Purpose: To what end?
1. To build adaptive capacity pre-emptively, including increasing awareness;
2. To reduce climate risk and sensitivity to climate effects;
3. To increase the coping capacity of populations, after the fact, including for extreme weather;
4. To capitalise on the opportunities that climate change may present [71]

Processes: Use what evidence, with whom, in what ways?

- **Foundation evidence**: Regional climate change scenarios; the evidence of existing climate-health impact assessments; health service needs mapping (what health services exist and what health services are needed based on socioeconomic and demographic factors); broader adaptive assets mapping; population health data that accounts for wider socioeconomic and ecological contexts of health
- **Who should be involved**: Representatives of health services (health policy-makers, practitioners and service administrators and asset managers, both public and private, for health and allied social services); Representatives of climate vulnerable groups (rural and remote communities, Aboriginal communities, culturally and linguistically diverse communities, people with disabilities, people with mental health conditions, children, youth and older people, especially from socioeconomically disadvantaged communities); other health stakeholders such as consumer groups; climate and health experts as well as climate scientists; health policy development experts

- **Policy-making processes**:
  - Involve climate vulnerable communities in approving the plan for public consultation
  - Ensure that the experiences, needs and adaptive knowledge and assets of climate vulnerable communities are appropriately included
  - Include forums for ‘climate witnessing’ by local community members to help policy-makers engage with the complexities of local community experience
  - Use policy participation methods that have been explicitly designed to facilitate the involvement of climate vulnerable groups [72]
  - Document and make publicly available the process of public participation in policy-making: the methods of recruitment, data collection and analysis, and arrangements for making the findings accessible [73]
  - Ensure staff developing policy have a budget and training and other support that will help them include climate vulnerable groups appropriately [74]

Content: Develop what health service domains with what activities?

**Adaptation activities:**
- ‘share loss or share risk’
- ‘bear loss or bear risk’
- ‘prevent effects or avoid/reduce risk with a technical or structural change’
- ‘avoid or exploit changes in risk’ [75]

**For each of five service domains:**
1. Governance and culture
2. Service delivery
   1. Workforce development
   2. Material infrastructure
3. Finance [10]

Form: Using what policy text structure?

- outcome objectives for adaptation;
- objectives relating to deliverables, including performance measures;
- implementation objectives under each health service domain, specifying an actor and time limit;
- institutional tasks for policy integration, with timelines;
- research objectives (specifying nature, arrangements and timelines for research, including research on adaptive capacities and climate experiences of local communities);
- funding objectives (including specific details of what and which funding from whom) [5]