



Measuring What Matters

Developing Wellbeing Indicators for Australia

CAHA Submission

January 2023

Introduction

The Australian government has indicated it is interested in expanding the way it measures progress. This will involve moving beyond traditional macroeconomic indicators, such as Gross Domestic Product (GDP), to a more comprehensive range of indicators to “measure what matters” to improve the lives of all Australians.

To effectively measure wellbeing and progress, a broader range of social and environmental factors need to be considered. Several countries have already developed ways to measure progress and wellbeing. Some have succeeded in linking progress indicators more closely to policy-making processes and priority setting exercises.

Australia currently does not have a national framework or central set of indicators to complement the existing reporting and track overall progress. However, federal, state, and territory governments do already publish a wide range of indicators.

The Australian Treasury has indicated it is interested in exploring ways to put wellbeing at the centre of the national budget. This submission responds to the [consultation](#) by the Treasury on the Measuring What Matters Statement.

About CAHA

The Climate and Health Alliance (CAHA) is a national charity and the peak body on climate change and health in Australia. CAHA is an alliance of organisations within the health sector working together to raise awareness about the health risks of climate change and the health benefits of emissions reductions.

The membership of CAHA includes a broad cross-section of health sector stakeholders with over 100 member organisations, representing healthcare professionals from a range of disciplines, as well as healthcare service providers, institutions, academics, researchers, and consumers.

Acknowledgement

The Climate and Health Alliance recognises Aboriginal and Torres Strait Islander People as the traditional custodians of the land on which we live and work, and acknowledge that sovereignty of the land we call Australia has never been ceded. We commit to listening to and learning from Aboriginal and Torres Strait Islander people about how we can better reflect Indigenous ways of being and knowing in our work.

Defining wellbeing

Australia currently does not have a standard definition for wellbeing, and various people and institutions will interpret 'wellbeing' differently.

The [Australian Institute of Health and Welfare](#) (AIHW) considers wellbeing to be determined by physical, mental and social factors. "Wellbeing is affected by an individual's perceptions, emotions and behaviour as well as their ease of movement and levels of any discomfort." The AIHW also points to mental health as a fundamental part of the wellbeing of individuals, their families and the community as a whole. The Institute currently assesses the wellbeing of the Australian population through regular National Health Surveys, which rely on the self-reported health status of people.

In a [budget statement](#) in October 2022, the Treasury referred to this as "measuring what matters". It states that "indicators that measure broader quality of life factors should be considered in addition to, not instead of, traditional macroeconomic measures. When policy processes consider these outcomes, they facilitate more holistic discussions of the type of economy and society Australians want to build together."

The Treasury's interpretation is closely aligned with the definitions of 'health' and 'wellbeing' used by the World Health Organization (WHO). The UN's health agency defines health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity." WHO defines wellbeing as "a positive state experienced by individuals and societies. It is a resource for daily life, and is determined by social, economic and environmental conditions."

The WHO definition of wellbeing encompasses quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose. According to this definition, a society's wellbeing can be determined by the extent to which they are resilient, build capacity for action, and are prepared to transcend challenges.

At its most basic level, wellbeing requires safety, food, health care, housing, connection to community and opportunity to contribute. Any wellbeing framework needs to ensure that these basic "determinants of good health" are captured and prioritised, and that the drivers of the problems that lead to a lack in these essentials are tackled. For example, WHO asserts that a focus on wellbeing supports the tracking of the equitable distribution of resources, and the overall thriving and sustainability of a society.

Importantly, concepts and indicators of wellbeing must be culturally relevant and responsive to the Australian context. For example, cultural indicators specific to Aboriginal and Torres Strait Islander people are central to their wellbeing, such as:

- Caring for and connection to Country;
- Aboriginal and Torres Strait Islander ways of knowing, being and doing;
- Language, family, kinship, community, lore, relationality and self-determination.

For Australian wellbeing indicators to be successful, they must be co-created with the communities and stakeholders who hold the insights needed to design an economy that aligns with their values and objectives. This must include a leadership role for Aboriginal and Torres Strait Islander Elders and communities, and other First Nations leaders.

Recommendations:

CAHA recommends the Australian government adopt and use the WHO definition for health and wellbeing, and ensures the inclusion of the social and environmental determinants of health in its wellbeing framework.

CAHA recommends the Australian government work in partnership with Aboriginal and Torres Strait Islander people to develop a wellbeing framework that supports Aboriginal and Torres Strait Islander peoples' wellbeing, and is culturally relevant and responsive to the Australian context.

Learning from other governments

There has been increased interest from governments around the world to monitor a broader set of social and environmental indicators, alongside economic growth, when tracking progress. These initiatives move 'beyond GDP' and allow governments to transform their economic systems towards 'Wellbeing Economies'.

For example, the government of **Wales** developed a series of [46 national wellbeing indicators](#), which are meant to track progress towards the goals of the Wales Wellbeing of Future Generations Act of 2015.

The government of **Scotland** created a [National Performance Framework](#), which sets out 11 national outcomes that reflect a localised version of the Sustainable Development Goals (SDGs). Outcomes include inclusive and resilient communities, a sustainable economy, and healthy and active citizens. Using the framework, the Scottish Government works with local government and Community Planning Partnerships to help meet national outcomes and tracks progress on the national indicators.

New Zealand introduced a Wellbeing Budget in 2019, underpinned by a Living Standards Framework, and making use of a [cost-benefit analysis tool](#) that allows public sector agencies to calculate the value and impact of wellbeing policies. The New Zealand Treasury is required to report periodically on the state of wellbeing - and did so for the first time in 2022. [Local governments](#) are encouraged to ensure that activities and policies promote the social, economic, environmental and cultural wellbeing of their community.

The government of **Canada** published a [Measuring What Matters Statement](#) - similar to the Statement currently envisioned by the Australian Treasury - which it is using to better incorporate quality-of-life measurements into government decision making and budgeting.

The **European Union** has also recognised the need to shift to a wellbeing economy, and is currently developing an "alternative set of indicators to measure economic, social and environmental progress" to supplement current national accounting metrics such as GDP.

An increasing number of **international** initiatives are also active in this area. For example, Finland, Iceland, Scotland, Wales and New Zealand are all members of the [Wellbeing Economy Governments partnership](#). This coalition aims to transform economies around the world to deliver shared wellbeing for people and the planet by 2040.

A global network of academics, businesses and social movements regularly convenes to discuss the issue under the banner of the [Wellbeing Economy Alliance](#). In 2022, the World Health Organization (WHO) also launched the [Universal](#)

[Wellbeing Economy Initiative](#), which calls for wellbeing to be at the heart of economic recovery, while the Organisation for Economic Co-operation and Development (OECD) has played a pivotal role in helping countries craft their Wellbeing Vision since 2009. In a recent speech, the United Nations Secretary-General, Antonio Guterres, has also provided his support, saying governments need to “go beyond Gross Domestic Product as a measure of human progress and wellbeing”.

Crucially, there are also many examples to draw from within **Australia**. The Australian Capital Territory has developed the [ACT Wellbeing Framework](#), consisting of twelve key areas that impact on the quality of life of Canberrans. The government of Victoria has established the [Victorian public health and wellbeing outcomes framework](#), while the [City of Adelaide](#) is monitoring a set of wellbeing indicators.

Beyond governments, there is also a rich pool of Australian expertise to draw from in this area, including the [New Economy Network of Australia](#), [The George Institute for Global Health](#), [VicHealth](#), [VCOSS](#), and the [Centre for Policy Development](#).

These examples show that, rather than having to develop a framework for measuring wellbeing and progress from scratch, Australia can build on the many examples that already exist, avoid mistakes and emulate successes. Existing practices also indicate that measurement alone does not bring about change, but needs to be paired with high-level goal-setting and explicit plans for how government agencies can contribute to achieving those goals.

The Commonwealth government has a lot to learn from State and Territory governments when it comes to translating wellbeing indicators into policy-making and implementation. It should also play a role in convening and coordinating the diverse efforts already underway in Australia, and ensure coordination and standardisation, for example through the establishment of a national taskforce on the wellbeing economy. Similarly, the Commonwealth government would be wise to coordinate its efforts with like-minded governments who have been frontrunners in adopting wellbeing indicators. It could do this by joining the Wellbeing Economy Governments partnership.

Recommendations:

CAHA recommends the establishment of a national taskforce on the wellbeing economy, bringing together federal, state and territory governments. The taskforce would help identify best practices and ensure overall coordination.

CAHA recommends for the Australian government to join the Wellbeing Economy Governments partnership.

Capturing progress on climate, health and equity

Climate and Health Impacts

The ongoing impacts of the climate and health crisis in Australia, such as catastrophic bushfires, floods, drought and the COVID-19 pandemic, remind us the world is rapidly changing. This presents challenges and consequences for human and planetary health, and the wellbeing of current and future generations. In addition, the cost-of-living crisis has hit the most vulnerable especially hard, and has widened inequalities.

The current pressures to which Australians are exposed, as well as the strain on the health system that service them, mean wellbeing indicators need to capture and prioritise the social and environmental determinants of health.

The [MJA-Lancet Countdown on health and climate change](#) is a collaboration between 13 academic institutions which monitors the links between public health and climate change and produces annual national assessments for Australia. Tracking progress in Australia across 26 different scientific indicators, which have been fine-tuned for the past 5 years, the regular assessments by the MJA-Lancet Countdown provide the ideal basis for the selection of Australian wellbeing indicators that pertain to progress on climate change action. (See the section below entitled 'Additional Indicators' for CAHA's recommendations around specific indicators that could be adopted by the Commonwealth government.)

Certain states and territories, and some city governments, already make use of wellbeing indicators that capture climate change, environmental, and social dimensions. For example, Victoria has developed [public health and wellbeing targets](#) and includes a target for renewable energy, alongside a wide range of measures to reduce inequalities.

The [ACT Wellbeing Framework](#) includes a set of indicators that relate to environment and climate, as well as various equality measures. The [wellbeing indicators](#) of the City of Adelaide include environmental targets on waste reduction, the reduction of greenhouse gas emissions, the prevention of urban heat islands, and the increase in tree canopy coverage to reduce the effect of heat. They also capture progress on social issues such as low income, unemployment, housing, and homelessness, as well as the availability of social support and community connection.

At the federal level, many environmental and social measures of progress are already being monitored by various institutions and agencies, and could easily be compiled into a central set of indicators to complement the existing reporting and track overall progress. The [OECD Framework for Measuring Wellbeing and Progress](#) already includes the environment as one of 11 'dimensions', while the current

[Australian OECD wellbeing indicators](#) include 5 environmental indicators, including: exposure to outdoor air pollution, greenhouse gas emissions, material footprint, Red List index of threatened species, and access to green space.

Nonetheless, there is an urgent need to significantly expand environmental and social indicators, including climate change indicators and how they pertain to people's health and wellbeing. The [October 2022-2023 Budget statement](#) already highlighted that climate change presents both physical and transitional impacts, with significant impacts on health and wellbeing. The budget statement underscored that "understanding climate change in the Australian context requires tracking Australia's progress towards its agreed emissions reduction goals, as well as understanding the impacts climate change is having on our natural environment and communities, and how Australia is adapting to these changes."

The Australian Institute of Health and Welfare (AIHW) is already undertaking a significant amount of work. This includes [estimates of the health impacts of bushfires in Australia](#), and [estimates of health losses that can be attributed to environmental risk factors](#) such as air pollution, sun exposure, and occupational risks which includes many environmental heavy metals and exposures. Ongoing work at AIHW includes: the integration of data on health outcomes associated with bushfires at a national scale, the development of indicators for environmental determinants of health in Australia, and estimates for weather related injuries in Australia. Therefore, it is clear that the AIHW brings the necessary technical expertise to develop and monitor climate-health indicators.

An expanded range of wellbeing indicators for climate change could help guide the implementation of the [National Health and Climate Strategy](#). The National Strategy aims to provide a guiding framework for an all-of-government response to climate-health risks, and the goals of the National Strategy would ideally be closely aligned with a set of wellbeing indicators for climate change.

The strategy is being developed in 2023 and is being stewarded by the newly established Health Sustainability and Climate Unit in the Department of Health and Aged Care. Initial consultations on the development of the National Strategy have indicated that one of the Strategy's outputs will likely be a regular National Vulnerability and Capacity Assessment. This would be an ideal mechanism to monitor a set of climate, health and wellbeing indicators over time, and can be embedded in the governance structures of the National Strategy.

CAHA's FY 23/24 pre-budget submission proposes resourcing work to support integration between the Health and Climate Strategy and the wellbeing framework.

Lastly, the [Climate Change Bill](#) legislated by Parliament in 2022 offers an opportunity to present progress made on wellbeing indicators that relate to climate and environmental goals. Clause 12.d of the Climate Change Bill directs the Annual

Climate Change Statement to report on the effectiveness of the Commonwealth's climate change policies. This could be interpreted to include an overview of how the Commonwealth's climate policies are ensuring the prosperity, health and wellbeing of current and future generations.

Recommendations:

CAHA recommends the inclusion of wellbeing indicators on climate change and health, as captured by the MJA–Lancet Countdown.

CAHA recommends for the Australian Institute of Health and Welfare to be the technical lead in the development of wellbeing indicators that pertain to climate change, in close collaboration with the National Health Sustainability and Climate Unit in the Department of Health and Aged Care.

CAHA recommends the use of wellbeing indicators that pertain to climate change to inform the implementation of the National Health and Climate Strategy.

CAHA recommends that the Annual Climate Change Statement - as legislated for in the Climate Change Bill 2022 - report on how the Commonwealth's climate policies are ensuring the prosperity, health and wellbeing of current and future generations.

Climate and Health Equity

Wellbeing indicators can play an important role in measuring progress towards “what matters” for a society. Crucially, however, they should also capture *who* matters.

Aggregated, high-level goals and indicators usually don't provide nuanced insights on the ways in which marginalised or disadvantaged communities are experiencing wellbeing. Such aggregate measures allow policy makers to identify which wellbeing areas are underperforming, but leave them unequipped to understand which groups are being affected, or what underlying causes might be driving a lack of progress. Therefore, they will have limited policy relevance and applications.

For many Australian indicators, the underlying data to allow for disaggregation simply does not exist, or is not measured regularly or consistently at a government level. The relative lack of disaggregated data in Australia means there is less evidence and awareness of current inequalities, making it difficult for decision-makers to design appropriate policies. A few of Australia's current [OECD wellbeing indicators](#) already make use of disaggregated data, but the large majority does not. Therefore, there is a need for better, disaggregated data, which allows

decision makers and other users to identify, acknowledge, and target inequities. This would contribute to existing equity goals in Australia, such as Closing the Gap.

All wellbeing indicators should collect and make use of disaggregated data where possible, i.e. should be broken down into detailed sub-categories, according to gender, whether people identify as Aboriginal and/or Torres Strait Islander, disability status, region (urban, regional, remote), income status, level of education, and others.

This is of particular importance for wellbeing indicators that are related to climate change. For example, the use of gender- and age-disaggregated data could help further quantify heat effects for elderly people and pregnant women, mental health impacts on young people, and identify additional vulnerable groups. Similarly, rural and urban disaggregation can help identify inequities. For example, rural, regional and remote areas across Australia are extremely vulnerable to climate change, due to widening inequities, an ageing population, and reliance on an over-stretched volunteer base to respond to disasters.

Similarly, the process of developing and fine tuning wellbeing indicators should happen in an equitable manner. Care needs to be taken to ensure that these processes help empower communities and foster a strengths based approach to reducing inequity. Consultations for the development of the wellbeing indicators need to happen across a diverse range of groups, including youth, the elderly, members of the LGBTQI+ community, First Nations people, those from low socio-economic backgrounds and members of diverse communities.

Recommendations:

CAHA recommends the collection of disaggregated data for all wellbeing indicators, where possible. This implies a significant improvement and expansion in data collection, compared to current practices.

CAHA recommends that an extensive and inclusive consultation process is conducted in the development of wellbeing indicators for Australia.

Recommendations for wellbeing indicators

CAHA supports the use of the OECD Framework for Progress and Wellbeing as a pragmatic basis for developing the Framework in Australia. These indicators represent important aspects of a holistic approach to wellbeing that can have tangible impact on the day to day lives of all Australians. However, there is a need to both improve existing indicators, and add additional ones, to ensure the environmental and social dimensions of wellbeing are adequately captured, and indicators are culturally relevant and responsive to the Australian context.

Keeping in mind the Treasury's preference for a limited number of core indicators, in order to "support decision making by avoiding unnecessary complexity", we believe the improved use of disaggregated data would go a long way to allow the continued use of a limited number of topline indicators, while improving the accessibility of underlying data that can be looked at in more detail to help uncover vulnerable groups and barriers to progress.

Improvement of existing OECD indicators

CAHA believes the large majority of the [36 existing OECD indicators for Australia](#) could be strengthened by disaggregation of data, and the identification of worst-performing and/or most-disadvantaged groups. The Australian Bureau of Statistics has already developed a set of [statistical standards](#) that could be used or adapted for this purpose. For example:

- Indicators 5, 6, 7, 8, 10, and others, should reflect gender diversity, not only binary sex.
- Indicators 2, 10, 13, 17, 26, 27, and others, should reflect the experience of Aboriginal and Torres Strait Islander communities.
- Indicators 12, 13, 14, 25, 19, and others, should differentiate for income levels and Cultural and Language Diversity.

Data and methodology gaps in current OECD indicators should also be addressed. For example:

- Indicator 3 - exposure to outdoor air pollution - currently only measures exposure to particulate matter, and does not capture exposure to other dangerous air pollutants. Australia has set national standards for [six categories of outdoor air pollutants](#): carbon monoxide, lead, nitrogen dioxide, ozone, particles and sulphur dioxide.
- Indicator 24 - Red List Index of threatened species - is an important indicator, but does not accurately capture the status of biological diversity in Australia. This indicator could be supplemented by other available sources, such as those captured in Australia's [State of the Environment Report](#).

- Indicator 33 - access to Green space - is currently not reported in Australia. This should be adequately monitored, and existing data gaps should be closed. It should encompass both the proximity to, and the quality of, green and blue spaces.

Additional indicators

CAHA recommends the following additional indicators, to be included in the Framework.

First Nations Wellbeing

Any Australian wellbeing framework needs to be culturally relevant and responsive to the Australian context. This means it needs to include goals for Aboriginal and Torres Strait Islander peoples' wellbeing, and needs to be co-created with the communities and stakeholders who hold the insights needed to design an economy that aligns with their values and objectives, including Aboriginal and Torres Strait Islander Elders and communities, and other First Nations leaders.

When asked about their health, Aboriginal and Torres Strait Islander people [consistently draw attention](#) to the importance of relationships with their culture and Country.

Importantly, the ongoing and intergenerational impact and trauma of colonisation continues to adversely affect Indigenous people's connection to Country and manifests in unacceptable rates of imprisonment, suicide and unemployment. These and other aspects relevant to Australia's unique context need to be adequately reflected in the national wellbeing framework.

There is an incredibly rich history of work that can be learned from, in order to co-develop a framework that strengthens the health and wellbeing of Australia's First Nations peoples. A few examples include the [National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing](#), the [Strong Peoples – Strong Country framework](#) developed in relation to the Great Barrier Reef, and the [Closing the Gap](#) initiative.

Uptake of healthy, affordable and sustainable diets

A healthy diet is vital for optimal growth, development and wellbeing throughout life, and contributes to physical vitality, mental health and social wellbeing. A healthy diet also helps prevent chronic diseases such as cardiovascular disease, cancer and diabetes as well as their associated risk factors including overweight and obesity, high blood pressure and high cholesterol.

It is well-established that, in order to maximise health and environmental goals, a shift towards healthy, affordable and sustainable diets is needed. This implies an increase in plant-based whole foods, while reducing red meat and processed meat, and limiting salt, high sugar, saturated fats, trans fat and ultra-processed food intake. An indicator that captures the healthiness, affordability, and sustainability of diets in Australia is therefore needed.

Access to public transport and safe opportunities for active mobility

Active travel, and physical activity, offers a large range of benefits. Both walking and cycling have major health benefits, such as reducing the risk of many chronic health conditions and improving mental health and wellbeing. Active travel also helps to reduce greenhouse gas emissions, air pollution, and energy consumption. Economic benefits of physical activity and active travel include reduced costs associated with transport, road infrastructure and traffic congestion. Community benefits include increased social connection, neighbourhood trust and safety, and reduced crime. Accessible, affordable, and clean public transportation can make mobility more inclusive, while being more environmentally friendly. Public transport is also an important complement to active travel. Effective public transport can improve access to critical services like education, healthcare, decent jobs, and nutritious food, and other goods and services that contribute to wellbeing.

An indicator that captures the 'percentage of journeys by walking, cycling or public transport' would be an important measure of progress that can help inform transport policies.

Health impact caused by weather-related disasters

Climate change is affecting the health of Australians directly with increased exposure to extreme weather (as well as indirectly by impacting the physical, natural, and social systems on which health depends). The Australian population has seen a rise in injuries, illness, displacement, and deaths caused by extreme weather events, and a national wellbeing framework would need to monitor this large and growing threat to the health and wellbeing of Australians.

For example, heatwaves have a significant impact on excess ambulance demand, hospital admissions and mortality in several sites [across Australia](#). Bushfires [affect population health](#) through direct exposure to fire, exposure to bushfire smoke, and the mental trauma associated with proximity to a fire front and loss of home or business and associated forced relocation. Increased frequency and intensity of climate extremes have resulted in disrupted health and social services, and are causing a [rise in forced displacement](#) of households and communities.

Capturing the health impact of extreme climate-related events on Australians would, by necessity, have to be monitored through an approximate, composite indicator. Not all impacts would be able to be included, due to data gaps and limited availability of detection and attribution studies. In an ideal scenario, a set of indicators would be used to provide an overview of the range of impacts.

However, a number of indicators that track the relationship between climate change and health impacts are well-established already. For example, since 2018, the Medical Journal of Australia (MJA) and the Lancet Countdown initiative have produced annual [national assessments](#) of a range of health impacts, exposures and vulnerabilities caused by climate change. Australian indicators used by the MJA-Lancet Countdown include:

- Exposure of vulnerable populations to heatwaves;
- Health impacts from bushfires;
- Migration and displacement caused by extreme weather events.

The AIHW has also produced - or is currently working on - various indicators that capture the health impacts of climate change in Australia, including:

- Health impacts from bushfires;
- Health losses attributed to environmental risks;
- Injuries caused by extreme-weather events.

Resilience of health services

In Australia, large-scale catastrophic climate-driven events - such as bushfires and floods - increasingly exceed the capacity of health services and emergency response, leaving many people and communities to cope as best they can, and at exacerbated risk of adverse health impacts. It is clear that health services in Australia need additional investment in climate change adaptation, planning and resilience, to ensure that lives and livelihoods are protected. Without such measures in place, the majority of wellbeing indicators will be negatively affected.

An indicator that captures health service resilience could make use of [MJA-Lancet Countdown indicators](#) on the subject, including measures for progress on:

- health and climate change adaptation planning;
- climate information services for health;
- health emergency management capacity, including surveillance and public health human resources capacities;
- bushfire adaptation in Australia, by analysing firefighting capacity.

For more information, please contact:

Arthur Wyns
CAHA Policy Specialist
arthur.wyns@caha.org.au

Appendix: Climate and Health Alliance Members

CAHA membership as of January 2023.

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Abilita
Asthma Australia
Australasian College of Health Service Management
Australasian College of Nutritional and Environmental Medicine
Australasian Epidemiological Association
Australasian Society of Lifestyle Medicine
Australian Association of Gerontology
Australian Association of Social Workers
Australian Chiropractors Association
Australian College of Nursing
Australian Council of Social Service
Australian Federation of Medical Women
Australian Health Promotion Association
Australian Healthcare and Hospitals Association
Australian Indigenous Doctors' Association
Australian Institute of Health Innovation
Australian Lesbian Medical Association
Australian Medical Students' Association
Australian Nursing and Midwifery Federation (Federal)
Australian Physiotherapy Association
Australian Podiatry Association
Australian Primary Health Care Nurses Association
Australian Psychological Society
Australian Women's Health Network
Brooke Shelton
Cairns Hand Clinic
Catholic Health Australia
Central Australia Rural Practitioners Association
Children's Healthcare Australasia
Climatewise Design
Codesain
CoHealth
ConNetica Consulting

Consumers Health Forum of Australia
Coota Girls Aboriginal Corporation
CRANApus
Cultivate Impact
Dietitians Australia
Doctors for Nutrition
Doctors Reform Society
Enliven Victoria
Enriching Lives Psychology
Environmental Health Australia
Faculty of Health, University of Technology Sydney
Food for Thought Consulting
Friends of CAHA
Health Care Consumers' Association ACT
Health Issues Centre
Health Nature and Sustainability Research Group
Health Services Union
Healthy Food Systems Australia
Healthy Futures
Indigenous Allied Health Australia
Institute for Sustainable Futures (UTS)
Kooweerup Regional Health Service
Lowitja Institute
Mayfield Medical Connection
Medical Association for Prevention of War Australia
Medical Scientists Association of Victoria
Metta Health & Psychology
MinterEllison
Motion Energy Group
Mott MacDonald
National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners
National Rural Health Alliance
Naturopaths and Herbalists Association of Australia
NSW Nurses and Midwives' Association
Nursing and Midwifery Health Program Victoria
Nutrition Australia
Occupational Therapy Australia
Optometry Australia
OraTaiao: New Zealand Climate and Health Council
Orygen
Pharmacists for the Environment Australia
Proveratis Group
Psychology for a Safe Climate
Public Health Association of Australia
Pura Vida Behavioural Nutrition
Queensland Nurses and Midwives' Union
Rocketship Pacific

Royal Australasian College of Physicians
The Royal Australian and New Zealand College of Ophthalmologists
Royal Australian and New Zealand College of Psychiatrists
Rural Doctors Association of Victoria
SANE Australia
School of Public Health, University of Sydney
School of Public Health & Social Work, Queensland University of Technology
Second Chance Psychology
Services for Australian Rural and Remote Allied Health
Spelfabet
Thoracic Society of Australia and New Zealand
UQ Mental Health in Climate Change Transdisciplinary Research Network
Veterinarians for Climate Action
Victorian Allied Health Professionals Association
Vote Earth Now
Walter and Eliza Hall Institute of Medical Research
Weenthunga Health Network
WHO Collaborating Centre for Environmental Health Impact Assessment
Women's Health Goulburn North East
Women's Health in the North
Women's Healthcare Australasia