



CLIMATE AND
HEALTH
ALLIANCE

Forum on Climate and Health: the Research, Policy and Advocacy Agenda

Melbourne, 6th November, 2013



Executive Summary

This national forum was coordinated by the Climate and Health Alliance to build on its work in identifying the research, policy and advocacy agenda needed for Australia to respond effectively to the risks posed to human health by climate change.

The meeting brought together health and medical and climate researchers, public policy experts, academics, representatives from research institutions health professional groups, psychologists, community advocates, and students. The meeting was attended by around 40 people.

The meeting opened with an address from Ms Ged Kearney, President of the Australian Council of Trade Unions (ACTU) who welcomed attendees to the meeting, and confirmed the strong support of union for climate change action.

Speakers on the climate and health research agenda included Australian Research Council Director Dr Fiona Cameron, CAHA President and Australian National University researcher Dr Liz Hanna, Associate Professor Erica Bell from the University of Tasmania, Professor Colin Butler from the University of Canberra, and Associate Professor Grant Blashki from the University of Melbourne.

Speakers on climate policy and the advocacy agenda included: Emily Hamilton from the Australian Council of Social Service (ACOSS), Dr Lesley Russell Wolpe, from Australian National University, Professor John Wiseman from the University of Melbourne, and Dr Richard Di Natale, Federal Senator for Victoria.

The forum also heard from representatives of healthcare service providers, health professional organisations and educators to provide insight into the consequences of climate change for those working in the sector.

Key messages and outcomes

The key messages from the forum included:

- Community engagement and stories from the community are important for both the research and policy agenda. As health professionals and health stakeholders communicate about climate change, they need to make stories relevant to individuals and communities and to use stories from individual and communities.
- The health message is important and gets listened to. There is an opportunity for the health and medical community to demonstrate leadership in this area.
- The research agenda requires far greater investment and the policy agenda, at a national level, is yet to be developed.
- There is an important opportunity for healthcare stakeholders to contribute to advocacy for a greater investment in research and contributing to policy development.

- The lack of a policy framework to drive responses to climate change is leaving Australians vulnerable to the health impacts of climate change.
- There are lessons from other nations, including the US, in which public health departments have responsibility for responding to climate change.
- Advocacy from health professionals as individuals and organisations was seen an integral to driving a policy agenda in Australia.
- There is only a very small amount of funding allocated to climate and health research, and there are significant challenges in obtaining research grants for ‘cross-cutting issues’ – of which climate change is such a clear example.
- There are research gaps in the area of climate change communication, and climate change psychology i.e. research into cognitive psychological barriers to either accepting climate science or responding to the evidence is needed.
- There is a lack of research into people with specific vulnerabilities, or the fact that climate change exacerbates many existing inequalities – and that few people and organisations are talking about this.
- There is a need for research and advocacy into mitigation, and a focus on energy policy, along with the health effects of fossil fuels, needs to be considered in the climate and health research, policy and advocacy agenda.
- It is important to highlight the benefits to health in addressing non-communicable and lifestyle diseases, for which strategies to reduce emissions can also bring positive impacts on the incidence and prevalence of these conditions.
- There is an urgent need to develop and test a suite of adaptation strategies, as mitigation is not happening fast enough, and preparation is needed: to prepare communities, prepare to protect population health, and prepare the health sector, so that it keeps functioning to adequately meet the health needs.
- There is a sense of urgency as more health research is needed to help demonstrate the significant harm to health from climate change and fossil fuels, including serious impacts on health from extreme events eg from heatwaves right now.
- Community service organisations are themselves vulnerable to extreme weather events and ill prepared to cope with climate change.

A **Climate and Health Forum 2014: Joint Statement** from participants was released following the Forum. This expressed the collective concern of participants as health and medical researchers, health and medical professionals, students, environmental educators and community members, at the *“current lack of recognition of the health effects of climate change by governments, businesses and the broader community”*.

See Appendix 1 for the full **Joint Statement** and signatories.

1. Keynote Address: Our role as citizens in responding to climate change

Sustainability educator/ facilitator/ consultant, Live Ecological, Ian McBurney

Keynote speaker Ian McBurney spoke about our role as citizens in responding to climate change, and the importance of engaging others from a values-based perspective while highlighting a positive vision for the future.

Ian's view is that to get people to respond to the evidence of climate science, we need to relate climate events to people's experiences. This is often best accomplished in informal settings and will be responded to positively if messages are communicated by 'trusted others'.

Ian also highlighted the positive actions individuals can take such as walking, riding a bike or catching public transport to work. To focus on behaviour consistent with people's values is the best way to engage.

A video is available here that covers some of the content of Ian's talk:
<http://vimeo.com/87753023>

2. Climate and health in Australia: The research agenda (presentations and panel discussion)

'How the ARC supports research on climate change and health' - Dr Fiona Cameron, Executive Director, Biological Sciences and Biotechnology, Australian Research Council

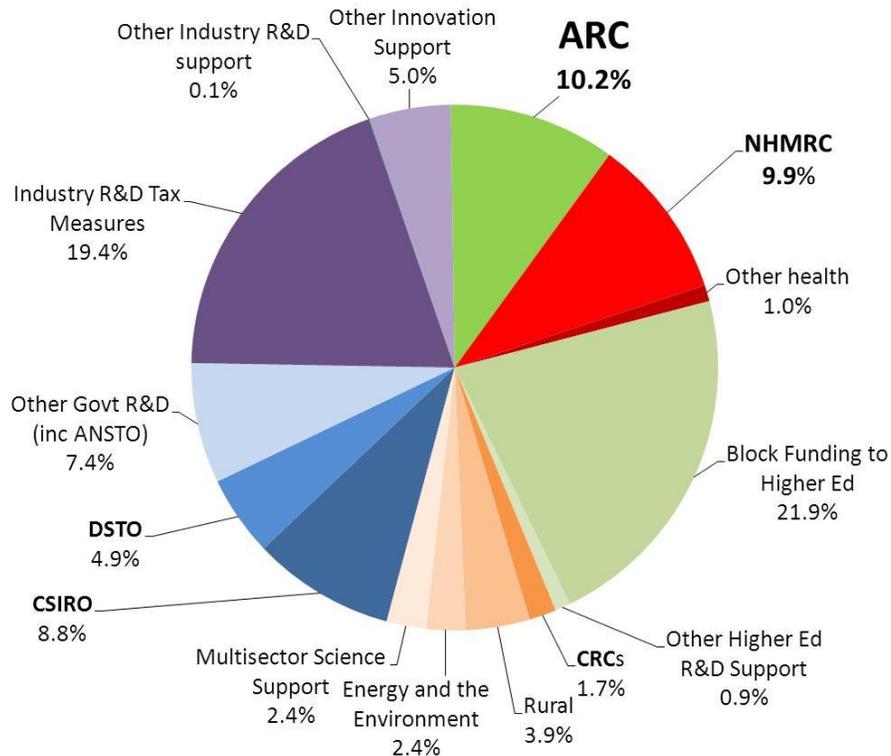
Dr Cameron stated that the ARC has funded over 700 projects worth \$250 million between 2008 and 2013 with the national research priority goal of 'responding to climate change and variability'. The ARC has also funded over 230 projects under FoR code of 'Public Health and Health Services'.

Of importance is that the crossover between public health and climate change is difficult to quantify as researchers don't always tag their research with identifiers from both climate and health fields. , Examples of where this can be done are in the effect of heatwaves on public health and in malaria and climate change.

Key points:

- Approximately 10% of Federal investment in research and development during the period 2013-2014 is allocated through the ARC
- Industry schemes account for approximately 19% of R&D investment
- Medical research funding is mainly from the NH&MRC which has a similar allocation as the ARC
- Funding for research is limited (see pie chart below)
- Only 2.1 % of past funding is identifiable as being for environment combined with medical

- ARC funding focus is on research excellence
- Research funding requested is increasing and thus more competitive
- Biological sciences receive a significant portion of ARC funding



Source: <http://innovation.gov.au/innovation/reportsandstudies/Pages/SRIBudget.aspx>

'Energy, Climate, Sustainability and Research' - Professor Colin Butler, ARC Future Fellow

Professor Butler outlined some of the impacts from interlinked climate and global environmental change eg via an increased number of extreme climatic events. In Russia and the US droughts and heat have lifted the food price, but this is worsened by persistently high oil prices and the diversion of grain to biofuel, causing a rise in the food price index (to a new plateau more than a spike) worsening food security, global health, and threatening more social instability.

He pointed to the risks when scientific evidence is intimidated by vested interests that misinterpret and/or misinform, such as the opinion given by David Murray, former head of the CBA and 1st Chair of the Future Fund that the risks of climate change have been overstated by the science community.

"It is difficult to get a man to understand something when his salary depends on him not understanding it" - Upton Sinclair.

Professor Butler referred to John Maynard Keynes' three layers of public opinion:

- elite beliefs (held by scientists, military, politicians and journalists)
- what the public suspects but can't articulate, and
- reality as described by politicians and the news media.

Key points:

- There needs to be a middle road between deep funding cuts and catastrophic (do nothing) approaches to climate change. (Aiming for too much in the current political environment will lead to disappointment; grant-seekers need to be strategic.)
- Research is needed to investigate the gaps including to understand ways in which to shift public policy in order to protect and improve health.
- The degree of urgency affects funding: what seems safe (ie to be funded)- is not a research priority; success may be useless or at least minimal in terms of advancing the public good; making excessive demands, perceived as justified by the fund-seeking researcher as urgent may in fact be viewed as extreme; if so this will be unfundable; wasting everyone's time and effort.
- It is likely we have reached "peak global health" (eg as measured by average global life expectancy and total human population) now to be followed by global decline.
- Quantitative measures are needed to attain funding.
- Understanding from a sociological perspective is required.

Working in the Heat – Health Risks and Adaptation needs - Dr Liz Hanna, Australian National University, Director NH&MRC project

Dr Hanna's presentation focussed on the impacts on health of increased heat from climate change and highlighted some key points from the World Meteorological Organisation's (WMO) 2001-2010 Critical Decade of Climate Extremes' report.

Highlights included a rise in CO2 and methane, impacts on human development, earth systems including increases in temperature, tropical cyclones, precipitation and floods and droughts.

There is now a greater variability of maximum temperatures with many more excessively hot days. The WMO report also details rises in severe storms, arctic sea and heat deaths.

A decade's perspective makes it more robust to assess trends/probabilities around global climate. Internationally there is an awareness and focus on Australia leading on climate change due to our vulnerability.

Key points:

- There has been series of reports on climate change (CSIRO, Climate Commission and Australian Bureau of Meteorology) that all highlight Australia's vulnerability and observed impacts.
- BoM reports on records, plant cycles are interrupted, including by frosts, impact on food
- Increase in droughts, dust, fires lead to increased health impacts eg from fires impacts include burns (internal and external) and increase in heat deaths

- There are limits to human responses in managing heat exchange. A 3 - 4 degree warmer world is not compatible with human flourishing.
- Heat is the most significant direct health impact for Australia.
- Other more indirect impacts include deteriorations in resources necessary for human existence – food, water.
- Ultimately loss, grief, impacts on mental health, exacerbating inequities, and conflict - all health impacts.

Future directions

- Policy development is vital to guide responses
- We need to better understand and communicate vulnerability and the likelihood of risk ie who is at risk, evaluate, prepare and mitigate
- A new agency is needed for clearing house of evidence, to coordinate research, and link with policy.

Climate change mitigation/adaptation in the rural health setting - Associate Professor Erica Bell, Centre for Rural Health, University of Tasmania

Assoc Prof Bell stated we cannot underestimate the unequal impacts of climate change and health effects on the rural community – many of whom are already socio-economically stressed and have unequal access to health services – the most vulnerable will be worst off.

Key points:

Health effects from climate change are direct and indirect and we need:

- better evidence for national adaptation policy, and
- to quantify risks to vulnerable groups.

The current state of play

- There is much political tokenism, creating the impression that something is being done;
- There is an emphasis in science on scientism;
- There is a risk of missing an emphasis on applied scientific research;
- There is a strong disease focus of funded research; and a
- Lack of focus on long term impacts

We need an understanding of what is happening right now.

Researching development of responses

- Looking at different domains of adaptation – national adaptation policy, evaluating adaptation research, understanding community needs
- Developing interactive tools that allow the community to feed in data
- The foreseeing and managing of the health risks of climate change is an important pilot project for rural health

- It reveals community stakeholders need more than just local systems to effectively adapt
- In order to implement lessons from adaptation, a national framework is also needed.

Current limitations

- The lack of health data *in a useable form* on local health services and conditions
- Adaptation programs need to be shaped by better knowledge of community health and well-being, as well as insights into community capacity
- Community stakeholders can be willing and effective and able to ‘climate witnesses’ to observe and record health effects in their community
- Current research is diseases focused and not well suited to support adaptation
- National policy frameworks are inadequate

Scale of the problem in developing a climate and health strategy for Australia - Associate Professor Grant Blashki, University of Melbourne

Assoc Professor Blashki highlighted the dimensions of the task in developing a national response to the health impacts of climate change.

Key points:

- The scale of engagement needs to be massive in developing a strategy
- Health of many is already compromised by diabetes and non-communicable diseases (NCDs)
- We need to focus on mitigation with adaptation being essential
- There are significant mental health issues, although links largely circumstantial therefore more research needed
- A clear focus is needed, along with a positive approach to help with community engagement.

2.1 Research Agenda: Questions and Discussion

Key issues raised in this discussion included:

- The research agenda needs to include collaboration with communities so research is useful and relevant to local communities;
- There is a need to focus on highlighting the need for mitigation as well as adaptation for unavoidable impacts
- Also need to highlight the benefits to health in addressing non-communicable and lifestyle diseases, for which strategies to reduce emissions can also bring positive impacts on the incidence and prevalence of these conditions.
- There is a need to do economic analysis to make the case about significant and costly harm;
- Recognising that while economic arguments can be helpful, unfortunately researching climate change impacts has lots of complexities which make research methodology difficulties;

- There is a lack of research into people with specific vulnerabilities, or the fact that climate change exacerbates many existing inequalities – and that few people and organisations are talking about this.
- There were concerns raised about the need for research and advocacy into mitigation, and that a focus on energy policy, along with the health effects of fossil fuels, needed to be considered in the climate and health research, policy and advocacy agenda.
- The proposed fourth coal terminal in Newcastle in NSW (already the world’s largest coal export terminal) was cited an example of energy policy being out of step with our understanding of climate and health risks.
- Supporting communities to make decisions about energy choices was highlighted as an important role for the health professions, but one in which only a few health professional groups, such as Doctors for the Environment, were offering health and medical support and advice.
- Fracking was one example raised in which communities are making decisions about energy by declaring themselves ‘gas field free’ or by ‘locking the gate’ but both coal and gas expansion were highlighted as climate related risks to health that were little researched in Australia despite posing serious potential threats to health, and for which expansion was inconsistent with climate and health goals.
- Another area in which there are research gaps are in the area of climate change communication, and climate change psychology ie research into cognitive psychological barriers to either accepting climate science or responding to the evidence would be beneficial.
- The possibilities of using technology and information to empower communities to respond to climate change eg focus on solutions and involve citizens in science; encourage people to utilise smart phones to monitor environmental pollution and their own health - smart phone apps are a tool for engaging communities.
- The lack of advocacy on behalf of Australia’s Pacific neighbours was also raised as an example of vulnerable groups who are largely ignored in discussions about climate risks and vulnerabilities.

3. Developing a climate and health strategy for Australia – the policy and advocacy agenda (presentations and panel discussion)

Professor John Wiseman - University of Melbourne

Professor Wiseman highlighted the risks of climate change to health as well as the benefits of implementing strategies to reduce emissions - and the many pathways open to us for doing so.

Key points:

- Climate change poses considerable health and wellbeing risks
- *The Lancet* has indicated climate change is the biggest threat to global health this century
- There are co-benefits of limiting climate change in Australia and in the Asia Pacific region

- It has been said that the difference between temperatures now and 4 degrees hotter is the incompatibility with human civilization.
- The probability and risks of a 4 degrees increase are becoming greater
- If we continue with doing nothing future generations will be 'roasted and toasted' (Christine Lagarde, President of the IMF)
- Barriers to decarbonising are political and ethical – the campaigns by Big Tobacco to derail progress on harm minimisation are illustrative of current efforts of fossil fuel companies to sow doubt on the science of climate change
- There are pathways opening to low carbon transformation of communities and societies
- A note on advocacy: noting a recent piece on the Crikey blog that there is a role for older people in supporting younger people regarding advocating change and civil disobedience.

Dr Lesley Russell Wolpe (ANU):

Dr Wolpe's presentation focussed on what she learnt from conducting research in the public policy area in the USA Government.

Key points:

- In Australia and the USA public policy and politics around climate change are difficult
- In some ways it's worse in the USA - and different
- President Obama is trying to do things despite legal resistance, big issues in health care, environment, climate change, legal challenges etc.
- Need to cut carbon pollution to prepare the USA for the effects of climate change and to lead
- Climate change strategy: high risk list, national significance, public health and safety, economic rights, risk of significant loss of life
- Obama care has a focus on prevention, and there are 20 government departments (unlike Australia) all clear of their roles to improve health of Americans
- Senator Lois Capps has introduced a bill to prepare the healthcare sector for climate change
- Climate change poses a dramatic risk to Pacific Island countries – given most aid funding for these nations comes from Australia, NZ and US, these countries should be working together to address climate change and prepare for impacts
- There is much you can do when you have a committed government, but we all play a role, and responding to climate change is not just a government responsibility.

Emily Hamilton (ACOSS):

Emily Hamilton's presentation covered research in 2012-2013 regarding climate risk, vulnerability and preparedness of community organisations to respond to climate impacts and the flow on consequences to the community including adaptation for low income earners.

Key points:

- Those affected by poverty will be most affected by climate change: including single parents, disabled, newly arrived immigrants, frail older people etc.
- Community service organisations are not prepared for climate change and most say they might never provide services again if an extreme event / natural disaster prevented services delivery
- 25% of services would be wiped out and not able to continue to provide services following a massive natural disaster
- Service failure increases vulnerability of clients
- Resilience depends on the size of the organisation, their knowledge and past experience.
- Community organisations are willing to engage with responding to climate change and offer support to the community

Barriers to adaptation:

- Lack of funds
- Belief that climate change is beyond the scope of their organisation

Implications for policy:

- Resourcing (including financing) – many community service organisations require government funding to adapt i.e. community adaptation fund
- In order to build readiness to respond to climate change, there needs to be a recognition in policy and planning regarding adaptation and efficiency at all levels of government
- Important adaptation initiatives that are equitable include funding of energy efficiency measures to support poorer members of the community
- There needs to be focus on building the adaptive capacity of community service organisations: awareness, tools, benchmarks, training.

Dr Richard Di Natale, public health physician, Greens Senator in the Federal Parliament

Dr Di Natale focussed on the policy dimensions of climate change and the importance of recognising the need for policies specifically addressing climate change and health. The Australian Greens support much of CAHA's election platform in calling for a national plan for climate and health, and support the establishment of a national agency to lead policy and research on climate change and health.

Former Primary Minister, John Howard said he was not interested in climate change. However, he supported a carbon emissions trading scheme. This shows that if you create the right situation where there is enough support to address climate change, politicians can change where they stand.

Dr. Di Natale said that the public health voice is underutilised in the climate change policy discussion.

Key points:

- Facts and figures are important but not enough. There is a need to build an emotional connection to the issue. Therefore debate that makes the climate and health connection very explicit is important.
- Examples are important in helping people understand the impacts eg more people died from extreme heat than in the bushfires in Victoria in 2009.
- It is important to recognise power of health professionals as individual and organisational voices, as these voices are much more trusted than that of politicians.
- The Greens are looking at ways that parliamentary tools can influence climate and health agenda.
- A Senate Inquiry into climate and health is warranted. This could result in concrete recommendations with implications for policy.

3.1 The Policy and Advocacy Agenda: Questions and Discussion

Key points:

- Participants shared ideas and concerns about the policy cycle and the difficulty of getting the issue of climate and health and related issues such as air pollution on the policy agenda.
- It is not enough to get on the policy agenda however; advocacy is needed to get follow through on policy eg getting Senate Inquiry recommendations implemented.
- There is a need to use co-benefits to health from climate action to help frame the debate eg highlighting the health co-benefits associated with strategies to reduce emissions eg food security, exercise, transportation.
- It is important to consider the implications for health for those other than ourselves eg the health impacts on those in the Pacific and Bangladesh are also important in developing policy and advocacy objectives.

4. The role of the health community in leading divestment from fossil fuels

Julian Vincent, Market Forces

Julian Vincent is the founder of the organisation Market Forces which campaigns on financing and divestment of fossil fuel projects on the basis they are harmful to economies, societies, people and the planet.

Key points:

- There is a need to finance campaigning and divestment as Australia is lacking responsible decisions regarding environmental initiatives due to economic grounds (eg

our reliance on fossil fuels). However, there is increasing community engagement regarding divestment and positive initiative among both individuals and institutions.

- There are a number of successful campaigns internationally on this topic eg 'Do the Math' and the 350 campaign. Oxford University research shows that the outcome of stigmatisation poses a far-reaching threat to fossil fuel industries.
- This campaigning is demonstrably effective. Hundreds of people have changed banks to support divestment and some have done this publicly.
- The more people who do this, the more pressure banks have on them to adjust what they invest in (ie to protect their money and reputation). There is also an effort to encourage super funds to change what they are investing in - otherwise they will lose economically.
- There is an important role for the health community in leading a discussion about investing in fossil fuels.
- The health professions have an ability to provide powerful and credible voices
- The health sector is large and can influence investment decisions

4.1 Developing a Strategy to Respond: Questions and Discussion

Key points:

- Universities can play an important role in divestment
- There is a historical precedent in which universities led on the issue of apartheid.
- Previous campaigns in the health sector have included those in which QANTAS was asked by the public health community to divest from tobacco.
- Another aspect of a divestment campaign can be to encourage investment in safer healthier alternative i.e. renewable energy.

5. Insights from health and community organisations and educators

Health professionals and representatives of the community sector, primary healthcare, education and professional organisations shared their insights on how these institutions and organisations are responding to climate change. Facilitated by Dr Fiona Cameron.

- Emily Hamilton (ACOSS): *Risks to the community sector from extreme events*

A key lesson from the research on risks to the community sector from extreme events confirmed service failure further heightens vulnerability. Adaptation is crucial particularly for vulnerable groups. How do we turn recognition into solid action? How do we quantify vulnerability? Who, where and how in terms of service delivery? What about the impacts of service failure? We need to develop resilience for the sector and that includes developing appropriate tools.

- Ms Aileen Thomas (KRHS): *Sustainability in health settings for healthy communities*

Koo Wee Rup is situated in Cardinia shire Victoria 75 Ks from Melbourne. The name is said to mean Blackfish swimming in the native language of the Bunurong people. Formally swampland, the area was drained for agriculture. The town of Kooweerup was severely affected by flooding in 2011 highlighting local vulnerability to climate change. The KRHS is moving from a medical to a sociological model of health. Health promotion needs to focus on climate change. In this community we did not use an explicit climate change agenda but developed strategies to respond around things that people know and understand to be relevant to health eg: developing a community garden to provide a healthy secure supply of food. It is important to start the conversation about climate. Embrace partnerships with all sorts of other community groups including the university sector. We need to find the 'hook' and understand what engages people who may say they do not believe in climate change. We need to translate information into what is relevant to the community.
- Jo Southwell (NYCH): *Managing climate impacts in community health*

We are an urban community health service. We understand what is good for climate is good for health. This raises social justice concerns and fits with the upstream social model of health. We create healthy community environments, sustainability, produce gardens and reorient the health service - reduce, reuse recycle. This model has strong management support.
- Elizabeth Haworth (Friends of CAHA): *Health professionals' education on climate and health*

Health workers need to be informed and a 'train the trainer' approach works. We can utilise CAHA for sharing resources / materials. There is an education material repository at CAHA. Health professionals feel they lack knowledge to be able to influence their organisation and this repository could be a good source for education.
- Elizabeth Foley (Australian Nursing and Midwifery Federation): *Climate change training for nurses and midwives*

Nurses and midwives play an extensive role in their health and aged care workplaces in influencing policies and practices for environmentally sustainable workplaces; and, are at the frontline of seeing the health effects of climate change. The ANMF has a position statement on climate change, informs members on climate and health issues through articles in a Federal Office monthly journal, and argued for policies and action on climate change to Federal government election candidates. We are developing an online module to equip better nurses and midwives with understanding of climate change and its effects. Links will be drawn between climate change and all aspects of health, and between climate change and nurses' and midwives' professional practice.
- Emma Martin (Australian Medical Students Association): *Medical students and divestment campaigns*

The Australian Medical Students Association has a Code Green group who are working on a divestment campaign. We have put a call out through member networks

with a response received from most universities. The challenges are in engaging students. This problem needs a long term commitment and medical students are time poor. Students are less skilled and working with other organisations. We need a representative at every university and to support these representatives with training and resources.

- Susie Burke (Australian Psychological Society): *Psychological impacts of climate inaction and strategies to respond*

There are three main barriers in regard to climate change and behaviour:

- 1. People have to understand it is severe and to own the problem (communicating risk severity)
- 2. Empowering people to do something about it - people need to know what to do. If millions are already doing it then it becomes a social norm. We need to build a sense of group efficacy (we can solve the problem). It gets harder as time goes by but we do not want people to feel hopeless.
- 3. The challenge is moving from intention to action. Finally, consider values - from looking good to feeling good about helping others. Focus on intrinsic values instead of internal.

- Rae Walker (La Trobe University): *Adaptation of community health and social sciences*
This work is done with a primary care partnership called Enliven. Because Enliven supports a network of organisations it is a great platform for promoting climate change work. About half of Enliven's 30 agencies are taking action on climate change. Climate change mitigation and adaptation is part of an organisation's risk management. Adaptation is also considered part of staff and volunteer health and safety. For these agencies local adaptation needs to also focus on impacts that are visible now and impacting on clients, staff and community members. This provides a meaningful starting point for adaptation. In the community based sector we often think in terms of priority population groups. It is important to identify the groups most at risk from climate change, its impacts on them, and the adaptive actions needed. At present information is not generally organised in this way, but can be if a modest effort is made.
- Melissa Haswell (School of Public and Community Health, UNSW): *Addressing climate change through teaching and beyond*

We highlight things about climate change in all public health and Indigenous health teaching. We show a map of aboriginal language groups across Australia. People do struggle with the concept of climate change. We need to understand the process of psychosocial wellbeing. We gain wellbeing by empowerment and not feeling hopeless and helpless. How do we teach about the enormity of the problem? How do we explain why governments are not acting even though climate change jeopardises our future? We need a public health perspective i.e. a much broader lens. Topic areas for education: what we need to know about climate change and health, describe the links, present the evidence of risk and health impact.

5.1 Questions and Discussion: Insights from services, professions and education

Key points:

- There is no particular teaching model to educate health professionals about climate change – the model is general but it can be tailored to a particular audience.
- It would be useful if this could be supported by data that was more easily shared – for example the Community Commons in the US is an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement. We need a similar tool / resource in Australia.
- “We need to focus on wellness as there are not enough positive stories out there.”
- There was agreement that information about climate and health needs to be available in the education sector from primary level through to university level and in health professional education.
- However it was noted that – based on experience in health promotion - the community is very diverse and therefore there is no one standard way of communicating.
- It is important to think of the needs of particular population groups. This is a big challenge – to not only look at the big picture but also to consider the different population groups.
- Feedback from those providing education in institutional settings was that climate health education needs to be consistent and concise.
- Another issue raised was that of the ethical dilemma posed by our choices in terms of emissions impacting on the health of people in other nations – emphasising the need to consider health in a global context and as a social justice issue.
- There are useful lessons in engaging with the community from current health research – revealing that engaging with local communities on climate from the perspective of health and wellbeing is valuable and leads to effective and locally supported responses.

This report can be found at www.caha.org.au/reports

APPENDIX ONE:

Climate and Health Forum 2014 Forum Participants

Joint Statement

The following **Joint Statement** was developed by Forum participants, who expressed their collective concern, as health and medical researchers, health and medical professionals, students, environmental educators and community members.

The Participants (undersigned) said in the Statement:

“Climate change is the greatest health risk of the 21st century.

There is a clear relationship between human-driven climate change and extreme weather events, including an increase in the frequency and severity of heatwaves, floods, and bushfires.

The health of people in Australia, in the Asia Pacific region, and around the world is being affected by increasingly frequent and more extreme weather events. Climate change has national and global significance as an issue of public health and safety, and has the potential to cause significant loss of life.

The recent bushfires in NSW and extremely high average temperatures are local indicators of the rapid increase in global temperatures being driven by the burning of fossil fuels such as coal, oil and gas; deforestation; and carbon intensive agriculture.

The use of fossil fuels such as coal and gas not only drives climate change, but causes harm to the health of people now, and is occurring at the expense of healthy and secure societies in coming years and decades.

We urge individuals, organisations, communities, businesses and governments to shift investment away from polluting industries to protect the health and wellbeing of current and future generations.

A healthy community is the foundation of a healthy economy, and human health and wellbeing is fundamentally dependent on healthy ecosystems.

Consideration of the interdependence of health and environment needs to be factored into trade and investment decisions about energy and transport and should guide private and public divestment from fossil fuel industries.

The current and increasingly severe impacts on human health from climate change are not being adequately recognised in public and private sector decisions, or in the national health and medical research agenda. The National Health and Medical Research Council spends less than a quarter of one percent of all its research funding on projects with any connection to climate change.

We urge governments and policymakers to use the expertise of public health

professionals and academics as a rigorously researched basis for public policy on health and environment, and support practical community-based projects that translate the benefits of climate science into real gains for communities. This should include research into cognitive psychological barriers to responding to climate change and programs to build resilience among individuals, families and communities to deal with the psychological, mental, social and physical challenges posed by climate change.

We ask the Australian government to fund a program of research that will support the Australian community to plan for and manage the health effects of climate change and extreme weather, and deliver benefits for the many Australian and regional communities affected by climate events, such as bushfires and drought, flooding and storms, and coastal inundation.

We urge the federal and state parliaments to consider the health impacts of climate change and ask all levels of government and parties to work together to develop a national strategy to respond.”

Signed

Fiona Armstrong

Professor Marc Cohen

Mairi Anne Mackenzie

Rachel Tham

Dr Jennifer Alden

Dr Lindsay Quennell

Professor Colin Butler

Emeritus Professor Rae

Walker

Dr Elizabeth Peach

Meagan Hibbert

Ngaire McGaw

Valerie Kay

Associate Professor

Melissa Haswell

Stephen Pannell

Associate Professor Erica

Bell

Dr Lesley Russell

Lucy Wickham

Paula Bateson

Ron Blankenforth

Professor John Wiseman

Sue Cooke

Dr Susie Burke

Dr James Whelan

Aileen Thoms

Sue Plowright

Dr Brad Farrant

Dr Elizabeth Haworth

Carol Chenco

Adjunct Professor Michael

Moore

Nicola Palmer

Joanna Drennan

Pip Carew

Simon Livesey

Dr Liz Hanna

Madeline Dorman

Ian McBurney

Emily Hamilton