# Addressing climate change through health promotion in Australia

### James A. Smith and Anthony Capon

Guest Co-Editors of the Special Issue on Climate Change and Health Promotion

Climate change is arguably the biggest global health threat of the 21st Century. While the spread of vector-borne diseases and the health impacts of extreme weather events dominate discussions about health and climate change, there are also a range of other issues that are central to the health promotion community. Concerns such as food security, <sup>2,3</sup> mental health; <sup>2,4,5</sup> Indigenous health; <sup>2</sup> and water quality <sup>2</sup> are increasingly familiar. It is also undeniable that a shared vision of most health promoters to achieve environmental sustainability and to promote health equity is challenged by the threat of climate change. <sup>6-8</sup> Health professionals are well positioned to address this threat, but action needs to be swift and sustained.

As with many other public health problems, the health promotion community will need to tackle climate change impacts on a range of fronts. This will require multi-strategy health promotion interventions, capacity-building strategies and significant advocacy efforts. Partnership development and cross-sectoral action inherent in effective health promotion work provide a suitable platform to have a stronger and united voice on the climate-health front. Yet, despite the urgency for action, there has been relatively limited discussion about the intersection between climate change and health promotion within Australia. This special issue of the *Health Promotion Journal of Australia* aims to provide some practical guidance in this regard. It also aims to promote further dialogue and a deeper understanding about addressing climate change through health promotion action.

In Australia, there are unique challenges to addressing climate change with respect to health and wellbeing. Perhaps the most

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The impetus for the issue came from James Smith, Vice President of the Australian Health Promotion Association and Child and Family Leader at the West Arnhem College, and Tony Capon, from the National Centre for Epidemiology and Population Health at the Australian National University.

As Guest Editors, James and Tony generated the interest that has led to the diverse papers included here. We thank them for their work in producing an issue that we consider to be informative, provocative, and timely.

Ben Smith
Editor-in-Chief

important is to raise public awareness of the link between health and climate change. However, climate politics in Australia has overshadowed this dilemma. The health implications of climate change have been given a relatively low priority in the midst of the Australian Government abandoning the introduction of a carbon emissions trading scheme and announcing its intention to introduce a carbon tax. Rallies and advocacy efforts, both for and against action on climate change, have divided Australian opinion on this topic at a population level.

Despite this division, the Australian Government finally managed to get legislation passed through the Senate to establish a national carbon tax. This bill was passed on 8 November 2011 and will be introduced on 1 July 2012. Optimistic health promoters would consider the introduction of the carbon tax as a sign that action on climate change is an important political endeavour of the current Australian Government. While this marks a blow to the

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The role of the National Climate Change Adaptation Research Facility is to lead the research community in a national interdisciplinary effort to generate the information needed by decision-makers in government and in vulnerable sectors and communities to manage the risks of climate change impacts.

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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.

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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".

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.<sup>2</sup>

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