ACT Government
Health

Population Health Division Strategic Framework 2013–2017

Contents

Foreword

The purpose of the Population Health Division Strategic Framework is to define the role of the Population Health Division within the broader context of preventive health efforts in the ACT. This is particularly important as changes in funding arrangements for preventive health, and the national reform agenda of the primary and hospital care sectors, have created new opportunities for 'joined up' work on preventive health in the ACT. Defining the role of the Population Health Division in this environment will assist with avoiding duplication of efforts between organisations and encourage the most efficient use of limited resources.

This Framework reflects the Population Health Division's commitments and responsibilities under a range of local and national policies and programs. This is examined from the perspective of the organisation as a whole rather than detailing each of its constituent parts. This Framework therefore does not describe every population health initiative being implemented in the ACT, and it is not a 'workplan' for units within Population Health Division. Rather, it describes the interface between the Population Health Division as a preventive health service and other similar organisations, and the process of governance the Division will follow to maintain consistent aims.

1. Introduction

In the ACT, about 80 percent of the burden of disease is attributable to chronic conditions which can be managed but not cured, and for which prevention is the only means of reducing overall burden in the population. The ageing of the ACT population, in combination with risk factors such as obesity, smoking and lack of physical activity present a major challenge for ACT Health.

The optimum preventive strategy depends on the disease to be prevented, the distribution of its risk factors in the population and the likelihood of achieving the desired reduction in the risk factor. Often preventing disease by shifting the entire population distribution of a risk factor can be more cost-effective than focusing interventions solely on people at high risk. Examples of cost-effective modifications of risk include increasing the price of alcohol and tobacco, fluoridating municipal water supplies and vaccination.[1]

Primary prevention is an important public health approach to reducing rates of disease in the population. It can be defined as 'action to reduce or eliminate or reduce the onset, causes, complications or recurrence of disease'.[2] It is distinct from secondary and tertiary prevention which reduce the severity or prevent complications of disease once it is established and are a major focus of clinical care.

The Population Health Division is committed to improving the health status of the ACT population through applying primary preventive measures. This involves the promotion of healthy behaviours and environments, as well as interventions to reduce hazards to health in the well population recognising that many of the social determinants of health such as income disparity, access to education, employment opportunities and quality housing are outside the sphere of influence of the health sector. These actions are not limited to the Health portfolio, but their aim is the improvement of the health of the population.

Achieving a reduction in the risk and rates of ill health in the ACT population requires the coordinated efforts of diverse teams within the Population Health Division. It includes staff with expertise in health promotion, program management, finance, administration, epidemiology, nursing, allied health, science and medicine as well as logistical support for programs such as vaccine delivery.

The Framework identifies the strategic objectives the Division will pursue in order to fulfil its role, and the principles it will observe in developing and implementing programs to achieve these objectives. This allows the work of the Division to be seen in the context of other health service or public health oriented organisations in the ACT and to provide a basis for partnership with them.

The Framework details the internal governance by which the Division will develop annual business plans in accordance with these strategic objectives. It does not, however, describe a specific set of actions to be undertaken as these must be developed within the context of the Divisional and Directorate business planning cycle to be effective and accountable.

1 Vos T, Carter R, Barendregt J, Mihalopoulos C, Veerman JL, Magnus A, Cobiac L, Bertram MY, Wallace AL, ACE–Prevention Team (2010). Assessing Cost-Effectiveness in Prevention (ACE–Prevention): Final Report. University of Queensland, Brisbane and Deakin University, Melbourne

2 'The language of prevention', National Public Health Partnership, 2006

2. Role of the Population Health Division in improving the health status of the ACT population

Organisations or programs which are aimed at delivering primary, secondary or tertiary prevention can be considered as 'preventive health services'. Those, such as the Population Health Division, which focus on primary prevention are 'primary preventive health services'.

The Population Health Division is one of many organisations that provide primary preventive health services to the ACT population. The role of the Division in relation to other providers of preventive health services can be described in three areas. These are:

- where the Division works within the Preventive Health Spectrum compared to other preventive health providers;
- the main settings in which the Division works to prevent disease compared to other preventive health providers; and
- the types of disease prevention the Division focuses on compared to other preventive health providers.

2.1 Preventive Health Spectrum

The illnesses which comprise the great majority of the burden of disease in the ACT have a relatively well understood chain of causality. Exposure to environmental and behavioural risk factors for specific conditions occurs early in this chain of causality. Once disease manifests, measures are available to reduce its impact on an individual (e.g. exercise, diet and intensive glucose control for diabetic patients). As a disease progresses, more intensive interventions such as medication or surgery may be required to prevent the most serious complications of the disease. Preventive interventions can, therefore, act at several points along a spectrum from the risks associated with a disease developing to the complications of illness once it has developed.

In order to achieve a complete response to long-term and chronic conditions, it may be necessary to implement a range of preventive measures (see Figure 1).

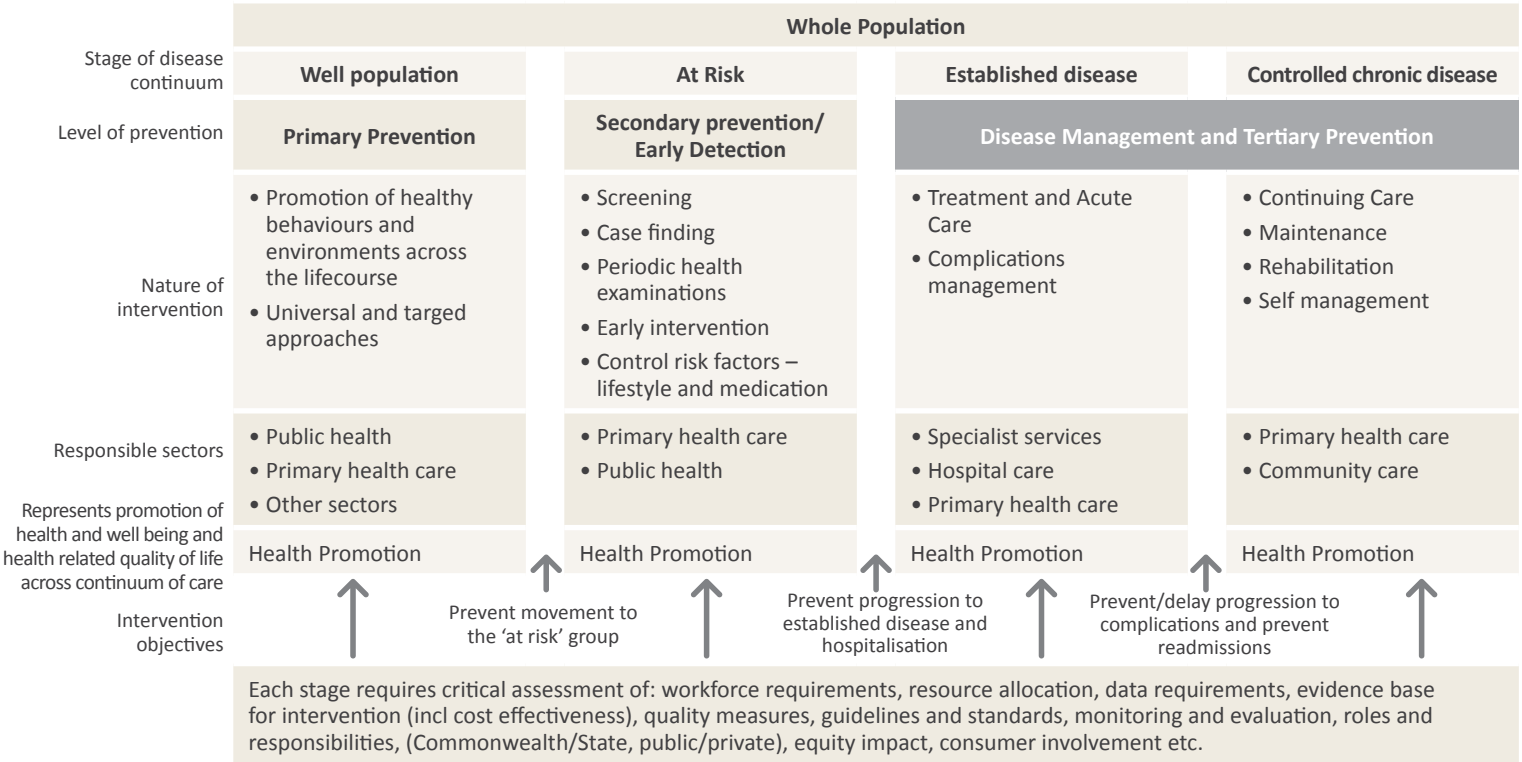


Figure 1: Preventive Health Spectrum. National Public Health Partnership (2006). The Language of Prevention, Melbourne: NPHP

On this spectrum, the Population Health Division has a key focus on the delivery of primary preventive health. The delivery of secondary and tertiary prevention programs is the chief responsibility of the primary care sector, community health and hospital service providers.

2.2 Setting for prevention

Preventive health interventions can be delivered in a number of settings. Settings are often chosen based on the particular advantages they offer. A preventive program may be delivered through schools because they provide a 'captive audience' of children in an environment which is orientated towards producing behaviour change in groups and provides access to parents, siblings and the wider community. Similarly, workplaces provide a setting in which employed adults spend many hours and which can be modified to enhance primary preventive outcomes. Primary care incorporates several unique settings for preventive care, such as General Practice and pharmacies.

Preventive health measures can also be achieved through measures taken outside of a defined setting in the general community. These may include social marketing campaigns, modifications to the built environment, provision of health-related information, changes to commercial operations, and financial policy; all of which may be used to achieve preventive health outcomes at a population level. The integration of prevention programs across settings provides an opportunity to enhance their effectiveness.

The Population Health Division delivers preventive health programs largely through non-healthcare related settings such as schools, workplaces, sports and community events. These are often settings over which the government has some control, such as public schools or government funded playing fields. The Population Health Division also delivers non-targeted population level interventions, particularly in collaboration with other areas of Government, such as legislation for smoke-free environments, inspection of food businesses and regulation of the supply of medicines and poisons.

2.3 Type of prevention

Primary prevention of disease can be achieved through several types of intervention. These include interventions that:

- focus on changing behaviours by promoting beneficial actions (e.g. smoking cessation) or identifying behaviours which expose a person to greater risk of disease (e.g. eating an excess amount of energy dense food or sedentary lifestyle). These interventions may include providing financial or other incentives such as taxation of cigarettes;
- directly modify the environment the person encounters that may reduce harmful behaviours and exposures (e.g. remove 'junk' food from school canteens; improving lighting on public paths to reduce risk of injury);
- modify policy drivers for the environment the person encounters (e.g. reduce advertising of tobacco or alcohol; financial disincentives to sell 'junk' food);
- remove a hazard to health from the environment (e.g. removal of asbestos, banning of smoking in public locations, vaccination against communicable diseases to achieve 'herd' immunity, inspecting food businesses, reducing availability of harmful substances); and/or
- identify risks of disease, such as through screening programs, laboratory testing, maintaining risk registers and notification systems.

Implementing these interventions at a population level requires significant administrative, logistical and technical support including, in the case of Population Health Division, laboratory monitoring and analysis of health hazards, supply of vaccines, and the collection, analysis and reporting of data.

Those proven to be effective public health interventions such as tobacco control and seat belts have involved a combination of education, promotion, regulation and resourcing.

The goal of achieving behaviour change, skills development, environmental modification, or removal of a hazard may involve quite different interventions if they are applied to an individual as opposed to a population. For example, the promotion of physical activity to reduce the burden of cardiovascular disease can be applied in an individual case or across a population (both are primary prevention) but they may entail quite different actions (e.g. counselling of an individual, promoting the benefits of physical activity and providing opportunities in the built environment for that activity at the population level).

Integration of primary prevention from population to individual level provides an opportunity for better coordination of efforts in these areas.

The Population Health Division has a priority focus on delivering all of these types of prevention to groups and populations rather than focusing on individuals at high risk, a point of difference between the primary care sector, community health and hospital service providers.

The application of legislation and regulation to preventive health is where Government has a particular role in altering the hazards and environment that an individual encounters, thus allowing healthier choices to become possible.

3. Core Principles

Principles provide parameters within which decisions or actions should be framed. The purpose of having principles is to preserve a coherent approach to decision making given that one cannot specify every decision or action of the Division ahead of time. The following core principles underpin the activities of the Population Health Division:

a) A population preventive health focus

The Division will focus on measures which promote the health of the entire ACT population, sub-populations or communities by reducing the risk associated with developing disease. Maintaining equity for disadvantaged or difficult-to-reach populations is an important consideration in this. Equity can be addressed by ensuring that measures that are selected are likely to be broadly effective across all parts of the population and do not disadvantage vulnerable groups.

b) A focus on partnerships

The Division will seek to work in appropriate partnerships with other healthcare providers, academic institutions, non-government organisations, the Community, other Government Directorates and industry to promote the health of the ACT population, sub-populations or communities.

c) Target health priorities

The Division will direct resources to target the health priorities of the ACT population.

d) Evidence-based decision making

The Division will use the best evidence available through research, analysis and evaluation to support informed policy decisions.

e) Quality population health services

The Division will implement measures to improve the effectiveness, efficiency, accountability and/or appropriateness of measures implemented to promote and protect the health of the ACT population.

f) Strong accountability and governance

The Division will maintain a process of internal governance which aligns the activities of Branches and Offices to Divisional and Directorate-wide priorities.

4. Strategic objectives of the Population Health Division

A strategic objective defines what the Division intends to achieve in general terms. These objectives are consistent with the Core Principles of the Division. Specific and shorter-term Business Planning Objectives will be developed within the annual planning cycle to determine how the Division will achieve its Strategic Objectives.

Number	Objective
1	Minimise the risk and health impact on the ACT population of infectious or communicable diseases
2	Minimise the risk and health impact on the ACT population of environmental hazards to health, including toxins or hazardous substances
3	Minimise the risk and health impact on the ACT population of health emergencies including the impact of extreme weather events such as storms, fires and floods
4	Minimise the risk of developing chronic disease in the ACT population through promoting healthy lifestyle behaviours
5	Develop a collaborative partnership with the ACT Medicare Local with regard to enhancing preventive health services for the ACT community
6	Minimise the risk and health impacts of medicine-related harms
7	Work in partnership with non-government and government agencies, business and other sectors to reduce the burden of disease in the ACT population
8	Implement the relevant objectives of the ACT Health Corporate Plan 2012–2017
9	Maintain divisional capacity to collect and analyse and disseminate information on the health of the ACT population to support monitoring of health status and outcomes of the ACT population, research activities and evaluation of preventive health programs
10	Set operational objectives through an annual business planning cycle aligned to the role, principles and strategic objectives of the Population Health Division
11	Maintain an effective divisional governance structure through the Population Health Executive Team and drive internal quality improvement measures

Table 1: Strategic Objectives of the Population Health Division

5. Population Health Division Governance

The Population Health Division governance structure has been developed to ensure efficient and effective delivery of population health services to the ACT population.

The Population Health Executive Team (PHET) is responsible for overseeing the activities of the Division and comprises representation of Heads of each Branch and Office within the Division. This includes the:

- Chief Health Officer and Executive Director of the Population Health Division (Chair);
- Director, Health Improvement Branch;
- Director, Health Protection Service; and the
- Deputy Chief Health Officer, Office of the Chief Health Officer.

Secretariat services are provided by the Executive Support Office.

Each year, the PHET sets Annual Business Planning Objectives for the Division which are consistent with the Strategic Objectives and Core Principles of this Framework. The work plans of each Branch and Office will then be developed and cleared by the Chief Health Officer. The objectives for each Branch work plan will align to one or more of the Annual Business Planning Objectives of the Division.

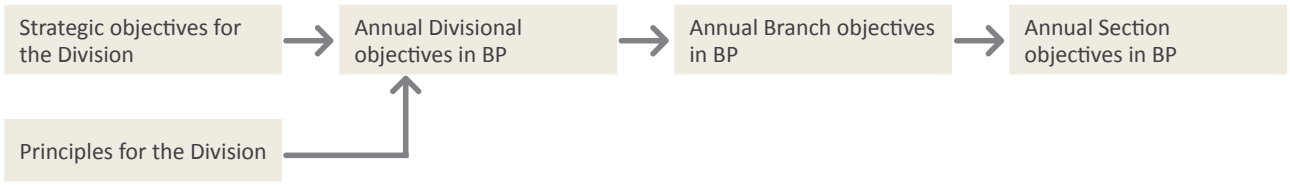


Figure 2: Relationship between Divisional Strategic Objectives, Core Principles and Annual Branch Planning Objectives

Table 2 is an **example** of the Annual Business Planning Objectives adopted by PHET at its 2012 planning day for the 2012–2013 year. These will be re-examined, amended or added to at each annual PHET planning day.

1	Implement high quality Information Technology systems and supports
2	Sustain, retain and develop a quality workforce
3	Have flexible and responsive capacity to effectively respond to population health events and incidents
4	Maintain efficient and effective utilisation of budgets
5	Implement and maintain high quality governance of high professional standards
6	Implement and maintain high level quality assurance of documentation and internal processes
7	Maintain high standards of delivery on National Agreements and commitments
8	High level promotion of population health outcomes through work across government
9	Implement and maintain effective risk management process and monitoring
10	Increase public awareness of population health matters
11	Continued development of research and partnerships
12	Continued development of innovative methods of promotion, prevention and protection.

Table 2: Example of 2012–2013 Divisional Annual Planning Objectives developed by PHET

6. Key partners in delivering preventive health services

	Primary Prevention	Possible links to secondary prevention settings	Secondary Prevention	Possible links to tertiary prevention settings	Tertiary Prevention
Place on spectrum of disease	Reducing risk of developing illness in 'well' population	Monitoring of risk population risk metrics e.g. weight, exercise levels, IGT Provision or referral to community based of behaviour modification programs, and improved referral of appropriate individuals Improved notification and post-exposure management of significant communicable diseases	Reducing the risk of progression of disease in people with early or undiagnosed conditions	Improved community management of significant communicable diseases where cases are inpatients Emergency planning for major threats to community health	Reducing the incidence and consequences of complications of established or severe disease
Settings	Non-'health' e.g. schools, workplaces, institutions and non-targeted general population Government policy and planning processes		General practice Pharmacy Community Health		Hospitals General practice
Types of interventions	Education and behaviour modification Regulation Changes in government business practice Changes in 'non-health' Government programs e.g. transport, sport etc.		Education and behaviour modification Screening Early treatment		Optimising management of chronic conditions Rehabilitation Management of impairment
Scope of interventions	Populations or large groups		Individuals or risk groups		Individuals
Important stakeholders	NGOs with a strong interest in population prevention Primary care providers Non-health sectors of Government Consumer groups		NGOs, including those with interest in disease management Hospital services State governments Consumer groups		Primary care Community health providers State government Consumer groups

Table 3: Orientation of the PHD in relation to other preventive health settings and providers

6.1 ACT Government (outside Population Health Division)

The *2012–2017 ACT Health Corporate Plan* states that the following key outcomes will be measured:

- progress on the Whole of Government Work on Healthy Weight Initiative;
- implementation of further food safety initiatives; and
- implementation of the National Partnership Agreement on Preventive Health.

Directorates outside ACT Health play important roles in preventive health. Important policy areas that impact on the health of the ACT population include (but are not limited to):

- delivery of school-based health promotion programs and education (Education & Training Directorate);
- planning the built environment to enhance opportunities for recreation, active transport, and community participation (Several Directorates);
- support for vulnerable groups, public housing, strategic planning for youth and aged care community services (Community Services Directorate); and
- delivery of workplace health programs including primary prevention (Justice and Community Safety) through Worksafe ACT.

6.1.1 Whole of Government work on obesity prevention

The importance of the social environment for promoting health, and the recognition that many of the behavioural determinants of disease risk lie outside the direct control of the ACT Health, makes coordination of preventive programs across Government a high priority.

In late 2011 the Strategic Board and Chief Minister decided that an integrated approach across government was required to address the worsening rates of obesity and overweight in the community. The potential complications of diabetes, stroke, cardiovascular disease, cancer and osteoarthritis caused by persistent obesity make this a key public health priority and point of leverage for controlling the demand for tertiary health services in the future.

The Whole of Government approach recognises that many of the areas with the potential to control risk factors for obesity, such as physical activity and nutrition, lie outside of the health sector. Therefore an improved approach to influencing the efforts of non-health areas of government to achieve reductions in obesity, as well as enhance the effect of measures taken in other areas, is being implemented. This work is inherently directed towards primary prevention in non-healthcare settings, but could complement measures to control obesity in primary care and hospital settings.

6.1.2 Food safety initiatives

In 2012 the *Food Act 2001* was amended to increase transparency of food safety issues in commercial premises, and to require premises to take additional steps to improve the safety of food handling. Further reforms of the reporting and enforcement measures taken to control outbreaks of food-borne illness in commercial premises may be developed. The surveillance of food-borne illnesses in the community through testing and reporting is an important part of overall food safety.

6.1.3 The National Partnership Agreement on Preventive Health

The National Partnership Agreement on Preventive Health (NPAPH) is a time-limited source of Commonwealth funding for primary prevention. It targets reducing rates of obesity (and major risk factors such as physical inactivity and poor nutrition), reducing the impact of alcohol and reducing rates of tobacco use. The Commonwealth fund programs to focus a settings-based approach towards children and workers, as well as a focus on those not in paid employment.

6.2 Policy and Government Relations Division

This area within ACT Health has policy responsibility for a wide range of issues. These include aged and community care policy, mental health policy, primary health care policy, NGO funding, alcohol and other drug policy (including tobacco in collaboration with HPS) and relations with the Commonwealth government. This area also has carriage of sexual health and blood borne virus policy. Although it has a policy focus, through funding NGOs and working with other areas of government this area impacts strongly on the successful implementation of the ACT component of the NPAPH.

6.3 ACT Medicare Local

The ACT Medicare Local (ACT ML) was created as part of the Council Of Australian Governments (COAG) National Healthcare Reform Agreement (2008 & 2011) to facilitate integrated and responsive primary care.

Medicare Locals have five main objectives under this agreement:

D 33. The strategic objectives for Medicare Locals are:

a. improving the patient journey through developing integrated and coordinated services;
b. providing support to clinicians and service providers to improve patient care
c. identifying the health needs of the local areas and development of locally focused and responsive services;
d. facilitating the implementation of primary health care initiatives and programs; and
e. being efficient and accountable with strong governance and effective management.

Source: Australian Healthcare Reform Agreement 2011

One of the functions specified for MLs is assessment of the health needs of the local community, for identifying gaps in General Practice and primary health care services, and for putting in place strategies to address these gaps. Some NGOs are also members of the ML, which provides a potential avenue for aligning preventive health programs.

The ACT ML includes organisational and 'peak body' membership from the pharmacy, nurse practitioner, physiotherapy and psychology professions and has a remit broader than medical General Practice. However, improving patient care and developing integrated services is a core part of the ACT ML responsibilities.

The *ACT Primary Healthcare Strategy 2011–2014* identifies seven priorities for the ACT ML, which includes an increasing focus on "health promotion, prevention, early intervention and consumer empowerment". The ACT ML plays a key role in the delivering on these priorities, as outlined in the *ACT Medicare Local Strategy 2013–2017*.

There is an opportunity for the Population Health Division to collaborate with the ACT ML on primary prevention strategies in a clinical setting. This can assist with the secondary prevention interventions undertaken in General Practice, particularly where patients have multiple risk factors for disease apart from a particular illness for which they are seeking care (e.g. an obese patient with asthma).

The potential for the ACT ML and Population Health Division to work closely together on common population health objectives is increased by the unusual, and possibly unique, situation that the ACT Government and the ACT ML share identical geographical jurisdictions. They are therefore serving identical populations.

6.4 ACT Local Hospital Network

Local Hospital Networks (LHNs) enable Commonwealth growth funding for hospitals with strengthened local governance arrangements. The ACT has only one LHN, which means local governance is more closely aligned with the Territory Government than might be the case in larger jurisdictions.

A major focus of LHNs is the provision of acute care in the hospital setting. Significant preventive health programs such as bowel and breast cancer screening, child and maternal health services and other government community services are, however, administered by the ACT LHN. There is the expectation that hospitals will also engage with primary healthcare providers as key stakeholders. The *ACT Chronic Conditions Strategy: Improving Care and Support 2013–2018* incorporates screening and early detection, integrated care between different providers, and better prevention of the complications of chronic disease to guide future improvement in chronic disease management.

The hospital sector is less involved with primary prevention for chronic diseases than primary care but plays an important part in the response to acute public health hazards such as infectious disease outbreaks and environmental emergencies. The Population Health Division will seek to collaborate with the LHN in delivering these preventive health services. As with the ACT ML, the LHN is an ACT organisation that serves the same population as the ACT Government. This increases the potential for effective integration of population health measures.

6.5 Non-Government and Community Organisations

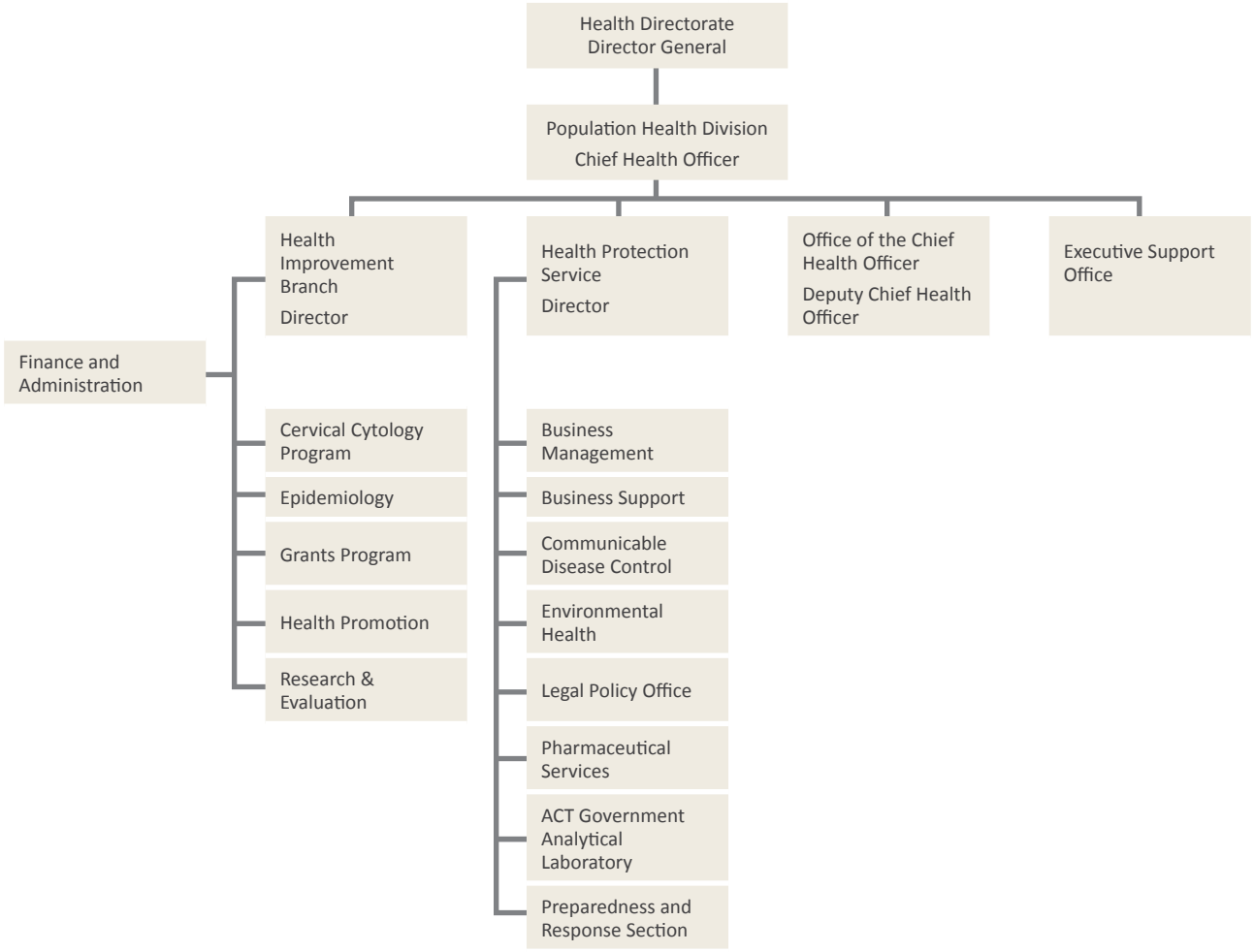
There are many other organisations outside of the Population Health Division with a focus on primary prevention of disease. These include partners in the community sector, private sector and the tertiary health sector. Examples include the:

- National Heart Foundation of Australia;
- Diabetes Australia;
- Cancer Council ACT;
- Nutrition Australia; and the
- Public Health Association of Australia.

These groups vary in their focus on primary prevention, partly depending on the disease in question, but many have a strong interest in secondary and tertiary prevention. NGOs provide significant support to the Population Health Division and other areas of the ACT Government in developing and implementing primary prevention policies and programs.

7. Population Health Division Organisational Chart

Figure 3: Population Health Division Organisational Chart



8. Division Overview

The Population Health Division consists of two large Branches and two Offices, each with discrete but complementary roles.

8.1 Health Improvement Branch

The Health Improvement Branch (HIB) has carriage of policy and program delivery in the areas of health promotion and preventive health. The HIB also collects, analyses and disseminates information on the health status and health-related behaviours of the ACT population which can be used to monitor, evaluate and guide health planning and policy.

Key areas of responsibility include:

- delivery of health promotion programs (healthy workers, healthy children, healthy communities) under the NPAPH;
- social marketing;
- community development and capacity building;
- administration of a health promotion grants program;
- population health surveillance and epidemiology;
- public health informatics;
- population health publications including the biennial production of the Chief Health Officer's Report and ;
- public health nutrition policy and advice;
- cervical cytology program;
- ACT Cancer Registry;
- ACT maternal and perinatal data collection; and
- research and evaluation.

8.2 Health Protection Service

The Health Protection Service (HPS) manages health risks and implements strategies and timely responses to public health events, through a range of regulatory and policy activities.

Key areas of responsibility include:

- food safety regulation and monitoring;
- public health emergency management;
- communicable disease control and surveillance;
- vaccine delivery and storage;
- environmental health policy (including tobacco control);
- environmental health regulation (including cooling towers, boarding houses, recreational waters etc) and monitoring;
- pharmaceutical services regulation and monitoring;
- radiation safety regulation and monitoring; and
- forensic chemistry and toxicological analyses.

8.3 Office of the Chief Health Officer

The Office of the Chief Health Officer (OCHO) supports the Chief Health Officer in the carriage of statutory responsibilities, and is responsible for the development and implementation of policy and legislative frameworks across a range of public health issues. The OCHO also undertakes select policy and project work at the direction of the Chief Health Officer.

Key areas of responsibility include:

- coordination and development of the Whole of Government Healthy Weight Initiative;
- coordination and development of the Whole of Government Injury Prevention Initiative;
- gene technology policy;
- organ and tissue donation policy;
- policy related to the health impacts of climate change; and
- provision of public health surge capacity to the Population Health Division.

8.4 Executive Support Office

The Executive Support Office (ESO) provides administrative support to the Chief Health Officer and is responsible for the coordination of government business across the Population Health Division.

Appendix 1 – Relevant legislation

Legislation relevant to the work of the Population Health Division includes:

- *Health Act 1993*
- *Public Sector Management Act 1994*
- *Human Rights Act 2004*
- *Discrimination Act 1991*
- *Privacy Act 1988 (Cwth)*
- *Health Records (Privacy and Access) Act 1997*
- *Public Health Act 1997*
- *Public Health Regulation 2000*
- *Cemeteries and Crematoria Act 2003*
- *Drugs of Dependence Act 1989*
- *Emergencies Act 2004*
- *Food Act 2001*
- *Food Regulation 2002*
- *Gene Technology Act 2003*
- *Gene Technology (GM Crop Moratorium) Act 2004*
- *Health Professionals Act 2004*
- *Health Professionals (Special Events Exemptions) Act 2000*
- *Medicines, Poisons and Therapeutic Goods Act 2008*
- *Radiation Protection Act 2006*
- *Smoke-Free Public Places Act 2003*
- *Smoking in Cars with Children (Prohibition) Act 2011*
- *Tobacco Act 1927*
- *Transplantation and Anatomy Act 1978*
- *Quarantine Act 1908 (Cwth)*

Appendix 2 – Relevant Policies and Plans

The Population Health Division operates in a manner consistent with the following National and Territory documents:

Commonwealth Documents

National Partnership Agreement on Preventive Health

National Healthcare Agreement 2012

ACT Documents

ACT Emergency Plan

ACT Health Emergency Plan 2012

ACT Chronic Conditions Strategy: Improving Care and Support 2013–2018

The Canberra Plan-Toward our Second Century (2013)

The Canberra Social Plan (2011)

Weathering the Change: Action Plan 2

Note: The ACT Climate Change Strategy 2007–2025, "Weathering the Change" references this ACT Health plan for the health sector response to climate change in the ACT as annexure 2 of the "Strategic Framework for the Population Health Division 20102015". This Framework replaces the previous document. However, as the ACT Government climate change plan references the ACT Health plan as an annexure of the Strategic Framework, it will continue to be included as an annexure in this Framework for consistency.

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