

As Prime Minister Morrison signalled a hope that net zero carbon emissions might be achieved by 2050 and Opposition Leader Albanese reshuffled the shadow cabinet with a view to resetting climate policy, health leaders have called for climate change to be addressed in health policy in the latest edition of the *Australian Health Review* (AHR).

‘Health leaders in Australia and internationally are increasingly adding their voices to the call for action on climate change and reduction of emissions. Research to understand the impacts of climate change on health is required, as well as commitment from health service managers to implement practical steps towards more sustainable healthcare,’ says Professor Sonj Hall, AHR Editor-in-Chief.

Sotiris Vardoulakis, Professor of Global Environmental Health at the Australian National University, reflects that without the COVID-19 pandemic, 2020 may have been remembered as the world’s hottest year on record and as a year of devastating bushfires fuelled by climate change.

‘Environmental as well as health crises focus the attention of policymakers and response services on immediate risk reduction interventions,’ notes Vardoulakis. He highlights the need for longer term preparedness, resilience and responsiveness of the health sector to climate change. Risk reduction measures and targets to curb carbon emissions will also be required.

In a policy reflection on emission and waste reduction in the health sector, Adjunct Professor Tarun Weeramanthri, who led the 2019 Climate Health WA Inquiry, notes the value of regional and local examples in understanding the health threats related to climate change. He describes the ‘lost decade’ for action from 2010 to 2020, and a gap between health system advocacy about the impact of climate change and the sector’s own actions to reduce its substantial emissions and waste.

Also, in this edition, the COVID-19 vaccination program comes under scrutiny. Professor Jane Hall and Professor Rosalie Viney note in ‘*Quality adjusted life years in the time of Covid-19*’ that while vaccines have undergone safety assessments, they have not been subjected to the same rigorous economic evaluation as other vaccines, because the stakes of not controlling the pandemic are too high.

A paper by Dr Maria Donald *et al* compares the cost of an integrated GP-based model of care for patients with complex type 2 diabetes with usual care at hospital outpatient departments. In the Beacon model, GPs working with an endocrinologist and diabetes nurse educator provided less costly care per patient course of treatment for equivalent clinical outcomes. Unlike most chronic disease management, the Beacon model was funded from both Commonwealth and state government sources, and focused on what was most efficient overall, rather than on efficiency from the perspective of individual funders.

Amanda Kivic *et al* report research which shows that financial incentives in public-private partnership contracts and linking payments to KPI performance resulted in shorter average lengths of stay in Hospital-in-the-Home programs in Queensland. The authors concluded that these strategies could support shorter average lengths of stay in other healthcare services.

The February edition of AHHA’s academic journal, the *Australian Health Review*, is available [here](#). This media release is available [online](#).

The Australian Healthcare and Hospitals Association (AHHA) is the national peak body for public and not-for-profit hospitals, Primary Health Networks, and community and primary healthcare services.

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