

Queensland Heat Health Community of Practice (QHHCoP) Concept Proposal

Problem statement

Heat is emerging as a critical climate change issue for Australia and Queensland. The 2022 IPCC report indicates more days over 35C and longer heat events. It has been argued that from a health perspective, heat is the number one extreme event leading to more deaths than any other. Vulnerability to heat is disproportionately felt by vulnerable social groups, including seniors, people with disabilities and long-term renters. Yet, much of the heat-related morbidity and mortality is preventable.

Commensurate with this increased scientific understanding of future health-threatening temperatures is an increasing interest in developing adaptation options and heat risk management strategies across scales. One example of this is the Heat flagship work of the Department of Environment & Science (DES), which links to Queensland Health-Climate Adaptation Plan. Through the Heat Flagship project, the Queensland Government invested in a set of applied research projects to identify, assess and develop strategies to the emerging heat issue in Queensland. Funding research awards were made to Griffith researchers for projects led from Griffith (Rutherford et al) and University of the Sunshine Coast (Matthews – is from Griffith).

A multi-disciplinary group of researchers and professionals working in the heat and health space has emerged from the leadership of the DES. Central to the emergence of this milieu was the funding requirement that industry, researchers and government work together to assess risk and design solutions around heat. As this project nears its end, there is a need for this group to grow and find ways to share resources, knowledge and best practice. A well-designed and managed community of practice could facilitate collaborate on new research and advocate for increased investment in heat-health research and action. Understanding local contexts, the diverse sectors involved, and local regulatory environments are key to effectively and efficiently responding to emerging heat-health risks.

Combined with this increasing local need is the rapidly expanding knowledge being produced globally, underpinned by significant investment in heat and health from philanthropic bodies (eg. Wellcome), UN (eg. WHO) and the Emergency sector (eg Red Cross). At a global level the GHHIN (https://ghhin.org/) is 'focused on improving capacity to protect populations from the avoidable health risks of extreme heat in our changing climate'. It is a network with 5 key goals, providing a platform for researchers and practitioners to network, share ideas, research outcomes, build partnerships and accelerate outcomes. However, to improve the local collaboration within the Queensland context with unique planning laws, building design codes, heat awareness etc., there is a need for synthesis, curation of information, and communication channels.

Project aim

To develop a heat-health Community of Practice (QHHCoP) intended to improve local collaboration to assist in identifying, implementing and evaluating solutions to manage heat and human health related issues across Queensland. The QHHCoP will not only act as an archival resource; it can also provide a dynamic function by facilitating collaborating on new research, as well as advocating for increased investment in heat-health research and action.



Climate Action Beacon

The specific objectives of the QHHCoP are to:

- 1. Bring the research to heat management practice --> establishing a resource platform to share key research findings and how they apply to the local context;
- 2. Provide opportunity for practice to inform research --> user perspectives are a critical part of the design and implementation process:
- 3. Ensure that the complex determinants of the factors that influence heat exposure are assessed via multisectoral collaboration --> bringing together multiple disciplines working at different levels.

The QHHCoP will draw on existing Griffith expertise and build on preliminary work by Jackman (Public Health Practice Student report – Supervised by Rutherford), Jackson (experience and reflections document) and Matthews (heat and the elderly/aged care facilities).

Outcomes

- Establishment of an organisational structure small Advisory Group proposed and tested within 1 year;
- Activities 4 purposive seminars with ample time for Q&A/discussion (Mixture of hybrid and online with some networking);
- Pilot version of a platform host resource storage and promotion, curation and online interaction.
- Develop a plan for ongoing sustainability of the QHHCoP

Year 1 activities

- Establishment of an Advisory Group
- Establish Group Charter (focus, membership, goals, strategies, activities, communication)
- Establish a pilot list of participants and issue invitations to join the QHHCoP
- Launch the QHHCoP
- Design and deliver 4 activities (2 online 2 face to face)
- Design of platform with Digital solutions (Resource repository, Interactive capability posts)
- Identify opportunities for QHHCoP to be sustained beyond this 1 year project.

If successful, we would seek to link to national networks (eg. HEAL)