

## Climate Change, Health & Equity Initiative

### A SNAPSHOT OF PUBLIC HEALTH AND HEALTH CARE APPROACHES

[Climate Change, Health & Equity](#) (CCHE) is a 5-year \$30 million initiative from the Kresge Foundation that aims to build the capacity of health care and public health to promote equitable climate resilience practices, mobilize health care and public health practitioner engagement in climate advocacy, and strengthen community-based leadership to accelerate implementation of equitable policies that advance climate resilience and health equity.



#### **ALLIANCE OF NURSES FOR HEALTHY ENVIRONMENTS**

*Nurses working with communities to tackle serious environmental health issues, with an emphasis on climate and health equity*

The [Alliance of Nurses for Healthy Environments](#) (ANHE) aims to promote “healthy people and healthy environments by educating and leading the nursing profession, advancing research, incorporating evidence-based practice, and influencing policy”. ANHE trains nurses to work with communities in tackling serious environmental health issues, and continues to grow the Environmental Health Nurse Fellowship, a network of nurses who are partnering with communities to support equitable climate and health solutions.

**Training nurses to support climate vulnerable communities.** Over the past two years, ANHE fellows collaborated with community-based organizations to develop health screening tools, policy advocacy toolkits, and educational resources to address health inequities related to climate change. In addition, they

also continue to provide training within their health care institutions. In partnership with Health Care Without Harm, (HCWH) ANHE educated 50,000 health professionals through the Nurse Climate Champions initiative.

**Building a community of practice to advance collective goals.** ANHE leverages partnerships with CBOs, non-profit organizations, philanthropies, and other funders through fellowship and training webinars. Partners are invited to educate ANHE fellows on health equity, anti-racism, advocacy, grant opportunities, and other relevant topics. ANHE fellows also partnered with CCHE grantees, including Eastside Community Network and the Fairmount Indigo CDC Collaborative, to develop resources to support vulnerable communities with advocating for and implementing equitable climate and health solutions.

**Operationalizing equity among fellows.** ANHE is prioritizing work with environmental justice communities to support racial justice advocacy and dismantle systemic racism. CCHE initiative funding allowed ANHE to more deeply incorporate justice, equity, diversity, and inclusion into their strategic plan and fellowship program. ANHE conducted outreach to racially diverse nursing organizations to promote the fellowship and improve applicant racial diversity to be more representative of EJ communities. Selected fellows researched CBOs and salient EJ and health equity issues in their

communities to better understand how climate change and health equity are interconnected, and how best to tailor their services.

*“I think the biggest takeaway was the reminder that the policies and systems in place now stem from racist and colonial histories and thus we must actively acknowledge them as racist and colonial.” – ANHE Nurse Fellow*

**Incorporating the health frame improves the utility of resources for communities.** The health frame is compelling for educating practitioners and developing tools and resources for vulnerable communities. For example, a fellow developed a surveillance tool to assess health outcomes among residents living near a major airport since they were at increased risk for cardiac and respiratory illnesses in comparison to other communities. The fellow intended to inform policy advocacy efforts with the health data collected by their surveillance tool.

**Navigating challenges with institutions and communities.** The health care sector is still learning to recognize connections between climate change and health and what steps it can take to reduce greenhouse gas emissions. Throughout the fellowship application process, ANHE aimed to recruit fellows who had existing partnerships with traditional CBOs (e.g., community-led faith-based, EJ, labor, and community development organizations) in specific cities across the U.S. However, ANHE struggled to identify fellows who met those criteria and consequently shifted their definition of a “traditional CBO” to accommodate new partnerships between fellows and local organizations in other communities.

#### **OTHER EXAMPLES OF CCHE GRANT-FUNDED PARTNERS**



The [American Public Health Association's \(APHA\)](#) Center for Climate, Health and Equity worked with the International Transformational Resilience Coalition to launch an online community of practice for groups and professionals working in communities to address the population-level mental health impacts of the climate crisis.



The [Coalition for Environment, Equity, and Resilience \(CEER\)](#) facilitated home and neighborhood visits for health partners to learn from resident leaders about the impact of extreme heat which contributed to stronger advocacy on the part of health partners regarding opportunities to reduce community-level health impacts due to climate change.



The [Essential Hospitals Institute \(EHI\)](#) awarded grants to three safety net hospitals to support implementation of operational interventions to lower their rate of carbon emissions. The pilot projects highlighted effective solutions that reduced hospital emissions, promoted positive health outcomes, and cut utility costs. For more information, read [Advancing Climate Resilience and Mitigation at Essential Hospitals](#).



The [Public Health Institute of Western Massachusetts \(PHIWM\)](#) supported development of an Extreme Heat Tabletop Exercise with funding from [Health Care Without Harm](#). PHIWM's CCHE committee members brought municipal government staff, health care workers, residents and community organizations together to understand the impacts and resilience efforts during extreme weather days. The learnings from the exercise were then incorporated into the Practical Guide to Community-based Disaster Planning for Health Care, which HCWH disseminated to hospitals and communities across the country to address climate change resilience.



Through [Health Care Without Harm's](#) resilience planning cohort for hospitals, they engaged more than 50 health care staff in identifying the needs and assets of surrounding communities as they developed and implemented local climate resilience plans.