



Australian
**HEALTH
PROMOTION**
Association

Climate and Health Strategy - Consultation

Submission

24 July 2023



Australian Health Promotion Association
38 Surrey Road | Keswick SA 5035
Ph: 1300 857 796
national@healthpromotion.org.au
ABN: 443 730 807 90 | ACN: 116 231 595

This submission was led by AHPA Victorian Branch Committee members:
Teresa Capetola (Vic President) and Kate Lowsby

The Australian Health Promotion Association Ltd (AHPA®) welcomes the opportunity to provide comment on the consultation paper for a National Health and Climate Strategy.

About Us

Incorporated in 1990, AHPA is the only professional association specifically for people interested or involved in the practice, policy, research and study of health promotion. Our member-driven national Association represents over 1000 members and subscribers and is governed by a Board at the national level with operational branches representing all states and territories. Membership of AHPA is diverse, and includes designated health promotion practitioners, researchers and students, as well as others involved in promoting physical, mental, social, cultural and environmental health, whose primary profession or area of study may be something different, but whose responsibilities include promoting health. Members represent a broad range of sectors including health, education, welfare, environment, transport, law enforcement, town planning, housing, and politics. They are drawn from government departments and agencies, universities, non-government organisations, community-based organisations and groups, private companies, and students.

Our activities include: national registration of health promotion practitioners for the International Union for Health Promotion and Education (IUHPE) in Australia; national health promotion university learning and teaching network; early career support; national and local conferences and events; a tri-yearly Population Health Congress (with partners: Public Health Association of Australia, Australasian Epidemiological Association and Australasian Faculty of Public Health Medicine); a website providing professional and membership information; a national listserv providing members with sector news, employment, advocacy and events information; stakeholder and member communication across a range of platforms; advocacy action; strong partnership working with a range of organisations; awards; traineeships; mentoring; scholarships and bursaries; and the Health Promotion Journal of Australia, which has a strong focus on health equity and participation by First Nations people.

Our Vision

A healthy, equitable Australia.

Our Purpose

Leadership, advocacy and workforce development for health promotion practice, research, evaluation and policy.

Our Principles

- Ethical practice - Supporting culturally informed, participatory, respectful, and safe practice.
- Health equity - Addressing the sociocultural, economic, political, commercial and ecological determinants of health in order to build health equity.
- Innovative and evidence informed approaches - Promoting and supporting evidence informed research, policy and practice.
- Collaboration - Working in partnership with other organisations to improve health and wellbeing.

Our Strategy

1. Promote our profession and members
2. Advocate for health promotion
3. Build professional capacity of AHPA members
4. Support career pathways in health promotion
5. Promote equity, diversity and inclusion
6. Provide responsible and sustainable governance and management

Detailed actions to achieve the strategy can be found in our [Strategic Plan](#) document.

Introduction

1. How could these objectives be improved to better support the vision of the Strategy?

The Australian Health Promotion Association (AHPA) supports the following areas to better support the visions of the Strategy, however, there is scope for improvement which emphasises a health systems paradigm recognising the intricate connection between socio-ecological determinants for health and wellbeing.

Below are AHPA endorsements for areas of support:

- As the determinants of health occur in those sectors outside of the health system, AHPA strongly endorses a Health in All Policies approach.
- Climate change will negatively impact the socio-ecological determinants of health, therefore actions to mitigate climate change, such as minimising health systems contribution to carbon emissions, is supported by AHPA.
- Health systems resilience contributes to healthy settings for health and is strongly supported by AHPA.

AHPA's recommendations for areas of improvement:

- A strong Vision Statement which encapsulates the key features needed in this Strategy to deliver sustainable action and protect and promote health and wellbeing is required. We recommend: "A climate resilient community and net zero healthcare system".
- Objectives in the Strategy need to be more clearly defined to provide detailed and usable application by services and agencies in the health and environmental sectors.
- To better reflect a health systems paradigm, inclusive of health and environmental sectors, it is recommended that the order and emphasis of objectives be as follows:
 - Objective 1. Promoting and protecting health and wellbeing
 - Objective 2. A climate resilient community
 - Objective 3. A net zero health and aged care system
- To address climate emergency priorities, the Strategy needs to specify emissions reduction targets. AHPA supports the Nationally Determined Contribution which specifies a reduction in national greenhouse gas emissions of 75% below 2005 levels by 2030 and net zero emissions by 2035 for all sectors, inclusive of healthcare and exports.
- To achieve specificity in the Strategy's intent regarding emissions reduction, current Objective 1 needs to include specific and measurable elements. These are to be reconsidered as "enablers" and incorporated into the revised Objective 3: *A net zero health and aged care system*.

2. How could these principles be improved to better inform the objectives of the Strategy?

AHPA endorses principles of social justice and equity, and the health promotion tenets of enabling, mediating and advocating for health. Therefore, we support the six principles outlined especially those emphasising the determinants of health and prevention, and recognition for First Nations leadership.

Areas for improvement:

- The “Principles” informing the strategy need to reflect the inextricable links more holistically between the health of the planet, and health of people. This is best reflected in a [Planetary Health](#) approach. This approach encompasses one of the key principles in the [Ottawa Charter for Health Promotion](#) emphasising the fundamental human right to health and a safe planet. This has recently been elaborated in the [Geneva Charter for Wellbeing](#)
- To address the longevity of the climate-crisis, the principles also need to reflect intra- and inter - generational justice.
- As health promotion action occurs across sectors, Principle six needs to include the role of healthcare workforce across primary, tertiary and community sectors.
- Stakeholder involvement will be key to the Strategies success, therefore collaboration with consumers and other stakeholders needs to be enshrined in governance mechanisms that enable and facilitate partnerships with all relevant stakeholders.

3. Which of the various types of greenhouse gas emissions discussed above should be in scope of the Strategy’s emission reduction efforts?

As climate change will impact all other determinants of health, AHPA provides unreserved support for mitigation including emissions reductions from the health and aged care sectors.

Areas for improvement:

- A clearer definition of the “health system” is needed to understand the breadth of action required to reduce greenhouse gas emissions.
- As mentioned previously, the Strategy needs to support an updated Nationally Determined Contribution that reflects the current health-climate emergency. Health and environment sector stakeholders are proposing a reduction in national greenhouse gas emissions of 75% below 2005 levels by 2030 and net zero emissions by 2035 for all sectors, including healthcare, and including emissions from exports.

4. What existing First Nations policies, initiatives, expertise, knowledge and practices should the Strategy align with or draw upon to address climate change and protect First Nations country, culture and wellbeing?

Guided by its principles of social justice and equity for all, AHPA supports the inclusion of climate change impacts on marginalised and vulnerable communities including First Nations peoples’ health and wellbeing. Coming from a strengths-based approach, AHPA endorses engagement with First Nations cultural knowledges. AHPA strongly supports alignment between the Strategy’s goals and targets with other policies which impact First Nations health and wellbeing.

Areas for improvement:

- It is recommended that the Strategy refer to Aboriginal and Torres Strait Islander controlled organisations for initial contact to ascertain First Nations voices to climate emergency, refer to [National Aboriginal Community Controlled Health Organisation](#)
- A key document collaborating with First Nations people and their response to climate and health can be found at [Lowitja Institute Climate Change and Aboriginal and Torres Strait Islander Health Discussion Paper](#)
- Extensive consultations with First Nations people regarding health has been undertaken in this report [My Life My Lead](#)

5. What types of governance forums should be utilised to facilitate co-design of the Strategy with First Nations people to ensure First Nations voices, decision-making and leadership are embedded in the Strategy?

In line with AHPA’s commitment to community and strengths-based approaches to health promotion, we strongly endorse partnering with First Nations people in co-design of the governance structures for the Strategy.

Areas for improvement:

AHPA affirms the primacy of self-determination for First Nations people and suggests the following key publication, co-authored by Indigenous researchers, in demonstrating both essential content and modelling to guide effective partnering in governance structures for the Strategy see: [Closing the gap between rhetoric and practice in strength-based approaches to Indigenous public health](#)

Proposed Objective 1: Measurement

6. Beyond the schemes already noted above, is your organisation involved in any existing or planned initiatives to measure and report on health system emissions and/or energy use in Australia?

AHPA provides general support for evidence-based approaches to decarbonising of the healthcare system. We support Commonwealth schemes outlined in the Consultation Paper and for Commonwealth leadership that ensures coordination and collaboration across Australia.

Areas for improvement:

- Clearer articulation of the “health system”, for example to include aged care, Australian healthcare suppliers and manufacturers, will enable accountable emissions from this sector.
- Objective 1 should be reconceived as an enabler to mitigation, informed by Health in All Policies and referenced to the lived experience of consumers, rather than as a standalone objective.

Existing and planned initiatives

AHPA is a nationwide advocacy and professional support association for professionals and services undertaking health promotion and preventative activities for the promotion of community and population health across Australia. Our work is focused on enabling, advocating and supporting health promotion in multiple sectors, and therefore we are not directly involved in service delivery, or any initiatives associated with measuring or reporting health system emissions and/or energy use in Australia. However, we are aware of multiple policy and planning initiatives at community, local government and regional scales which are actively pursuing these activities as co-benefits to the environment and people. As one such case, we refer you to the exemplary work of the Loddon Mallee region in Victoria and their [Loddon Mallee Climate Change and Health Framework](#). In addition, we do manage the Health Promotion Journal of Australia which publishes climate health content and which provides a vehicle to report on progress.

7. What additional data and information is required to support targeted emissions reduction efforts within health and aged care?

AHPA supports the inclusion of scope 3 emissions.

Areas for improvement:

- AHPA’s remit is health promotion provision and workforce professionalisation at multiple levels and settings nationwide. It is important that the Strategy provide guidance on establishing the carbon footprint of different models of health service delivery, to inform decision-making including for activities undertaken by the health promotion, prevention and broader public health workforce.

Proposed Objective 2: Mitigation

8. What do you think of these proposed focus areas for emissions reduction? Should anything else be included?
AHPA supports the inclusion of prevention and models of care, supply chains, and medicines and gases for emissions reduction. Areas for improvement: <ul style="list-style-type: none">• The aim of the Strategy is to ensure co-benefit of action on climate change and health is achieved. Therefore, Objective 2 needs to include how the Department is going to support emissions reductions that benefit health outcomes across all sectors. This should include supporting the implementation of decarbonisation strategies across sectors for the betterment of intergenerational health and wellbeing.• Objective 2 needs to specify strategies to support reduction of emissions across all sectors and include energy as a standalone focus while including food as a focus area. This will assist health promotion practitioners and services to plan and provide mitigation activities in line with co-benefit principles to people and planet.• Re-word 'waste' to 'sustainable resources' more aligned to a Planetary Health framework for sustainability.
9. Which specific action areas should be considered relating to the built environment and facilities (including energy and water), over and above any existing policies or initiatives in this area?
Strong support of consideration of reducing emissions from both building design and construction, and building operation. Strong support for transitioning to renewable energy sources and electrification. Areas for improvement: The Strategy needs to consider how health promotion and prevention can be better supported and resourced to provide community and local action to support better health to reduce demand for large, resource-intensive health care facilities and ensure only absolutely necessary buildings are constructed without compromising patient outcomes.
10. Which specific action areas should be considered relating to travel and transport, over and above any existing policies or initiatives in this area?
Strong support for building on existing work to improve fuel quality and to reduce noxious emissions from vehicles. Areas for improvement: The Strategy needs to outline how more active and public transport access and incentives for staff, patients and visitors of health services can be promoted in a co-benefit framework for promoting health of people and planet.
11. Which specific action areas should be considered relating to supply chain, over and above any existing policies or initiatives in this area?
General support for the inclusion of emissions reduction within supply chains, and leveraging joint purchasing power.
12. Which specific action areas should be considered relating to medicines and gases, over and above any existing policies or initiatives in this area?
General support for the inclusion of emissions reduction related to medicines and gases.
13. Which specific action areas should be considered relating to waste, over and above any existing policies or initiatives in this area?
General support for the inclusion of emissions reduction related to waste.
14. Which specific action areas should be considered relating to prevention and optimising models of care, over and above any existing policies or initiatives in this area?
Strong support for the inclusion of preventive health, particularly primordial and primary prevention, more specifically health promotion which has a dedicated workforce, competency set and supporting Association. As one of the three centre services of public health along with prevention and protection, Health Promotion should be a core function and feature of the Strategy to support stronger climate, health and economic outcomes by improving health and wellbeing to keep people out of hospitals and the acute primary healthcare system.

Approaches that consider the wider determinants of health are fundamental for promoting health and wellbeing, while also reducing health inequities.

The Strategy should:

- explicitly articulate how primordial and primary prevention will promote health and wellbeing and support reductions in disease burden.
- explicitly support the commitment of the National Preventive Health Strategy to 5% of health spending for prevention.
- explicitly include actions for how it will support state and territory governments in preventive health measures that promote health and climate co-benefits, for example, active transport, healthy housing etc.
- explicitly include actions on how it will coordinate action across the existing and new national strategies.
- explicitly include how it will support key aspects of policy in other portfolios that have an impact on health and wellbeing outcomes (e.g. transport, infrastructure, housing, food/agriculture).
- explore opportunities for health system funding reform to support health promotion and primary prevention.
- explore and recognise the value of health promotion (primordial prevention) in reducing GHGs by reducing illness and demand for health care services while simultaneously improving wellbeing. This can be done by:
 - Increasing funding for primary prevention including the National Preventive Health Strategy, the National Strategy for Injury Prevention, the National Obesity Strategy and the Australian Centre for Disease Control
 - Increasing funding for health promotion alongside policy support for health promotion research and action to mitigate the health impacts of climate change.
- While actions 2.6.1 - 2.6.4 are all positive, they need to include defined targets.

15. What can be done to involve private providers within the health system in the Strategy's emissions reduction efforts?

This is outside AHPA's remit, however we support the responses of the Climate and Health Alliance, specifically:

Areas of support:

- General support for the inclusion of private providers within the health system - pending management of conflicts of interest where appropriate

Areas for improvement:

- The Strategy should set a goal to include climate change mitigation and adaptation requirements in healthcare accreditation standards.
- The Strategy should demonstrate leadership by developing a clear, ambitious decarbonisation plan that sets out responsibilities and opportunities for the private sector, provide certainty and help guide decisions and investment
- There is much more to do in increasing understanding among health executives and boards in relation to their fiduciary responsibility ('duty of care') and potential for personal liability if they fail to account for climate risks in strategic and operational plans. The Strategy should set a goal that requires all health services and other relevant services to conduct climate change risk assessments as a core risk management strategy.

16. Where should the Strategy prioritise its emissions reduction efforts?

- a. How should the Strategy strike a balance between prioritising emissions reduction areas over which the health system has the most direct control and prioritising the areas where emissions are highest, even if it is harder to reduce emissions in these areas?**
- b. Which of the six sources of emissions discussed above (on pages 13 to 18 of the Consultation Paper) are the highest priorities for action?**

General support for immediate and coordinated action to reduce emissions where possible, however prioritisation of efforts should be informed by best practice and deliver value through including strategies and approaches that consider emissions reductions, financial costs and savings, efforts, health benefits and cost of inaction.

17. What 'quick wins' in relation to emissions reduction should be prioritised for delivery in the twelve months following publication of the Strategy?

This is outside AHPA's remit, however we refer to the work of ATACH: <https://www.who.int/initiatives/alliance-for-transformative-action-on-climate-and-health/resources>

Proposed Objective 3: Adaptation

18. What health impacts, risks and vulnerabilities should be prioritised for adaptation action through the Strategy? What process or methodology should be adopted to prioritise impacts, risks and vulnerabilities for adaptation action?

Strong support for inclusion of health systems resilience in the Strategy, the focus on communities experiencing vulnerability, cross-government cooperation, and the acknowledgement that impacts of climate change are already being experienced.

- While there is support for the inclusion of adaptation within the Strategy, the content requires stronger alignment with the objectives outlined previously. It is recommended that objectives are re-organised to ensure the purpose of the strategy is best reflected.

- Objective 1. Promoting and protecting health and wellbeing — this Strategy will inform and guide the development of policy and initiatives that embed equitable health and climate considerations across all portfolios at all levels of government.

- Objective 2. A climate resilient community — this Strategy will support the development of initiatives to build community, health and aged care system resilience and capacity to respond to the health impacts of climate change.

- Objective 3. A net zero health and aged care system — this Strategy will guide the development of a national net zero plan for health and aged care, informed by a comprehensive assessment of the Australian health and aged care system's carbon footprint and reflect best scientific evidence.

- The Strategy must broaden the focus toward planning for building resilient communities, in addition to developing emergency event response plans. While there is strong support for the inclusion of harms for communities experiencing vulnerability in emergencies and times of crisis, the Strategy must also address health harms associated with incremental climate change (e.g. heat and sea level rise). The Strategy should consider measures to increase the capacities of communities to anticipate their climate risks and reduce impacts on health and wellbeing inequities in their communities.

- Adaptation will only be effective if the wider community understands the risks to health from climate change, and are empowered to take health protective actions. As such, the Strategy should include a public education campaign that highlights the risks to health and the health benefits of adaptation as critical to the success of any adaptation action. The Strategy should also consider public education campaigns that promote healthy, low emissions lifestyles.

- 'Policy responses to ameliorate impacts' should include responses across sectors and government departments (at all levels of government) including housing, education, infrastructure and transport.

- The Strategy should explicitly outline the direct and indirect mental health impacts of climate change, for example, climate anxiety, limited access to services during acute weather events, limited access to open, safe spaces.

- The Strategy should recognise the overall increase in burden of disease because of climate change and include goals and targets as part of resilience planning.

19. Should the Australian government develop a National Health Vulnerability and Adaptation Assessment and National Health Adaptation Plan? If yes:

a. What are the key considerations in developing a methodology?

b. How should their development draw on work already undertaken, for example at the state and territory level, or internationally?

c. What are the key areas where a national approach will support local/jurisdictional vulnerability assessment and adaptation planning?

Strong support for the development of a National Health Vulnerability and Adaptation Assessment and National Health Adaptation Plan.

- The development of a National Health Vulnerability and Adaptation Assessment and National Health Adaptation Plan should be conducted as part of the National Climate and Risk Assessment processes and not as a duplication of efforts. Execution of this assessment should be a whole of government approach, and not limited to the Department. The Strategy should account for the lived experience of consumers, all people living in Australia, and intergenerational equity as part of vulnerability and adaptation planning; health equity assessment should be incorporated in any risk assessment.

- The methodology used needs to identify policy gaps and opportunities for improving population resilience, addressing climate-related health inequities, and to identify evidence-informed interventions across government portfolios.

20. Would there be value in the Australian government promoting a nationally consistent approach to vulnerability assessment and adaptation planning for the health system specifically, for instance by issuing guidance and associated implementation support tools for states, territories and local health systems? If yes, what topics should be covered to promote a nationally consistent approach? What examples of existing guidance (either from states/territories or internationally) should be drawn from?

Areas of support:

- General support for a nationally consistent and harmonised approach to vulnerability assessment and adaptation planning for the health system.

Areas for improvement:

- The assessment should require consideration of the complex and extensive range of vulnerabilities across different communities and regions, the diversity of ecosystems and natural environments and climates across Australia, the wide variety of health and wellbeing considerations, and how these are being impacted by climate change.
- It is recommended that guidance for the assessments take into account policies and tools that have already been developed (e.g. at the local, state and territory level), and action that has already occurred (e.g. at the health service or community organisation level) to avoid duplication of effort.
- Guidance is recommended for a broad range of health and aged care services and organisations including health promotion, prevention, primary care services, and aged care; needs to be adaptable to different service and place-based settings.
- Implementation support in the form of tools, knowledge and capacity building, and finance, is recommended as essential. This work takes considerable time and resources, and requires input from multiple internal and external stakeholders, including the health promotion sector and workforce.
- The Strategy should seek to adopt existing tools. Guidance and support should be provided for assisting health services and other organisations with community health and wellbeing remits to assess and plan for climate risks to healthcare infrastructure, service provision (including surges in service demands and changing burdens of disease), the health workforce, and supply chains.

Relevant tools include:

- Queensland Climate Risk Strategy and Adaptation guides
- Human Health and Wellbeing Climate Change Adaptation Plan for Queensland
- NSW Climate Risk Ready program
- Victorian Health and Human Services Climate Adaptation plan
- Resources from the World Health Organization
- Sydney North Health Network Climate and Health Strategy

21. What immediate high-priority health system adaptation actions are required in the next 12 to 24 months?

Areas of support:

- General support for prioritisation of high-priority health system adaptation actions.

Areas of improvement:

- The Strategy should support:
 - Well-designed adaptation measures that prioritise and support primary health co-benefits
 - Resourcing, education and capacity building among policymakers, community members, the health care (including the health promotion workforce), and within emergency and disaster preparedness services and agencies
 - Food and housing systems, including food security
 - Promoting and advocating for sustainable and health promoting transport systems
 - Responding to escalating inequity, increasing poverty, homelessness
 - Preparedness for health threats resulting from human influence on natural ecosystems
 - The full societal costs of climate inaction over short and long time-frames, promotion of intergenerational equity, and the implications of health-relevant policies across all sectors need to be fully and systematically considered to prevent the hidden transfer of costs to the health sector and the undermining of environmental sustainability.
 - Support and resources for rural and remote health services and community organisations to improve resilience

Proposed Objective 4: Health in All Policies

22. What are the key areas in which a Health in All Policies approach might assist in addressing the health and wellbeing impacts of climate change and reducing emissions?

Strong support for the adoption of a Health in All Policies (HiAP) approach to the Strategy, and recognition of the broader determinants of health. The determinants of health and climate impacts are interconnected and multifactorial in nature, requiring an integrated response (Romanello et al, 2022). Climate mitigation strategies which span across energy, transport, planning, and food/agriculture policy all offer opportunities to increase health and wellbeing outcomes, minimise health risks, while also reducing greenhouse gas emissions and saving money (CAHA, 2020). Action to promote health and reduce the health risks from climate change requires working across all sectors and all levels of government.

Support for the following areas:

- Sustainable and healthy transport policy which promotes a modal shift to active travel and clean transport,
- Food, Agriculture and Trade policy which promotes equitable access to affordable, sustainably sourced, and healthy food,
- Housing policy which promotes improving thermal comfort and qualities, clean household energy, and land use and housing density.

Other areas to consider include planning policy and standards which can influence neighbourhood liveability, walkability, dwelling density, street connectivity, etc (Backholer K, Baum F, Finlay S, et al. 2021). Evidence that could be used to inform this include the Healthy Liveable Communities Urban Liveability Checklist and the Heart Foundation's Healthy Active by Design principles.

The current structure of the Strategy needs revision to fully address the health risks posed by climate change. The Strategy requires a stronger overall focus on maximising the health co-benefits of a range of climate mitigation and adaptation actions, in addition to reducing the current risks to population health because of climate change.

23. What are the most effective ways to facilitate collaboration and partnerships between stakeholders to maximise the synergies between climate policy and public health policy? What are some successful examples of collaboration in this area?

Strong support for a collaborative approach to policy development, cross-sectoral engagement and collaboration, and alignment with international policy, including the Sustainable Development Goals. An integrated policy approach to address climate change and health initiatives requires strong governance, national leadership, and coordination across multiple levels of government.

The Strategy requires the establishment of a National Committee consisting of experts representing health, climate science and implementation science and Commonwealth, state and territory Ministers with portfolio responsibility for Health, Environment, Climate Change and Energy. Regular engagement should be considered with Ministers with responsibility for related portfolios, including Mental Health, Resources, Emergency Services, Planning, and Infrastructure with respect to policies, programs and initiatives in these portfolios that align with the Strategy.

The Ministerial Committee should have responsibility for overseeing the development of the Strategy, including setting the overall policy direction and providing final approval for the Strategy's policies, programs and initiatives. This Committee should seek to foster both horizontal and vertical collaboration in implementing climate change and health initiatives, including health promotion stakeholders. A 'Climate Change and Health' standing committee of the Australian Health Protection Principal Committee (AHPPC) should be established to provide advice to the Ministerial Committee. An appropriate national agency should lead and deliver the coordination and implementation of policies, programs and initiatives within the Strategy. Integration of the Strategy with other significant health strategies, such as the National Preventive Health Strategy and Australia's Long Term National Health Plan, should be considered. Furthermore, the Ministerial Committee should have monitoring and reporting responsibilities to the National Cabinet (or any subsequent body) on the progress and outcomes of the Strategy. These outcomes should be made publicly available in a detailed annual report.

Enablers

24. How could these enablers be improved to better inform the objectives of the Strategy? Should any enablers be added or removed?

General support for the enablers as outlined in the Strategy.

Areas of improvement:

- Workforce, leadership and training - in addition to supporting the skills and capacity of clinical health and aged care workers, the Strategy needs to recognise the highly valuable public health workforce including the specialised role of the health promotion workforce in climate change adaptation, mitigation and resilience (Patrick, Capetola, Nuttman & Townsend 2012). This is particularly as those in health promotion roles are often community facing, in research or in policy, providing a critical avenue to support the health and other workforces. Training on planetary health needs to be central in building the capacity of the health promotion sector within relevant courses and workplaces. The health promotion workforce requires skills in climate change and health communication, partnership engagement to support planetary health approaches; and skills in the planning and delivery of health co-benefit interventions. A planetary health framework adopted by the International Union for Health Promotion and Education (IUHPE) has highlighted the necessity for health promotion training to incorporate a focus on the ecological determinants of health. (Backholer K, Baum F, Finlay S, et al, 2021).
- There is also a lack of support for general workforce capacity building and training. There is a need for a national cross discipline continuing professional development program on climate change and health for the health and social sector. Training is either discipline specific (which doesn't encourage or support collaboration) or ad hoc (and therefore reaches too few people), or expensive (not everyone can afford for profit education courses). The Strategy should resource the health, specialist health promotion and prevention workforce to support climate change mitigation strategies a focus on health equity.
- The Australian Health Promotion Association is responsible for registration of health promotion practitioners in Australia, and as such is uniquely placed to support initiatives to enhance climate and planetary health capabilities through continuing professional development as well as assessment of competencies. Ecological determinants of health are a critical component of the health promotion knowledge base, as is community engagement and advocacy and program development, implementation and evaluation. Health Promotion Practitioners could play a vital role in supporting implementation, monitoring and evaluation efforts.
- Research – there is a high priority need for better data on climate related health and wellbeing outcomes (which also consider vulnerability and at-risk populations), and to increase understanding the health, social and economic benefits associated with climate action. Key research gaps for advancing health promotion action to address climate change include:
 - Understanding the economic value of health benefits associated with health-promoting strategies to address climate change mitigation and adaptation e.g., active transport
 - Monitoring and measuring the psychological and social impacts of the ongoing threat of climate change particularly among vulnerable population groups, e.g., mental health impacts of climate change in regional communities
 - Assessing the impacts of climate change on determinants of health, such as housing, employment, food security and the built and natural environment. (Patrick et al, 2019)
- Communication and engagement - encourage the identification of equitable engagement processes to collaborate proactively with vulnerable populations to enhance their adaptive capacity to the health impacts of climate change.
- Collaboration - there is limited support for mechanisms for partnerships and collaboration on climate change and health. The collaboration of the health sector to date has primarily been self-organised. To amplify and increase the impacts of existing collaborative efforts, government investment is required.
- Monitoring and reporting: Regular national assessment and forecasting of climate related health impacts are essential. Long-term monitoring of robust indicators would help governments and services understand climate change risk, identify specific vulnerabilities, highlight region-specific climate mitigation and adaptation challenges, and track how communities and organisations are responding. Implementation progress, impact, and cost benefit analyses of the delivery of climate and health solutions is also required.

Australia is very good at developing strategies. However, it is in detailed implementation, resourcing and evaluation and transparent and regular progress reporting that there is still room for improvement, particularly in reporting back to communities in a way that is clear and relevant to their needs. It is recommended the enablers be expanded to include governance, finance and implementing planning. All of these are crucial aspects in the successful implementation of any national strategy.