the Northern Territory and Australian Departments of Health, the National Indigenous Australians Agency (NIAAA), the NT PHN and Aboriginal Medical Services Alliance Northern Territory (AMSANT).

Actions by Central Australian Aboriginal Congress

QUESTIONS FOR FEEDBACK # 6: Beyond the schemes already noted above, is your organisation involved in any existing or planned initiatives to measure and report on health system emissions and/or energy use in Australia?

See attached *Sustainability Report (December 2022)* prepared for Central Australian Aboriginal Congress.

33. Transitioning to a low-carbon economy is an extremely significant challenge for Australia and the global community, made worse by decades of limited action. As such, it is governments who must lead the adaptation and mitigation

efforts: this responsibility cannot be transferred to individuals, to First Nations, to businesses or to non-government organisations independent of government legislation, regulation and resourcing.

34. Nevertheless, health organisations have a particular responsibility to ensure minimise the harmful effects of their operations, including with respect to climate change mitigation. Accordingly, Congress has formed a Sustainability Committee to implement an environmental sustainability framework across its operations, including includes buildings and facilities, procurement and purchasing, waste management, energy and water use and transport.

35. The Sustainability Committee recently commissioned a report to establish baseline data for the organisation regarding greenhouse gas emissions. Results from the audit will inform a longer-term *Environmental Sustainability Action Plan* identifying short, medium and long term areas for action.

36. Note that this reporting is voluntary as the Congress' emissions are under the threshold for mandatory reporting required under the *National Greenhouse and Energy Reporting Act*.

37. A copy of the report accompanies this submission, and may be useful to inform similar activities in other ACCHSs and/or First Nations organisations and/or large primary health care services.

38. In addition the Sustainability Committee conducted a Congress Staff Sustainability Survey in late 2022. Some key points from the Survey include:

    a. 91% of staff believed that it was important for Congress to take action to be an environmentally-sustainable organisation

    b. the issues of most concern to staff were :

        - Climate change (81%),
        - Rubbish/waste and recycling (79% and 76% respectively),
        - Renewable energy (79%),
        - Fracking (73%)
        - Access to healthy food at affordable prices (71%)

    c. staff perceived that the most important sustainability issues for Congress to take action on were

        - Waste: Reducing and recycling waste (88% + 81%); and purchasing sustainable products/procurement (67%)
        - Energy: Investing in energy efficient building infrastructure (92%) and environmentally sustainable energy sources (77%)
        - Community: supporting communities to be more sustainable (75%)
        - Water: more efficient use of water (70%)
        - Transport: Sustainable transport options (60%)

39. Congress is also taking the following actions:

    a. installing solar systems including a system with battery backup at two sites in Alice Springs, and developing plans for further investments in solar,

    b. constructing a new Health Hub facility in Alice Springs that has a sustainable design and will be a Green Star certified building,

    c. transiting our vehicle fleet to electric and hybrid vehicles (noting a current, and likely future, challenge being a lack of electric vehicle charging stations in remote regions to support this transition),

    d. monitoring the driving habits of our staff to encourage more sustainable driving by reducing the speeds vehicles drive at,

    e. introducing fleet management software to better manage our vehicle fleet, and

    f. reducing the amount of air travel taken by staff.

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