

# **TRANSCRIPT**

## **LEGISLATIVE ASSEMBLY ENVIRONMENT AND PLANNING COMMITTEE**

### **Inquiry into Tackling Climate Change in Victorian Communities**

Warrnambool—Thursday, 21 November 2019

#### **MEMBERS**

Mr Darren Cheeseman—Chair

Mr David Morris—Deputy Chair

Mr Will Fowles

Ms Danielle Green

Mr Paul Hamer

Mr Tim McCurdy

Mr Tim Smith

**WITNESS**

Ms Joanne Brown, Manager Health and Wellbeing, Southern Grampians Glenelg Primary Care Partnership.

**The CHAIR:** Welcome to the public hearing. I just want to run through a few formalities before we begin. All evidence taken today will be recorded by Hansard and is protected by parliamentary privilege. This means no legal action can be taken against you in relation to the evidence you give. However, this protection does not apply to the comments made outside the hearing even if you are restating what you have said during the hearing. You will receive a draft transcript of the evidence in the next week or so for you to check and approve. Corrected transcripts are published on the Committee's website and may be quoted from in our final report.

Thank you for making the time to meet with the Committee today. Could you please state your full name and title before beginning your presentation?

**Ms BROWN:** Thank you. My name is Joanne Brown. I am Manager Health and Wellbeing with Southern Grampians Glenelg Primary Care Partnership, and we are located in Hamilton, south-western Victoria.

**The CHAIR:** Fantastic.

**Ms BROWN:** Thank you for having me here today, I am really excited to be here. I have never presented or given evidence to an Inquiry like this, so I hope that I am able to do our work justice. I would like to actually start by acknowledging the traditional custodians of the land on which we meet today, the Gunditjmara people, and pay my respects to their elders past, present and emerging.

I am going to present the work that we have been doing at Southern Grampians Glenelg Primary Care Partnership, and I will tell you a few stories about the work that we have been doing rather than present all of our projects—you can read them a bit later.

I put this submission together on behalf of Southern Grampians Glenelg Primary Care Partnership—which I will call Southern Grampians Glenelg PCP in the future so that is a little bit more time efficient—and I wanted to talk you about the valuable role that the community and health sector have when it comes to reducing the impacts of climate change on those who are most vulnerable in our community. It is particularly because the community and health sector have strong, established relationships with those people who are the most vulnerable in the community. At Southern Grampians Glenelg PCP we have a strong relationship with the health and wellbeing sector so we are able to work with the health and community sector to increase their capacity and their capability, and we also have a strong relationship now with government and research and policymakers, so we sort of have an advocacy role upwards. We believe that, I guess, all those significant relationships can play a role in reducing the vulnerability of particularly the most vulnerable people in Victoria to the effects of climate change.

We are one of 28 PCPs throughout the state of Victoria and we work with 20 partner agencies. They are both our local government areas, which are Southern Grampians and Glenelg, large and small health services, bush nursing centres, Aboriginal health centres. We work with community houses, we work with local water authorities; we have a whole range of local partner agencies. And we work together in Southern Grampians and Glenelg and our mission is to support our community to thrive, so we are even sort of going beyond—I think a year ago our mission would have been to support health and wellbeing in the community but we have sort of broadened that, you know, thriving communities are the strong communities.

I probably should point out at this point in time—I am pretty sure you are a very influential bunch of people—but PCPs are funded through the State Government Department of Health and Human Services, and our funding is actually not secure post June 2020 and we are really concerned about the Victorian community and the breadth of our approach, I suppose, and the impacts of that post then. But I am going to talk about the past and the future a little bit, and what we have been doing. I will do it in sort of storytelling, if I can indulge you with a few stories?

**The CHAIR:** Absolutely.

**Ms BROWN:** The story begins in around 2007, 2008 when Southern Grampians Glenelg PCP identified that climate change is likely to have big impacts on the health and wellbeing of our community, and it was seen as a bit of an emerging health issue. The environmental issues were well and truly centred, but in terms of people in the health and community services sector talking about the impact of climate change it was quite emerging, which is a little bit different today in 2019. As early, I think, as January this year the *Lancet* published a report that talked about climate change as being the most urgent health issue of our time, and they actually state that:

... that is because of its sweeping effects on the health of human beings and the natural systems we depend on ...

So I think that emerging issue in 10 years to an urgent issue is alarming for us. I use a quote all the time that also came from the *Lancet* with some work by some people from a university in the UK around the impacts of climate change and the fact that it is not equitable—that if you lack resources, if you have health issues, if you live in a rural area or if you depend on climate for your economic wellbeing, you are going to be more impacted than anybody else. If you just think about someone who lives in a house that offers little protection to climate change, they are going to have bigger impacts—even health impacts—than someone who can flick the air conditioning on and off, not thinking about the impact on the environment. The quote that always alarms me is that under climate change the wealthier parts of the population will be inconvenienced and the poor will die. When I first heard that quote I actually thought it was a little bit dramatic, but now over time I have realised, ‘Mmm, it’s very true’.

Over past 10 or so years since Southern Grampians Glenelg PCP has been working in this space, what we have been trying to do is understand what is the role of the community health sector, what is the role of the PCP. What we have come to believe is that it is all embedded in the relationships. It is those relationships—again, if I just go back to the relationship between the health and community sector and the vulnerable people in the community, they are the ones who are most likely to have the most trusted relationships, and they are existing relationships and they learn to make new relationships. But pretty much the people who work in the health and community sector are flat out doing what they do, so they need to have maybe someone who can work with them, like our PCP, to increase their awareness and understanding of the impacts and their capability and capacity to respond. That is one part of the relationship. The other part is around the PCPs, particularly Southern Grampians Glenelg PCP and our relationship with the research sector, policymakers, government, so that we are able to tell these people about what is going on on the ground and how we can actually work together to improve things for our community.

So in that time, the last 10 years, we have done a number of projects. We have worked with a number of different government departments. Even though we are core funded by the Department of Health and Human Services, we have sought funding externally to be able to do this work. So we have sought funding from DELWP, we have sought funding from Sustainability Victoria, we have had funding from Emergency Management Victoria, we have had some Federal Government money, we have had funding from CFA in order to run a whole lot of different projects to understand the impacts, to understand the capacity of the community and health sector and also to understand our role as a PCP in the networks.

I am not going to tell you about all those projects because you can go and read them if you like on our website, which is [sggpcp.com](http://sggpcp.com). But what I would like to do is share some stories about the people that we have worked with and the human impacts, if that is okay.

**The CHAIR:** Stories are good for case studies, so absolutely.

**Ms BROWN:** Good; I have got plenty. First, I would like to tell you a story about the rising cost of household energy on more vulnerable communities. This is a story that was told to me by one of our partner agencies, an Aboriginal health service. One day I was chatting with the executive officer there and he told me a story about a young Aboriginal woman who had three small children and she was a single mother. She had gone to one of the elders to ask her, ‘How do you light a camp fire?’. It was the middle of winter and the elder was a little bit concerned about, ‘Why do you want to know how to light a camp fire in the middle of winter? Are you planning to go camping?’. ‘No, no, no’. Then the more they talked about it, this young woman was quite embarrassed and a little bit distressed to say, ‘My electricity has been cut off, so I’ve been lighting a little camp fire. I want to be able to light a camp fire in my backyard so that the kids and I can sit around the camp

fire and I can cook, because my only cooking is electricity and my only heating is electricity'. So what she would do was cook around the camp fire. I am not too sure of all the safety issues that come with that as well, let alone the fact they had to sit outside around the camp fire in order to get warm in the middle of winter. It does not make a lot of sense to me. Then they would all go to bed at night and huddle together to stay warm.

The story actually has a happy ending, thank goodness, because it is a bit of a sad story. The Aboriginal health service had been working with our Southern Grampians Glenelg PCP on a household energy efficiency project, so they had a heightened awareness of how to help this young woman, and luckily they were able to work with her to have her energy restored, work with her around financial crisis, talk with her about improving the efficiency in her home. They talked about improving the efficiency, not just conserving energy, because what tends to happen and what we see a lot is that people go into the homes of vulnerable people and they will notice that, yes, there is a heater in the room or there is an air conditioner but they do not use it because it costs too much to use. So people are actually having worse health impacts because they are living in cold or hot environments. That is one story. I have got a few more.

I would like to tell you a story about access to some great programs that happen and the access to those by people who live in rural communities. The central character to this story is an elderly woman, and she lives in a very small rural community in south-west Victoria. I will just call her Joan today; that is not her real name. She was part of a project that we ran through Southern Grampians Glenelg PCP called Pass the Parcel. This program was around passing a parcel of energy efficiency information around in the community, and within that parcel was a little temperature data logger. The idea was that: how do we engage the community about household energy efficiency? In the story before, the household energy efficiency was not a priority for this young woman. Getting food on the table was a priority. Keeping her kids safe was a priority. People sometimes do not want to talk about household energy efficiency because it is just not important to them at that particular time.

So this project, passing the parcel, was to get the conversations going. As people passed the parcel to someone else they had a conversation. In the parcel was this little temperature data logger, so this was a bit of a hook for people. The temperature data logger they could hang up in their home and it would record the temperature in their home. What that meant is that we were able to provide people at the end of the project with a graph of the internal temperature in their home and the external temperature, and overlay the standard human comfort zone. We are no engineers, believe me, we are no environmental engineers. We linked with people who could help us with that. But what it did is it gave everybody in the project a little personal picture of what the energy in their home looked like. It was really, really powerful and really, really engaging. We also invited all the participants in the project to a workshop, and we were really lucky to connect with a couple of great environmental engineers locally who ran the workshop. So it was all fantastic; people had heightened awareness, they had some information that was very relevant to themselves and they had some expert information.

At that time there were a few things going on across Australia and Victoria. There was the Federal Government insulation scheme. There were a number of VEET programs, the Victorian energy efficiency target programs, where someone would come and replace your light globes or help you out with draught sealing and gap proofing and showerheads and stuff like that, but none of those programs went to this little remote community in south-west Victoria—we are not talking the middle of the desert anywhere, we are just talking south-west Victoria—because why would they? They had plenty of work to do in the regional centres and they were not really paid to travel anywhere, so they did not come out to the rural communities.

Anyway, the story goes that one day there is a knock on Joan's door and she opens the door to find a couple of young chaps at the door. She did not recognise them. They did not look like anybody she knew. They had accents like some people she did not know. They wanted to talk to her about installing insulation in her home. Joan said to me, 'I would have shut the door on them, Jo, except for I'd been involved in this project and I knew about household energy efficiency and I knew about the power of insulation. But I was still a bit worried', so she went and contacted a neighbour and asked them, 'What do you think about this?'. He had been involved in the project also because the passing of the parcel got people talking about household energy efficiency. So he popped over to check on the insulation guys and then he came back when it was done. Joan tells me a story later. This was in about 2009 that we did this, around about. Later she told me a story about how that insulation created such a nice warm blanket for her home that she felt so much more comfortable in winter that she

actually was looking forward to her energy bill, which she had not done in the past. The story and the vision that I always think of that she told me was, 'On hot days, Jo, the butter doesn't melt on the table anymore like it used to, because it's just not as hot in my house'. So I always think of that when I think of Joan.

So that was a really happy story, because Joan was involved in a PCP project around energy efficiency and it was really relevant to her. The project looked at enhancing networks, knowing about the power of community and community capacity, and the project also exposed some of the leadership platform of the PCP. What we did then is we talked to projects like the VEET projects and said, 'Why don't you come out here to this place? How do we make it easier for you to come here? How do we make it more accessible for people from remote areas?'. That project was funded by Sustainability Victoria, so we also wrote a report to highlight those issues as well. How you coping? More stories, is that okay?

Can I tell you a story about the power of local connections, particularly stemming from a small rural health service, in regards to extreme climatic events and fires particularly—today is a good day to talk about something like that. This story is actually set in Balmoral, which is, if you do not know, about 350 kilometres west of Melbourne. It is a small community and within this small community is this absolutely amazing bush nursing centre. They are the hub of their community, and if you know bush nursing centres—this bush nursing centre has a very local approach and everybody knows the bush nursing centre, and they do more than bush nursing. There are a lot of services there. They have been involved in a number of Southern Grampians Glenelg PCP projects around climate change, and the reason for that is because they get it. They know that their community are being impacted by climate change and they want to see what they can do about it. Again, they are trying to get their jobs done and be the nurses and the outreach workers and the podiatrists and the doctors and the community health workers.

Quite recently, a couple of years ago, we conducted a project with them called Balmoral Fire Connect, and this project looked at the dissemination of information from important services like bush nursing centres. We used social network analysis of four key staff at the centre to understand how they disseminated information. The four key staff all disseminated information to people most vulnerable in their community. They did not think that they were disseminating or should be disseminating formal fire safety information, so they did not go out and talk to people about fire behaviour and how to write a plan and things like that. They just did not feel they had the capacity for that, even though many of them had the knowledge because they had been involved in fire safety within their service or they were local people who were part of their brigade—so some of them would have conversations differently to other people. What they did do, though, when they were out talking to people in the community, is they would talk about safety and welfare and weather. So if they were out yesterday in the community—if the district nurse was out in the community yesterday—it is likely that she was saying, 'Hey, you know, it's going to be hot tomorrow. What are you doing to protect yourself? What about your kids? It's going to be a really bad fire day. Have you got a plan?'. They would be using those prompts, which are just as valuable as taking the formal information.

The other thing the social network showed was that it was not just the relationships between the person who worked at the bush nursing centre and the vulnerable people, but there were these relationships among people in the community. Essentially if you tell somebody something in a rural community, it is likely that message travels. We might have called that the grapevine or gossip years ago, but there are times when that is really effective.

**The CHAIR:** Or the parish pump.

**Ms BROWN:** Yes. So we wrote a report about that, which to some of us who live in rural communities is like, 'We know that happens', but we wanted to advocate that this is a really important relationship and it needs to be capitalised on. We also made a short film about that and we called it *ALLready: There's No Such Thing As Small Talk*. You can watch that on YouTube if you like. It only goes for a minute. By the way, that work is really highly regarded. It won the 2018 Fire Awareness Award and was the 2018 Victorian winner of the Resilient Australia Award. The *ALLready* little animation was highly commended in this year's Resilient Australia Awards. It is the role, we think, of the PCP to be able to expose the potential in these sorts of agencies when it comes to protecting our community from the impacts of climate change.

**The CHAIR:** I was thinking through your description of Balmoral and that community and how that community organises itself; obviously these small communities are very different, but one way or another they have a lot of commonality.

**Ms BROWN:** Yes.

**The CHAIR:** The parish pump or however you wish to sort of put it—communities come together and they organise themselves differently, but with a lot of commonality. How might Government strengthen those kinds of networks in those small towns to enable those communities to be as resilient as possible in terms of the consequences of climate change—rising energy costs, mental health. You know, obviously climate change is going to have a consequence on how often we have droughts, and that challenges the economics of small communities. How might we, as a Parliament and potentially as a Government, strengthen and support those communities? Is it directly through funding entities like yours? How do we do that?

**Ms BROWN:** I believe that the central hubs of those communities are the things that we cannot lose. Even in places like Balmoral, for example, they are a community that come together and get things done often by themselves as a community because sometimes the government funding is not there. I think the government funding is around ensuring that those central hubs remain so that the community can self-organise and network. It is when those central hubs are no longer existing, I think, that things can get hard. I think it is really hard—

**The CHAIR:** So for those central hubs, it could be a CFA shed, it could be a neighbourhood house, it could be a bush nursing home, it could be the hall.

**Ms BROWN:** It could be the hall, it could be a community garden or it could be making sure the footy club is watered—the grass is still getting watered so people can play football. There is a story—and it is a Balmoral story, because they do amazing stuff—where their petrol station closed down. If we are talking climate change, we are probably thinking about fossil fuels and stuff. But when you are a small community and you need to get to other communities in order to get things done, the closure of the petrol station has a huge impact on the community. So they were lucky that the community were able to get together and have a local person assist to set up an independent, non-staffed service station. But some of the stories that I heard around when the service station was not there were not necessarily climate change-related; they were stories around health and wellbeing. They were people and economics—people were travelling out of town to fill up with petrol, so while they were there, they did their shopping and whatever. People were carting fuel from major centres in the back of their ute or their four-wheel drive in maybe not-quite-so-safe petrol containers. Then they were manual handling them to put on the shelf and store them somewhere. So there are so many other things. The social connection—people would stop going to things that were non-essential services because they did not want to use their precious fuel, and then they would stop going to health appointments because that would use their precious fuel.

So even something like supporting the economics of a town. We have a lot of smaller landholdings and farms that are now quite big because families cannot keep the farm going anymore and they become quite big farms. So that impacts those small rural centres because there are less people. When there are less people, the school closes down. The school closes down and people move away from those towns.

**The CHAIR:** The bank goes.

**Ms BROWN:** The bank goes, yes.

**Ms GREEN:** Following on in that vein, I just love that story of Balmoral—the preparedness conversations that are happening. And congratulations on the award. I recall I went to Carisbrook after they were flooded and there was actually an elderly non-English-speaking background couple there that died of hypothermia. They were sitting in water that was coming up next to their lounge chairs, and because people in uniforms came and knocked on the door they were frightened. So obviously that couple was so isolated. They were frightened because they had come from an Eastern Bloc country where they did not trust people in uniforms. But the bushfires royal commission recommended the establishment of a vulnerable people's register, so that is how it is operating—I mean it is the informal one. But have you had any experience in other parts of the PCP where that has operated during an emergency, and do you have any thoughts?

**Ms BROWN:** Yes, I know a little about the vulnerable persons register and how it is enacted, but when we were doing some work called Rural People: Resilient Futures, which was funded through the Department of Environment, Land, Water and Planning, we were asking some of the agencies we worked with about vulnerability, and it was really interesting that people would mention the vulnerable persons register and a couple of things about it. One was how difficult it was to be on that register—that you have to meet so many criteria and that you almost have to say, ‘Yes, I am vulnerable’. But most people might have a neighbour or something, or they might have a family member, so there were many criteria to meet. Often people said to us, ‘Yes, we’ve got the vulnerable persons register, but’—and this is in inverted commas—‘we’ve got our “informal” vulnerable persons list. So just because we know our community, people who are vulnerable who don’t make it onto the list still sort of get the same from that service’. Say if they are a home and community care service, they still get a phone call et cetera—they are not on the list, but it is because they know their community so well.

**Ms GREEN:** So local government had set the criteria or was it DHHS?

**Ms BROWN:** I think they are set by DHHS. I have got another quick story about the vulnerable persons register and heatwave. There are processes, I believe, with people on the vulnerable persons register, and a person who works for the home and community care service run through local government was telling me about the heatwave last year and calling people around heatwave because they were on the vulnerable persons list. And they had to make so many calls, because there were so many days of heatwave, that they actually felt that that list and their having to make the calls did not do that much for their relationship with the client, because the client then said in the end, ‘What, do you think I’m stupid? I know that there’s a heatwave. You called me yesterday’. So the processes and the language used—it could just be, ‘How are you going today? What are you doing? Just calling to see how you’re doing’, but I think that the processes and procedures were, ‘Do you understand that it’s going to be a day of 45 degrees?’. So there must be a process there. It was a really interesting story, actually.

**The CHAIR:** Can I just ask, some of us represent suburban communities, and during heatwaves, which might go for a number of days or a week or whatever, people have that opportunity to go down to the local shopping centre or to go to the movies to access, during the height of the heat during the day, air conditioning to cool themselves down. They might even have indoor swimming pools and other things. Obviously smaller communities do not necessarily have shopping centres or movie theatres. I am assuming these small communities will have publicly controlled areas. It might be a town hall or those kinds of things. Are some of the local government areas in communities like Balmoral identifying a place where people can go to escape heat—you know, a hall or a bush nursing home or—

**Ms GREEN:** A neighbourhood house.

**The CHAIR:** A neighbourhood house, a town library. Is that work being done to provide those options?

**Ms BROWN:** Yes, I think informally that is being done. I think as a formal creation of a heat refuge in different communities it is not done so much, and the reasons for that are varied. It is about how does the person get from a farming centre into town, because a high-heat day is likely to be high-fire-risk day as well, so it is about the exposure for people to get there, number one. It is probably about the coordination and who is coordinating it.

I remember a story a woman told me from far north in Victoria about a heatwave. In the far north of Victoria their heatwaves are horrendous—you know, high 40s for several days—and she told me about the power going out and then gathering all these people in part of a health service and then the management of that afterwards was just not well planned for. So the planning around just getting people together and then—you know, what do you do? It is ensuring that people are watered and fed—sorry, they are not farm animals—and that they are looked after and their welfare is looked after. Also there is the risk management about, ‘Now we are responsible for these people’ et cetera. So there is some of that happening informally. For example, the Balmoral Bush Nursing Centre say, ‘Come in today. We’ve got a lovely cool room and there’s water’ or whatever, but there is an understanding that ‘We’re sort of not responsible for you today’, possibly.

**The CHAIR:** So should municipal emergency management plans start identifying these locations? It might well be that council puts on a slab of water and some biscuits—

**Ms BROWN:** I am glad you said water there.

**The CHAIR:** whatever it may happen to be; it might be icy poles or whatever—and have an opportunity for people to sit down quietly and read a book or watch a movie together. I do not think there is necessarily a particular risk issue as long as it is thought through and put into a plan. Should our Committee be looking to make a recommendation along those lines, that maybe municipal emergency plans should start considering heatwaves and, particularly in these smaller communities, identifying a place to go and how that will be managed and how people will be informed of its location and setting a reasonable expectation about how it will be a place to go to get out of the heat?

**Ms BROWN:** I think that would be a fabulous thing for the community, and I think that there could be places that the emergency management committees could consider that were safer places to be or urban heat refuges, or heat refuges in our part of the world, and even consider things like what public facilities there are that could be accessible at a cheaper rate. So the movie theatres could be half-price on hot days or access to the pool could be a bit less. I know what also happens, particularly in the Southern Grampians shire, is that in the townships on the code red days they close some facilities, and that means that some of those facilities close, like the school, like the swimming pool et cetera. So there has been some controversy, particularly in the Southern Grampians shire a couple of years ago about closing pools on really hot days, but it is about protection for staff. There are a lot of complexities, I suppose, as well to be considered, but yes, I do think it is a great idea.

**The CHAIR:** I have exhausted my questions.

**Mr FOWLES:** To what extent have you seen an impact in the mental health sphere around climate change, either with people feeling anxious about it or people reacting in the mental health domain from climate change events—heat or protracted heat?

**Ms BROWN:** Yes, mental health impacts are really, really big, particularly with young people around anxiety. We were just talking about that recently—that there is a lot of anxiety for young people around climate change. Not so much anxiety about climate change, but anxiety about the lack of action and the lack of involvement in action. There are a lot of mental health issues in regard to drought. I do not know the statistics around suicide in our farming community, but I know that it correlates pretty well with drought. There are mental health issues around post-traumatic stress disorder post extreme climatic events, and they also lead into a lot of family violence issues as well. So mental health issues are up there with—you know, it is not just physical health; mental health issues and all of the impacts of climate change are pretty huge.

**Mr HAMER:** Can I ask: the partnerships are based on a local government geographical area, are they?

**Ms BROWN:** Yes, there are 28 PCPs, primary care partnerships, throughout the state of Victoria, and they are all based on local government areas. They are all different, and that is the idea of the PCPs: it is that they are very localised, they are very place based and they are around understanding their community and then being able to work with their partner agencies that are generally health and community services. But that is expanding: one of our partners is now Wannon Water. So we know that health is not just about the hospital. So yes, they are based on local government areas.

**Ms GREEN:** The Chair used to work for the PCP; that might be the connection.

**Ms BROWN:** Oh, right.

**The CHAIR:** One last question.

**Mr HAMER:** I guess just as a follow-on, you were saying there was interaction with the other 28 agencies in terms of if you look at a state strategic approach. From our point of view, which is taking a State Government approach, if there is a more global initiative that could actually assist, is there a common theme or approach that we might be able to look at with mental health across the board?

**Ms BROWN:** Because PCPs have a network of essentially 800 health and community sector organisations, we believe the PCPs are so well placed to do this work, because of that connection to the agencies and their connection to communities, but also that connection to government. At this point we are State Government funded, but we also have that advocacy platform. Our PCPs have contributed to work with a number of government departments. We are called on to be an expert in a number of forums, and at this very moment we have some funding through the Lord Mayor's Charitable Foundation to elevate the work that we have been doing with other PCPs around the state. So we are working really closely with three PCPs at the moment to do group model building to really understand what are the impacts in their community and how can that PCP platform be exposed and used to reduce vulnerability. Does that answer your question?

**Mr HAMER:** Yes.

**The CHAIR:** Thank you, Joanne. Your evidence today I found very, very enlightening, and I am sure my colleagues did as well. I think with the smaller communities in particular we have got to be very conscious that they do not necessarily have the formal structures that larger regional centres have, and your evidence has certainly touched on some of that and certainly given me some thoughts. Thank you for your time today.

**Ms BROWN:** Thank you. Could I just add the recommendations? They will only take 2 minutes.

**The CHAIR:** Yes, absolutely.

**Ms BROWN:** As a result of all the work we have been doing, I guess we have got a couple of things that I think that we need from the Government. One is the recognition that climate change is impacting our community, and the community health sector can play a really big role in reducing impacts, particularly with strategic and equitable approaches. I think we need to harness that power in the small, local communities—or any community, really—and use place-based approaches so that we can capitalise on the relationships there already. I think that any action needs to be based with community. If I think about Joan and the people knocking on her door, she was going to close the door on them if there was not an existing trusted relationship. I think the Government should really be working with those who have the trusted relationships.

**The CHAIR:** Fantastic. Thanks for your time.

**Committee adjourned.**