Summary brief 1:

Concepts and the policy and legislative context informing health equity and climate justice

Considering the role of community health and community service organisations (CHCSOs) first requires understanding the complex and multidirectional ways in which social inequities and climate change interact in place to produce climate injustices.

To reduce vulnerability, it is critical to understand and address its multiple and interrelated causes. However, literacy about climate change vulnerability, impacts and adaptation varies across and within CHCSOs. There is also an identified gap in information tailored to CHCSOs and communities; information which is necessary to build capacity.[1]

This brief expands on terminology common to climate change literature, and its application to the role and responsibilities of CHCSOs. It also provides an overview of the Victorian policy and legislative context relevant to these intersections. It does this to first, support organisations in integrating social justice aims with the drivers of and responses to climate change, and second, to engage with the causes of climate change as rooted in social and economic inequities, and understand how these are enacted across time and at different scales – especially within a region as large and diverse as Melbourne's west.[2]

Climate change concepts

Establishing a shared understanding and vocabulary around climate change and social justice starts by acknowledging that the terminology is neither static nor uncontested. This is because definitions, such as vulnerability, can reinforce power imbalances that imply certain groups are helpless and in need of external intervention.[3] That is, who is at risk and who should respond.

A justice orientation emphasises the building of a shared understanding as an inclusive process. More specifically, a shared understanding that is based in place and able to respond to changing needs and diverse voices, account for different scales (household through to the region), and pays attention to both social and ecological systems.[4] Below are key definitions and explanations relevant to understanding and communicating issues of climate change and social justice in relation to CHCSOs.

Risk

Climate change risk is produced through the interactions of hazards (such as heat) with socioeconomic processes (such as governance) which inform exposure (where people live – floodplains, places with high urban heat island effect) and vulnerability (due to inequities across determinants of health such as chronic health conditions or living in poor quality housing).[5] As **Figure 1.1** illustrates, this means socioeconomic processes and governing decisions play a key role in how communities and CHCSOs experience climate-related hazards: where people live, their socioeconomic position, and health status all contribute to climate change risks.
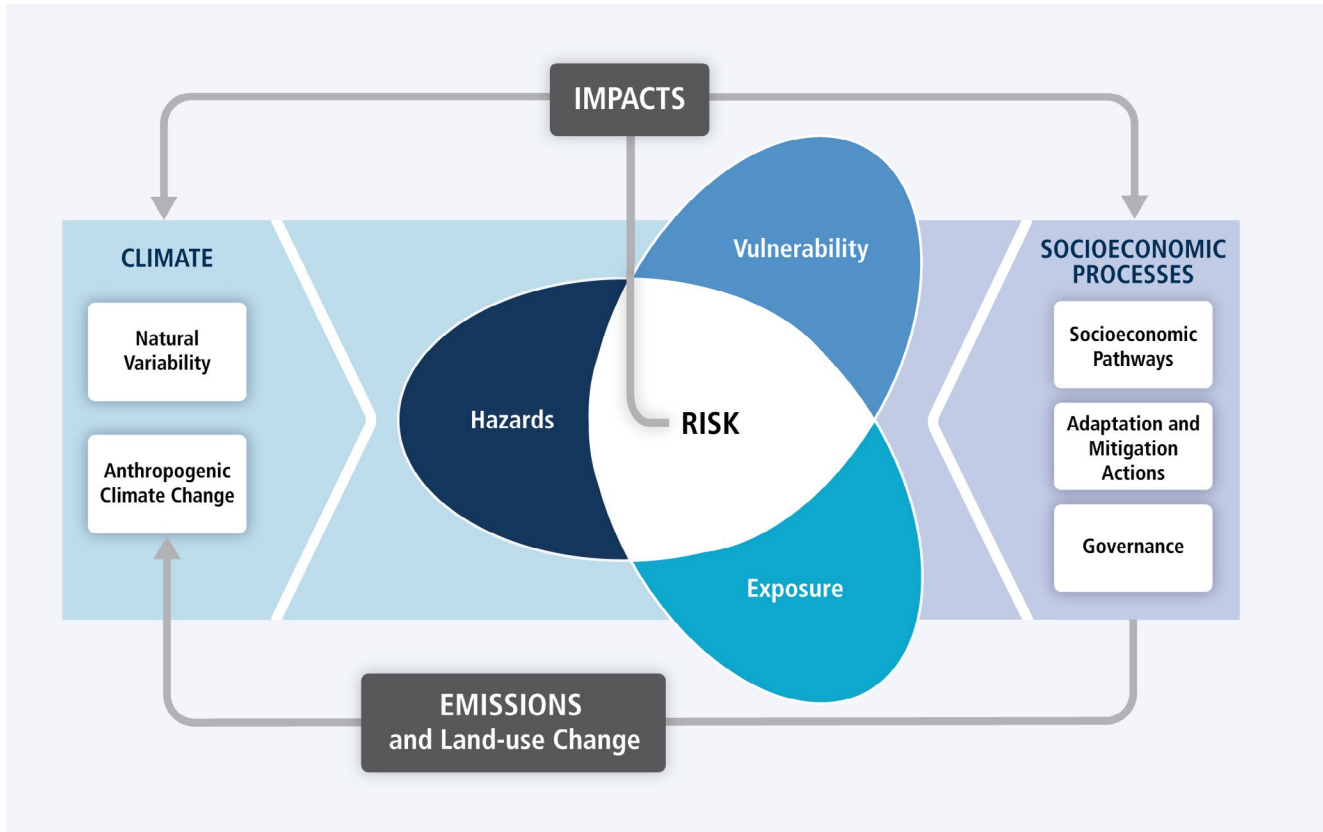
Figure 1.1 Climate change risk framework. Source: IPCC (2014, p. 3).

Vulnerability

Vulnerability refers to the susceptibility of a group, system, place or sector to the negative impacts of climate change. Identifying vulnerable populations and how they can change over time is an important part of public health planning for climate change. Being 'at risk' to climate hazards like heat, for example, is not evenly experienced with certain sub-groups more vulnerable such as the very young, the elderly, the chronically ill, those with disabilities, those who are homeless or rough sleepers, the socially isolated and outside workers.[6]

Changing social, political, economic, and ecological conditions influence the vulnerability of individuals and groups to climate change in place and over time. For example, heat health vulnerabilities can be further exacerbated by bushfires, changes in air quality, the urban heat island effect, power outages affecting air-conditioner usage and so on.

It is important to recognise that while some groups may be categorised as vulnerable, CHCSOs and health authorities need to critically engage with and consult communities to better understand how different groups identify with the categorisation of vulnerability. With some groups not identifying as vulnerable, this can influence their response or take-up of health messaging or information.[7] Another key consideration for CHCSOs is not only identifying and responding to diverse and intersecting community vulnerabilities, but understanding how climate impacts and conditions might also make their services, infrastructure and staff vulnerable.

1: Concepts, policy and legislation

Adaptation

Adaptation describes a process of adjusting to actual or anticipated climate change impacts. For CHCSOs, this includes actions to reduce vulnerability to climate change for their organisations and their communities and adaptation measures that build adaptive capacity over time. This can include plans that address climate change impacts in policy reviews or the development of new programs or advocacy campaigns.

A key consideration is ensuring that adaptation actions do not reinforce – or create – experiences of marginalisation by failing to address questions of justice for individuals and groups. For example, in failing to include a cultural or LGBTIQ+ lens when designing cool spaces for extreme heat events. Adaptation planning and actions to address the drivers of risk and vulnerability across communities and places is a whole of government and cross-sectoral challenge.

Resilience

Resilience can be thought of at the individual level – people's ability to respond to and cope with adverse events or challenges – as well as at the level of community and infrastructure – involving place-oriented approaches to adapting and transforming in response to shocks and stresses.[8] Both require CHCSOs to understand how individuals, communities, and organisations can support each other in times of crisis; understand and address how determinants of safety and wellbeing, such as infrastructure and service connectivity, influence vulnerabilities; and ensure a diversity of participation in decision-making and planning around preparedness and response, resilience building, and adaptation.

The role of the CHCSOs in building community resilience is critical and has always been a core focus of their work. VCOSS have highlighted the importance of focusing on disaster risk prevention and preparation through better connecting the work of CHCSOs and emergency management, where "by leveraging the resources, knowledge, skills of community organisations, the emergency management sector can significantly enhance Victorian communities' resilience before emergencies and disasters strike".[9]

1: Concepts, policy and legislation

Climate justice

Climate change is a social justice issue with climate change unevenly impacting our social and ecological systems. Communities experiencing disadvantage or marginalisation are often most at risk because they have fewer resources to cope, adapt and recover.[10] As we transition to a zero carbon economy, we need to ensure that no one is left behind.

Climate justice brings a human rights lens to the interactions of ecological and social justice, directing attention to the power relations and decision-making processes that produce inequities, and the actions required to shift them – including the work of CHCSOs.[11]

A focus on climate justice therefore reveals that it is largely existing experiences of inequity and injustice that shape the health implications of climate change **(Box 1.1).** Understanding these complex and dynamic factors not only enables CHCSOs to directly support communities, but to work towards climate change responses that are just and inclusive – both now and for generations to come.

There are four key elements to climate justice:

- **Procedural –** acting on the systemic drivers of social, economic, cultural, political, health, and institutional inequity that intersect to position certain groups as vulnerable to climate change

- **Intergenerational –** addressing how drivers of injustice interact over both time and scale to reinforce vulnerability

- **Distributive –** tackling the roots of vulnerabilities in organisational adaptation and mitigation practices and responses, especially for those groups limited in social and economic capital or excluded from decision-making

- **Recognition –** centring the voices and experiences of marginalised groups in climate change responses, requiring actions that respond to multiple and often intersecting drivers of disadvantage.

Box 1.1 Groups most at risk from climate change impacts in Greater Melbourne.

People with disabilities and particular health conditions such as:

- Heart and lung disease, high blood pressure, diabetes, cancer or kidney disease, lymphoedema, fibromyalgia, poliomyelitis
- Certain neurological illnesses (e.g. Parkinson's disease, multiple sclerosis, motor neurone disease)
- Mental illness
- Illness or infection that causes dehydration or fever
- Conditions that impair sweating including dehydration, skin disorders (sunburn, prickly heat, burn scarring), congenital impairment of sweating, cystic fibrosis, quadriplegia, scleroderma
- Addiction to alcohol, cigarettes and other drugs
- Cognitive impairments
- Limited mobility
- Obesity
- Low cardiovascular fitness

People taking medications that may affect the way the body reacts to heat:

- Allergy medicines (antihistamines)
- Some blood pressure and heart medicines (beta-blockers and vasoconstrictors)
- Seizure medicines (anticonvulsants)
- Thyroid medications (thyroxine)
- Water pills (diuretics)
- Antidepressants
- Antipsychotics

People in inequitable social and economic circumstances

- People who are homeless, especially those sleeping rough
- People living in rooming houses, transitional accommodation, cars, caravans, tents, or insecure housing
- People living in public or private social housing
- People with low socioeconomic status who have restricted means of coping with extreme weather
- People who are living alone and/or who are socially isolated
- People with low proficiency or literacy in English (and/or other languages)
- New arrivals and visitors unfamiliar with our climate and/or associated social practices to manage extreme weather
- People exposed to prejudice, discrimination and other systemic barriers such as racism, sexism, ageism and ableism
- People exposed to greater risk of violence such as women and children, drug and alcohol users, people in insecure accommodation or sleeping rough

People outdoors during extreme heat

- Working or being physically active outdoors (e.g. gardeners, athletes and labourers).

This list, from the Northern Alliance for Greenhouse Action's (NAGA) *Exploring Vulnerabilities Desktop Review* (2021), is based on groups listed in the *Heat Health Plan for Victoria 2021* with the inclusion of further groups from interviews and surveys undertaken by NAGA.

1: Concepts, policy and legislation

Roles and responsibilities in the Victorian policy and legislative context

This section introduces some of the key policies and legislation that inform the roles and responsibilities for CHCSOs in relation to climate change. In Victoria, requirements for collaborative engagement, continuous improvement and preventative responses emphasise the critical role that CHCSOs have to play in supporting the health and wellbeing of their local community in a changing climate.

Legislative context

State level

There are shared but distinct roles and responsibilities for CHCSOs and related organisations in relation to climate change adaptation **(Table 1.1).** [12]

These are largely informed by two legislative frameworks:

• Public Health and Wellbeing Act 2008 (Vic)

• Climate Change Act 2017 (Vic)

The Public Health and Wellbeing Act 2008 is also listed under schedule 1 of the Climate Change Act 2017. This means that, under the Climate Change Act 2017, state and local governments are required to account for climate change risks in public health and wellbeing planning.[13]

Local level

Local governments must also give effect to a number of governing and supporting principles in performing their role under the Local Government Act 2020 (Vic). Of these, the most relevant to CHCSOs are:

• Giving priority to achieving the best outcomes for current and future generations of the municipal community

• Promoting economic, social and environmental sustainability of the municipal district, including mitigation and planning for climate change risks

• Engaging the municipal community in strategic planning and decision-making

• Pursuing innovation and continuous improvement

• Taking into account regional, state and national plans and policies in strategic planning and decision-making.

Table 1.1. Responsibility for climate change adaptation in the health and human services. Source: DHHS (2019, p. 19)

Entity	Responsibilities in climate change adaptation
Department of Health and Department of Families, Fairness and Housing	• Implement the requirements of the Climate Change Act 2017. • Lead on the development and implementation of an Adaptation Action Plan for the health and human services system. • Provide direction and guidance on adaptation to funded agencies. • Ensure that adaptation requirements are incorporated into relevant policy, plans, guidelines and standards. • Ensure that adaptation needs are considered in funding for capital works, operations and services. • Work to minimise the impact of emergencies on the health and wellbeing of communities and individuals, especially those most at risk. • Ensure the community is protected from new and increased threats to health and wellbeing.
Hospitals and health services	**Manage climate change risks to their assets, services, clients, and staff.**
Community service organisations	**Manage climate change risks to their assets, services, clients, and staff.**
Local government	• Manage climate change risks to their assets, services, clients, and staff. • Incorporate consideration of climate change into municipal public health and wellbeing plans. • Facilitate emergency management planning at the local level and coordinates relief and recovery support for affected communities.

1: Concepts, policy and legislation

Policy context

These roles are also mediated by a range of relatively recent policy frameworks. These frameworks include:

Victorian Public Health and Wellbeing Plan 2019-2023

Lead: Department of Health

The Victorian Public Health and Wellbeing Plan is produced every four years as a requirement under the Public Health and Wellbeing Act 2008 (Vic). It is developed by the Department of Health in consultation with other government agencies, statutory bodies such as VicHealth, and the sector to guide strategic priorities and coordinate action on public health and wellbeing.[15] The plan also informs the Community Health – Health Promotion program which funds mostly community health organisations to deliver prevention and health promotion initiatives.

'Tackling climate change and its impact on health' is a focus area of the 2019-2023 plan, with strategic actions including understanding and assessing the risks of climate change to public health, promoting community adaptation, and assessing the health co-benefits of reducing greenhouse gas emissions.

Health and Human Services Climate Change Adaptation Action Plan 2022–2026

Lead: Department of Families, Fairness and Housing and Department of Health

The Victorian Government's 5-year plan to respond to climate change risks in the health and human services system.[16] CHCSOs play a critical role in the implementation of this plan. Not only do many receive core funding from the Department of Health and the Department of Families, Fairness and Housing – which jointly lead the plan – but CHCSOs play a key role in reporting on and responding to changing community needs.

Sector capability is identified as one of three strategic actions in the sector plan, with a focus on place-based climate adaptation, cross-sectoral partnerships, and the development and promotion of targeted resources, tools, and initiatives specific to CHCSOs emphasising the critical role of networks and knowledge sharing to deliver improved health and wellbeing outcomes.

Greater Melbourne Regional Adaptation Strategy

Lead: Department of Environment, Land, Water and Planning

Outlines 12 strategic action areas for adaptation and resilience building, informed by local communities and stakeholders in Greater Melbourne.[17] The actions respond to major systems elements within Greater Melbourne, and the application of their interactions to reducing climate change impacts.

Building skills and resources, focusing on issues and locations with broader system implications, and supporting at-risk individuals and communities are key areas applicable to CHCSOs. Some priorities relevant to CHCSOs include:

- Capacity building and funding for climate adaptation, particularly targeting at-risk sectors

- Building the resilience and business continuity of community service organisations to minimise disruptions to service delivery

- Shared knowledge and learnings through a Community of Practice (i.e. currently convened by Jesuit Social Services' Centre for Just Places).

Municipal public health and wellbeing planning

Lead: Local Governments

Municipal public health and wellbeing planning is required to respond to the state public health and wellbeing plan to strengthen collaboration between state and local governments. Each council is required to prepare a Municipal Public Health and Wellbeing Plan every 4 years. These plans can be stand-alone (for example, Wyndham) or incorporated into the council strategic plan (for example, Brimbank, Hobsons Bay, Maribyrnong and Melton).

All plans for the west include statements about local partners and partnerships. In the 2021 plans, the most common local partners named were the (now redundant) Primary Care Partnerships and community health organisations.[18] Across these plans, indicators relating to the intersections of climate change and health are largely focused on reducing urban heat island effects (including urban greening and conservation activities), reducing greenhouse gas emissions, and community education (see **Summary Brief 3** for further analysis).

Findings and emerging opportunities

While there is support from Victorian legislative and policy frameworks to develop the understanding and capacity of CHCSOs in relation to climate change adaptation and climate justice, there are also critical gaps. Funding for climate change responses decreased in the last state budget, with limited funding to climate change adaptation.[19]

Moreover, many of the policy frameworks have yet to set out implementation processes or report on outcomes. Questions of how the activities of CHCSOs are informing the planning, implementation, and evaluation, including where possibilities for knowledge sharing might exist, are important.

Key findings and considerations:

- **Understanding intersecting risks and vulnerabilities –** There needs to be a shared and evolving understanding of the intersecting and compounding risks and vulnerabilities associated with climate change within communities and over time.

- **Potential of maladaptation –** Climate change responses may be maladaptive when they exacerbate experiences of complex intergenerational trauma, socioeconomic disadvantage and political marginalisation, or when they add greenhouse gas emissions or shift the risks to others. For example, in displacing low-income communities through the gentrification that may occur from investment in urban greening initiatives.

- **Building capacities and capabilities –** As place-based organisations, CHCSOs have a key role to play in ensuring that climate change responses address the different risks, opportunities, and capacities in the communities they work with.

- **Co-benefits of public health and climate change adaptation planning –** Proposed changes to Community Health – Health Promotion Guidelines integrate environmental sustainability, climate change mitigation, and health considerations as co-benefits to the focus areas of healthy eating and active living. These guidelines may narrow the scope of climate justice issues addressed by community health in the medium-term.

- **Leveraging existing work –** A heightened focus on sector capability at the state level suggests an opportunity to leverage the existing work of CHCSOs, particularly during the pandemic, to build and invest in sector capability and strengthen the role of CHCSOs in addressing climate change.

Key opportunities:

- **Mechanisms for learning –** Consider mechanisms that leverage the relationships and trust held within CHCSOs to inform sector capability planning around health equity and climate adaptation, particularly at the state level.

- **Strengthen shared understandings –** Strengthen sector understandings of the intersections between health inequities and risks and vulnerabilities to climate change within the west of Melbourne, both at an LGA and regional level.

- **From mitigation and sustainability to adaptation in health prevention and promotion –** Target health protection and health promotion to support communities at greatest risk of climate change, going beyond mitigation and sustainability considerations to include specific guidelines and indicators around climate adaptation.

Notes

[1] Victorian Centre for Climate Change Adaptation Research, *Adaptation Planning for Community Service Organisations and Primary Care Partnerships: Policy Guidance for State Government* (Melbourne, 2014), 5.

[2] IPCC, Summary for Policymakers. In: *Climate Change 2022: Impacts, Adaptation and Vulnerability. Contribution of Working Group II to the Sixth Assessment Report of the Intergovernmental Panel on Climate Change*, eds. Hans-Otto Pörtner et al., (Cambridge, UK and New York, NY: Cambridge University Press, 2022), 11-12.

[3] Libby Porter et al., "Climate Justice in a Climate Changed World," *Planning Theory and Practice* 21, no. 2 (2020): 309, https://doi.org/10.1080/14649357.2020.1748959.

[4] Hannah Della Bosca, David Schlosberg and Luke Craven, "Shock and Place: Reorienting Resilience Thinking," *Local Environment* 25, no.3 (2020): 239, https://doi.org/10.1080/13549839.2020.1723510.

[5] IPCC, Summary for Policymakers. In: *Global Warming of 1.5°C. An IPCC Special Report On The Impacts of Global Warming of 1.5°C above Pre-industrial Levels and Related Global Greenhouse Gas Emission Pathways, in the Context of Strengthening the Global Response To Eradicate Poverty, eds.* Valérie Masson-Delmotte et al. (Cambridge, UK and New York, NY: Cambridge University Press, 2014), 3.

[6] Haydie Gooder et al., *Best-Practice and Lessons for Place-Based Initiatives Responding to the Health Impacts of Heatwaves in an Urban Context: A Literature Review* (Melbourne: RMIT University, 2020), 6.

[7] Gooder et al., *Best-Practice and Lessons*, 7.

[8] Carl Folke et al., "Resilience: Now More than Ever," *Ambio* 50, no. 10 (2021): 1774–1777, https://doi.org/10.1007/s13280-020-01487-6.

[9] Bridget Tehan, *Building Resilient Communities: Working with the Community Sector to Enhance Emergency Management* (Melbourne: VCOSS, 2017), 3.

[10] "Fair, Fast and Inclusive Climate Change Action," ACOSS, accessed 1 September 2022, https://www.acoss.org.au/climate-change-and-social-justice/.

[11] See for example, David Naguib Pellow, *What Is Critical Environmental Justice?* (Cambridge, UK: Polity, 2018); David Schlosberg, "Climate Justice and Capabilities: A Framework for Adaptation Policy," *Ethics & International Affairs* 26, no. 4 (2012): 444-446, https://doi.org/10.1017/S0892679412000615; Peter Newell et al., "Toward Transformative Climate Justice: An Emerging Research Agenda," *WIREs Climate Change 12*, no. 6 (2021), https://doi.org/10.1002/wcc.733.

[12] DHHS, *Pilot Health and Human Services Climate Change Adaptation Action Plan 2019-21* (Melbourne: State of Victoria, 2019), 19.

[13] *Climate Change Act 2017* (VIC), S. 17, http://classic.austlii.edu.au/au/legis/vic/consol_act/cca2017109/.

[14] *Local Government Act 2020* (VIC), S. 9, http://classic.austlii.edu.au/au/legis/vic/consol_act/lga2020182/.

[15] DHHS, *Victorian Public Health and Wellbeing Plan 2019–2023* (Melbourne: State of Victoria, 2019), 1-3.

[16] DH and DFFH, *Health and Human Services Climate Change Adaptation Action Plan 2022–2026* (Melbourne: State of Victoria, 2022), 43-44.

[17] DELWP, *Greater Melbourne Regional Climate Change Adaptation Strategy* (Melbourne: State of Victoria, 2021), 19-29.

[18] MAV, *Municipal Public Health and Wellbeing Plans 2021–2025: Report* (Melbourne, 2022), 8-9, https://www.mav.asn.au/__data/assets/pdf_file/0011/29576/Final-MAV-MPHWP-Analysis-Full-Report.pdf.

[19] Total spend on climate change was decreased by 40 percent in the 2022-23 budget (down from $46.0 million in 2021-22 to $$27.6 million), with no implementation funding allocated to the six Regional Adaptation Action Plans. See VCOSS, *A Healthy Climate Supporting Resilient Communities: Budget Analysis* (Melbourne, 2022), https://vcoss.org.au/budget/2022/05/a-healthy-climate-supporting-resilient-communities/.