









The Energy/Health Hardship Nexus

- There's extensive research and data connecting health hardship to energy hardship.
- But policy makers, funders and system actors have largely failed to 'join the dots'.
- This has given rise to a vicious cycle we call the Energy/Health Hardship Nexus.











Four Provocations

- 1. People die from energy hardship this is a public health issue and it will only get worse as the climate warms.
- 2. If energy hardship is a health issue, health professionals must be supported to be part of the solution.
- 3. Australia needs to catch up with other countries in developing large-scale joined-up energy/health responses and then backup what works with long-term funding.
- 4. Access to affordable and clean energy should be recognised as a right.









Provocation 1 – energy hardship is a public health issue – and it will only get worse as the climate warms

- VCOSS-commissioned national survey (1000 households) October 2025:
 - o 22% (more than 1-in-5) report they are **struggling** to pay or **cannot afford** to pay their energy bills
 - o 27% (more than one-quarter) say they were unable to pay an energy bill in the past year
 - o 39% have cut back on food, healthcare or medicine in past 12 months to be able to pay energy bills.
 - Almost half (47%) report they regularly ration energy use to reduce the cost of their bill.
 - Most of those facing affordability challenges are not seeking the support they need. (Main reasons: embarrassment, not knowing who to ask, not knowing what support is available.)









Provocation 2 – health professionals must be supported to be part of the solution

- Currently, even when interventions (e.g. energy concessions) are available, people most in need of support often can't or don't access them.
- VCOSS-commissioned national survey (1000 households) October 2025:
 - o 54% of those who said they'd **cut back on essentials** had not reached out for support on how to pay their energy bills.
 - o 60% of those who said they are <u>financially struggling/in serious financial difficulty</u> had not reached out for support on how to pay their energy bills.
 - o 65% of those who said they <u>regularly ration their energy use</u> had not reached out for support on how to pay their energy bills.
 - Main reasons: embarrassment, not knowing who to ask, not knowing what support is available.

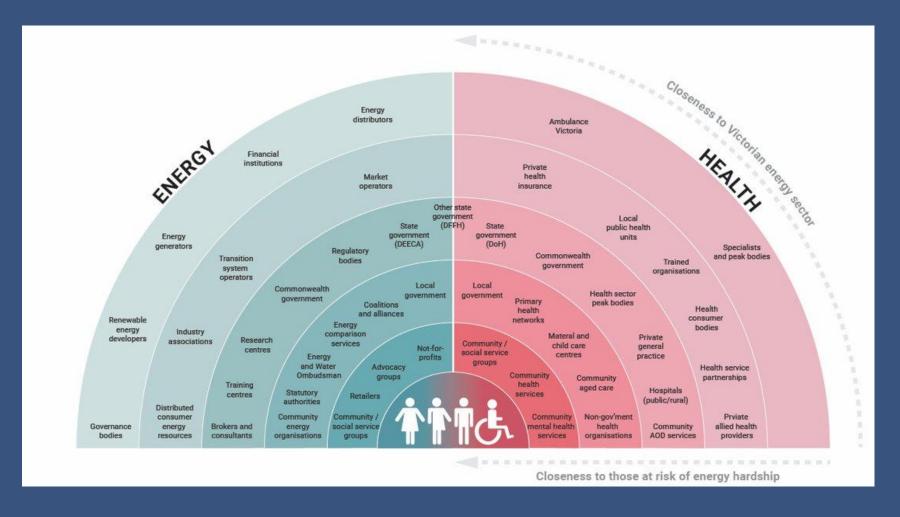








Systems Mapping











Provocation 3 – Australia needs to catch up with other countries in developing large-scale joined-up approaches

- Few Australian initiatives to date largely been limited and/or siloed, even when they've shown promising results.
- International schemes have taken a broader and systemic approach to linking the energy and health systems and had larger reach (though also beset by short-term funding)
 - New Zealand Healthy Homes Initiative
 - UK Warm Homes Prescriptions, Warm Front Scheme
 - Ireland Warmth and Wellbeing Pilot









Provocation 4 – Access to affordable and clean energy should be recognised as a right

- VCOSS' project demonstrated that it's possible to bring the energy and health system closer together to break the link between energy and health hardship – but it requires sustained effort ('backbone' infrastructure) to drive it.
- Situating equitable access to energy within a human rights framework would foster the conditions for enduring systemic change.











More information:

Online resource hub:

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