

## Position Statement

# The impacts of a Changing Climate on Remote Health

### Key statement

Climate change poses a significant threat to the health of those living in rural and remote communities<sup>1,2</sup>. CRANAplus, as the peak representative body for the remote health workforce, is deeply concerned about the substantial impact this is having, and will continue to have, on rural and remote health services.

CRANAplus is calling on our elected representatives to protect the health of rural and remote communities by investing in health services to be better prepared for responding to the impacts of a changing climate, including strengthening surge capacity for responses to acute natural disasters.

### The health impacts of climate change on rural and remote communities

Climate change impacts the health and wellbeing of the population through:

- Increased frequency, intensity and duration of extreme weather events such as bushfires, floods and heatwaves
- Increased air pollution and airborne allergens
- Reduced availability of food and consumable water
- Sea levels rising
- Ecological and biodiversity loss and collapse
- Economic hardships and conflicts.<sup>3</sup>

While all people are affected by these impacts to a greater or lesser degree, rural and remote communities are disproportionately burdened due to the inextricable link between climate, their daily lives and their health<sup>4</sup>. This is largely due to:

- their geographic location
- higher proportion of the ageing population
- a greater prevalence of chronic conditions and risk factors, injuries and hospitalizations
- people living in more isolated physical and social circumstances
- exposure because of occupations to heat and other risks (such as industries reliant on natural resources and land use, for example agriculture, fishing, forestry, and mining)
- limited access to health and social care and emergency services<sup>5,4</sup>.

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<sup>1</sup> World Health Organization. Dr Margaret Chan. Director-General address at event on climate change and health 'Why the climate change agreement is critical to public health'. Paris, France. 8 December 2015.

<sup>2</sup> Climate Council. On the Frontline: Climate Change and Rural Communities. 2016

<sup>3</sup> Climate and Health Alliance (CAHA). Climate Change in a Health Issue: Briefing Paper No 1. 2018.

<sup>4</sup> Walker, R and Mason W (eds). Climate change adaptation for health services and social services. CSIRO, Australia. 2015.

<sup>5</sup> National Rural Health Alliance, Position Statement: Climate change and rural health. November 2019.

Many Aboriginal and Torres Strait Islander people living in remote areas have a heightened sensitivity to ecosystem change due to the close connections between the health of their 'country', their mental wellbeing and the maintenance of their cultural practices, thus are uniquely affected by a changing climate<sup>6</sup>.

Effects on rural and remote communities are experienced both directly and indirectly. Direct effects include heat-related illness, injury and mental stress as a result of exposure to extreme weather events including wildfires, floods and cyclones.

This summer (2019-20) has seen consistently high temperatures and an aggressive and unprecedented fire season. This is alarming when considered alongside evidence suggesting that heatwaves pose the greatest threat to human health in rural and remote communities. As the climate becomes hotter and drier, heat-related illness and death is expected to increase in these communities where the ageing of the population is more marked, there is greater prevalence of chronic conditions, people live in more isolated physical and social circumstances, and homes are hotter<sup>6</sup>.

The mental health of rural and remote communities is also directly affected. Research has shown that, not surprisingly, farmers are subject to depression as a result of drought. Periods of drought are synonymous with rural and remote communities, along with families experiencing financial hardships and other household and personal stresses. This has tragic and detrimental impacts on small communities and townships. In NSW between 1970 and 2007 during periods of drought, rural male suicides increased in comparison to periods of non-drought. Significantly, rural males aged 30 to 49 years were at a 19 per cent increased risk of suicide during drought<sup>7</sup>. Drought poses significant challenges and a need for continued access to mental health supports in rural and remote communities.

Indirect effects are facilitated through changes in the natural environment and include vector borne, water borne and zoonotic disease; air pollution; food insecurity (from changes in land use, crop yield, biodiversity loss and drought); migration and forced displacement; and social unrest and conflict<sup>8</sup>.

For example, drought, flooding and other extreme weather events can affect the price and availability of food, placing people at increased risk of malnutrition<sup>7</sup>. Many remote communities already experience food prices up to 50 per cent higher than in capital cities. The availability of fresh food and vegetables declines with remoteness, and people living there are less likely to adhere to nutritional and dietary guidelines. During drought, food prices in Australia have risen at more than twice CPI, and people in rural and remote areas are generally less able to absorb such increases due to lower incomes<sup>9</sup>.

There is strong evidence to indicate that the transmission of certain arboviruses such as Dengue and Ross River Virus will also increase, prompted by environmental conditions that enable breeding and survival; rainfall, tides, sea level, temperature, humidity and wind all play a part<sup>8</sup>.

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<sup>6</sup> National Rural Health Alliance. Rural health impacts of climate change: Fact Sheet - November 2014

<sup>7</sup> Hanigan, I; Butler, C; Kocic, P; Hutchinson, M. Suicide and Drought in New South Wales, Australia, 1970-2007. PNAS Vol 109 No 35. 2012.

<sup>8</sup> Watts, N et al. Health and climate change: policy responses to protect public health. 2015. Lancet; 386: 1861–914

<sup>9</sup> Green D, Pitman A, Barnett A, Kaldor J, Doherty P, & Stanley F. "Advancing Australia's role in climate change and health research." Nature Climate Change 2017; 7 (2): 103-106

## Conclusion

The evidence indicates that health care services have experienced dramatic increases in service demand from climate change related extreme weather events including heatwaves, storms, floods and fires<sup>10,11,7</sup>. This has obvious and significant implications for the remote health workforce. In addition to being the predominant providers of primary health care, remote area health professionals are community leaders, health educators and the first responders during natural disasters.

CRANAplus is calling on our elected representatives to protect the health of rural and remote communities by investing in building health services to be better prepared to respond to the impacts of a changing climate, and for acute disaster response capacity to be strengthened.

## CRANAplus acknowledges

- Climate change poses a significant and disproportionate threat to the health, social fabric and economy of rural and remote communities
- Climate change is already having, and will continue to have, a substantial impact on rural and remote health services.

## CRANAplus recommends

- State, territory and federal governments recognise the threat climate change poses to the health, social fabric and economy of communities in rural and remote areas
- State, territory and federal governments escalate implementation of broad-ranging mitigation strategies to reduce carbon emissions
- State, territory and federal governments develop specific strategies to assist rural and remote communities to adapt to the changing climate and transition to sustainable practices that:
  - support and safeguard local economies and social capital, in both the short and long term
  - establish emergency responses, particularly for the management of heat and other extreme weather events, water scarcity and water quality
  - promote positive mental health and wellbeing, community capacity building and resilience.
- State, territory and federal governments invest in a climate change resilient healthcare workforce and infrastructure. Investment should include building capacity to be better prepared to respond to the impacts of a changing climate, and for acute disaster response capacity to be strengthened.

## CRANAplus resolves to

- Continue engaging state, territory and federal governments to recognise the particular threat that a changing climate poses to the health, economy and social fabric of rural and remote communities.
- Lobby state, territory and federal governments to invest in Australia's healthcare infrastructure to become more climate change resilient and sustainable
- Reduce the organisation's carbon footprint, and to promote and advocate for mitigation and adaptation strategies in rural health care settings and communities
- Build and maintain relationships with organisations such as the Climate and Health Alliance to collectively ensure that climate change policy is meaningfully pursued.

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<sup>10</sup> Carthey J, Chandra V, Loosemore M. "Adapting Australian health facilities to cope with climate-related extreme weather events." *Journal of Facilities Management* 2009; 7(1):36-51.

<sup>11</sup> Loosemore, M and Chand, A. "Hospitals feel the heat too from extreme weather and its health impacts." *The Conversation*, 11 January 2017.