

Our climate shapes our environment, directly impacting every aspect of the public's health and future health outcomes. Climate-related disasters can disrupt public health service delivery and disproportionately affect the most vulnerable communities and community members. Public Health Institutes (PHI) are uniquely positioned within their states to build community capacity to anticipate, prepare for, and respond to hazardous events related to climate (called "climate resilience").

In determining how Public Health Institutes build and augment community resiliency it is necessary to 1) define the areas of work that directly and indirectly contribute to climate mitigation (reducing greenhouse gas emissions) and adaptation (adjusting to the effects of a changing climate) efforts; and 2) within each community, explicitly state which individuals are more likely to experience vulnerabilities to their health. Specifically, public health programs or projects that address air pollution, access to safe drinking water, heat and extreme weather illness and injury, environmental health and emergency preparedness practice and policy, food security, safe and healthy housing, renewable energy, vector-borne diseases, and One Health (a collaborative, multisectoral, and trans-disciplinary approach that recognizes the interconnectedness of people, animals, plants, and the environment), among others, increase communities' ability to effectively prepare for, mitigate hardship and loss during, and recover from an extreme climate event. Furthermore, programs that are led by or involve people who are more vulnerable to extreme weather events and their aftermath including: black, indigenous, and people of color, women and children, people living with disabilities, people living in remote/rural communities, LGBTQ+, people experiencing poverty, people who work in settings that put them at a higher risk or long term exposure to hazardous environments, people experiencing homelessness, older adults, indigenous people, people living with chronic physical or mental illness, people with undocumented status, and immigrants.<sup>1</sup> Moreover, each disaster presents new challenges, exemplifying the unique position of PHIs to capture individual communities' perceived vulnerabilities to adequately identify and protect the most vulnerable members.

Public Health Institutes are well-positioned to build climate resilient communities and intentionally support and augment health departments in advancing public health preparedness and systemic improvement efforts by:

- **Understanding Local Community Risk:** local climate risks, previous disasters, and their communities' social, economic, geographical and political context that influence effective planning;
- **Building Capacity:** experience in building institutional capacity of the public health sector and community-based organizations to help public health organizations become adequately staffed and funded;
- **Collaborating and Communicating:** relationship building through ongoing collaboration and communication across health departments, health care systems, universities, community organizations, the public and multiple sectors;
- **Engaging Communities:** experience engaging and involving communities to assess their perceived climate-related vulnerabilities using local and state data, elevating lived experiences, and providing strategic communication;
- **Using a Multi-Sector Approach:** fostered cooperative, multi-sectoral approaches, knowledge sharing and evaluation activities to ensure urgent community needs are met; and
- **Researching and Evaluating:** analyzing and assessing environmental health and climate change work.

Furthermore, as we face more serious disasters and experience more concurrent disasters, there is a vital need to integrate public safety and public health systems at every level of government. Public health institutes can leverage community-based organizations, local and state health departments, academic partners and other stakeholders to bridge state and local emergency management departments that play a critical role in responding to climate disasters.

### **Climate & Public Health Survey for PHIs:**

The workgroup has identified the need to survey the PHI to learn more about their climate- and environmental health related work. To capture the richness and diversity of activities, the survey should not only focus on climate-centric but also on climate-related work including:

- Renewable energy transitions
- Food safety, security, access, systems
- Air quality and air pollution mitigation – air quality related diseases such as asthma
- Water quality / access to safe drinking water / Water availability – water quality related diseases such as enteric diseases
- Environmental health workforce, heat officials, emergency preparedness personnel
- Affordable/Accessible/Safe/Sustainable/Quality housing
- Environmental health / one health practice and policy
- Vector-borne and infectious disease
- Heat and weather occupational health
- Migrant health
- Mental health
- Disaster preparedness and response
- Environmental justice
- Occupational health
- Urban health
- Healthcare system preparedness
- Cross-cutting: innovations to address potential areas (Ex. app that maps tree cover for walks and for reaching critical infrastructure on foot, data dashboards)
- Health in All Policies Approach to Address Commercial Determinants of Health/Commercial Policy and Practice that Influences Health

1 <https://www.epa.gov/climateimpacts/climate-change-and-human-health-whos-most-risk#:~:text=For%20example%2C%20people%20living%20on,impacts%20from%20climate%2Drelated%20hazards.>



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