

climate skeptics, doubt-sowers and naysayers – and a significant win for advocates of climate change action – there remains much trepidation about what the introduction of the carbon tax will mean for the average Australian. It is also unclear how far this tax will go to addressing the global health threat that climate change poses. So what role can we play?

Well, the health promotion community is well positioned to monitor the impacts that the carbon tax and other climate change actions have on the health of Australians. It will be important to monitor how and why these impacts, whether positive or negative, are distributed across the Australian population. Particular attention should be paid to whether such actions support or negate a reduction in health inequities within Australia. We hope it is the former and not the latter, and that further research examining the intersection between health equity and climate change is a direct result.

The introduction of the carbon tax may also provide a unique opportunity to reinvigorate discussions and advocacy efforts aimed at exploring the links between climate change and health.

There are some positive organisational commitments aimed at addressing the relationship between climate change and health. For example, the National Climate Change Adaptation Research Facility (NCCARF) has established a Human Health Network; the Climate and Health Alliance (CAHA), of which the Australian Health Promotion Association is a member, has been actively engaged in many advocacy efforts; and other professional groups such as the Public Health Association of Australia Environmental Health Special Interest Group and Doctors for the Environment Australia have also played their part. In addition, climate change and health promotion was a strong theme at last year's World Health Promotion Conference in Geneva. At this stage it looks like this topic will be firmly embedded in the program of next year's National Population Health Congress in Adelaide.

This special issue provides a collection of commentaries and research articles that will expose the reader to various issues and dilemmas associated with the climate-health relationship. Contributions span health promotion advocacy concepts; the adoption of climate change adaptation strategies among vulnerable populations, such as the elderly; professional competencies required to support climate-health action; health impacts of climate change, such as extreme weather events and heat stress; and the system reforms required to support both positive and pro-active climate-health action.

We trust that you and your colleagues will be inspired by, and learn from, these papers. Placing health and wellbeing at the forefront of the various climate change debates in Australia is paramount for environmental sustainability and achieving health equity.

References

1. Costello A, Abbas M, Allen A, et al. Managing the health effects of climate change. *Lancet*. 2009;373:1693-1733.
2. McMichael A, Weaver H, Berry H, Beggs P, Currie B, Higgins J, et al. *National Climate Change Adaptation Research Plan: Human Health*. Brisbane (AUST): National Climate Change Adaptation Research Facility; 2009.
3. Catford J. Food security, climate change and health promotion: Opening up the streams not just helping out down stream. *Health Promot Int*. 2008;23(2):105-7.
4. McEwan A, Bowers J, Saal T. *A Human Rights Based Approach to Mental Health Promotion in the Context of Climate Change in Rural and Remote Australia*. Cairns (AUST): Centre for Rural and Remote Mental Health Queensland; 2010.
5. Fritze J, Blashki G, Burke S, Wiseman J. Hope, despair and transformation: Climate change and the promotion of mental health and wellbeing. *Int J Ment Health Syst*. 2008;2(1):13. PubMed PMCID: 2556310.

6. Baum F, Fisher M. Health equity and sustainability: extending the work of the Commission on the Social Determinants of Health. *Critical Public Health*. 2010;20(3):311-22.
7. McMichael A, Friel S, Nyong A, Corvalan C. Global environmental change and health: impacts, inequalities, and the health sector. *BMJ*. 2008;336(7637):191-4.
8. Walker R, South East Healthy Communities Partnership. Climate Change and primary health care intervention framework. *Aust J Prim Health*. 2009;15(4):276-84.

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Action on climate change requires strong leadership from the health sector

Melissa Sweet

Climate change is an important and bitterly contested area of public policy with profound implications for public health. The current state of debate around the issue suggests the need for more effective advocacy by a range of parties.

The former Federal Science Minister, Barry Jones, recently described the quality of discussion about climate change in Australia as "deplorable". It has been, he wrote, "soporific on one side and hysterical on the other, ugly, dumb and bullying, marked by a 'Gotcha' approach in sections of the media, with relentless emphasis on fear, the short term, vested interests and a mindless populism".¹

Health professionals and organisations are well placed to help generate a more informed debate and policy response. They hold relatively influential, powerful positions in society generally, and the health impacts of climate change offer an opportunity to engage the public in issues that may otherwise seem abstract and not personally relevant.²

As well, the success of health and medical groups in achieving policy advances in tobacco control and other areas that also involve powerful vested interests and policy complexity provides useful models for informing health advocacy around climate change.

Around the world, many health and medical organisations have engaged in climate change advocacy, as evidenced by a landmark series of articles published in *The Lancet* in 2010, resulting from a project funded by the Wellcome Trust, National Institute of Health Research, Department of Health, the Royal College of Physicians, the Academy of Medical Sciences, the Economic and Social Research

Council, the US National Institute of Environmental Health Sciences, and the World Health Organization.³

In Australia, organisations such as the Public Health Association of Australia, Australian Medical Association, and the Australian Medical Students Association have developed policies on climate change, which is also a central area of activity for the group, Doctors for the Environment Australia.

A promising development is the advent of the Climate and Health Alliance (CAHA), a coalition of organisations and individuals from across the health sector. It was formed in August 2010 in response to concerns "that public and political debate and policy directions on climate change and environmental issues in Australia are failing to take full account of the current and projected impacts of climate change and ecological degradation on human health and wellbeing". The CAHA aims to contribute to the development and implementation of evidence-based public policy, and to promote sustainable practices in health care to reduce the sector's environmental footprint.⁴ However, it is a fledgling organisation that is under-resourced compared with the enormity of its task.

It is unfortunate that recent activity by one of the CAHA's members, the Royal Australasian College of Physicians, has undermined climate change advocacy efforts. In May, the College released a statement that raised concerns about the impacts of carbon pricing, particularly on disadvantaged groups. It led to media reports warning that a carbon tax could increase rates of chronic illness and have other adverse health impacts.⁵

The statement was substantially different to that drafted by the College's climate change working group, which had emphasised the harmful health impacts of climate change, and recommended a carbon price as good for health. The College's official statement was subsequently criticised by leading climate change and health experts⁶, and also featured in a YouTube campaign by climate change deniers.⁷

In many respects, the case has been instructive as an example of what *not* to do in public health advocacy.

It is a reminder of the importance of strong, consistent leadership across the sector, and the need for clarity about the objectives of advocacy. It is also a reminder that advocacy is an inherently political process. Public health advocates are most likely to be effective when engaging in the public and political spheres if they maintain credibility and independence.

The health sector has much to offer climate change advocacy. There is a need for research to guide the development of public health messages and the framing of stories that will resonate with the public, policy makers and politicians. The sector could also be working in effective collaborations with other relevant areas, including the energy, education, planning, and transport sectors.

Experience from other areas of public health also teaches the need to nurture advocates, to recognise the substantial investment of time and effort required, and to support those engaged in advocacy. It can require courage, particularly given the level of vitriol in the climate change debate, with climate scientists facing threats and becoming, as one author noted, "the punching bag of shock jocks and tabloid scribes"⁸.

Advocates also need to harness social media and the digital revolution more broadly, and the new opportunities arising for public debate and civic engagement.

References

1. Jones, B. Barry Jones: In climate change everything old is new again. *The Conversation*. 28 June 2011. <http://theconversation.edu.au/barry-jones-in-climate-change-everything-old-is-new-again-1914>.
2. Van Dam. Health journalism bridges climate change, daily news cycle. *Covering Health*, a blog of the Association of Health Care Journalists. 16 June, 2011. <http://www.healthjournalism.org/blog/2011/06/health-journalism-bridges-climate-change-daily-news-cycle/>
3. Haines, A, Wilkinson, P, Tonne, C, Roberts, I. Aligning climate change and public health policies. *The Lancet*. Volume 374, Issue 9707, 19 December 2009-1 January 2010, Pages 2035-2038. <http://www.thelancet.com/series/health-and-climate-change>
4. Climate and Health Alliance. Policy Research and Advocacy Agenda. June 2011.
5. Dunlevy, S. Check-ups 'at mercy of rising power bills'. *The Australian*. 5 May, 2011.
6. Sweet, M. Royal Australasian College of Physicians comes under fire over warnings on carbon tax. *BMJ*. 2011; 342:d3264.
7. http://www.youtube.com/watch?v=lcrcd_UDb0Cc
8. Clement, M et al. Climate change is real: an open letter from the scientific community. *The Conversation*, 13 June, 2011. <http://theconversation.edu.au/climate-change-is-real-an-open-letter-from-the-scientific-community-1808>.

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