

Initiative Final Evaluation Report

2018-2024

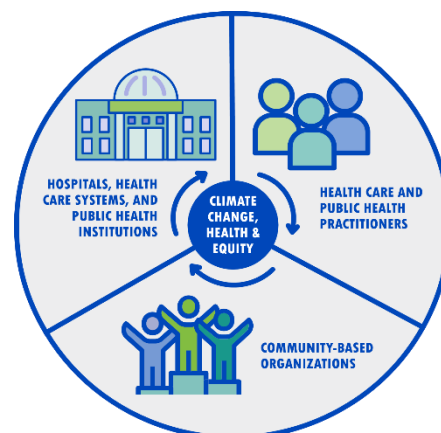
JANUARY 2025

Introduction

This report outlines the progress and impact of The Kresge Foundation’s (Kresge) Climate Change, Health, and Equity (CCHE) initiative. This \$30 million, five-year effort aims to advance climate policies and solutions that benefit low-wealth communities and communities of color, reducing their climate-related health risks over the long term.

The CCHE initiative includes three strategies and each is represented by a cohort of network partners:

1. **Health Institutions Network Partners:** Hospitals, health care systems, and public health institutions focus on deepening climate and equity knowledge, adopting equitable policies, increasing climate resilience funding, reducing carbon footprints, and building public support for climate resilience.
2. **Health Practitioner Network Partners:** Health care and public health practitioners incorporate climate-related health issues into their work, advocate for equitable climate resilience, influence public policy, and build supportive cross-sector relationships.
3. **Community-Based Organizations (CBOs) Network Partners:** CBOs strengthen advocacy capacity, build partnerships with health institutions, and drive the adoption of equitable policies to reduce health risks for low-wealth communities and communities of color.



Graphic of the CCHE initiative strategies

The initiative emphasizes cross-sector partnerships, advocacy, community engagement, and power building to achieve key outcomes such as strengthened relationships, increased climate resilience funding, and the adoption of equitable climate and health policies and solutions. It operates under a Theory of Change that outlines its roadmap for achieving impact.

Underpinning the Theory of Change is a holistic definition of climate resilience. This definition includes the enhanced capacity of human and natural systems to cope with and recover from the direct and indirect effects of climate change, mitigating these effects, and strengthening connections among individuals and networks to advance social cohesion. At the center is equity.

“Kresge has invested in the best thing to invest in in uncertain times: networks of people who are cross disciplinary and cross sectoral.” – CCHE Advisory Committee Member

Launched by Kresge in 2018, the initiative began in a dynamic and sometimes chaotic context. **Figure 1** below shows a high-level timeline of the CCHE initiative with key learning and evaluation milestones, as well as external and Kresge-wide events impacting efforts related to climate, health, and equity. Phase 1 (December 2018–May 2021) allowed for a staggered start of network partners’ work under the initiative. Health Institution and Health Practitioner network partners integrated into the CCHE initiative to continue ongoing work with the Kresge Foundation, while CBO network partners joined with a Phase 1 planning grant. During Phase 2 (June 2021–December 2024), network partners across all three strategies focused on implementing their workplans.

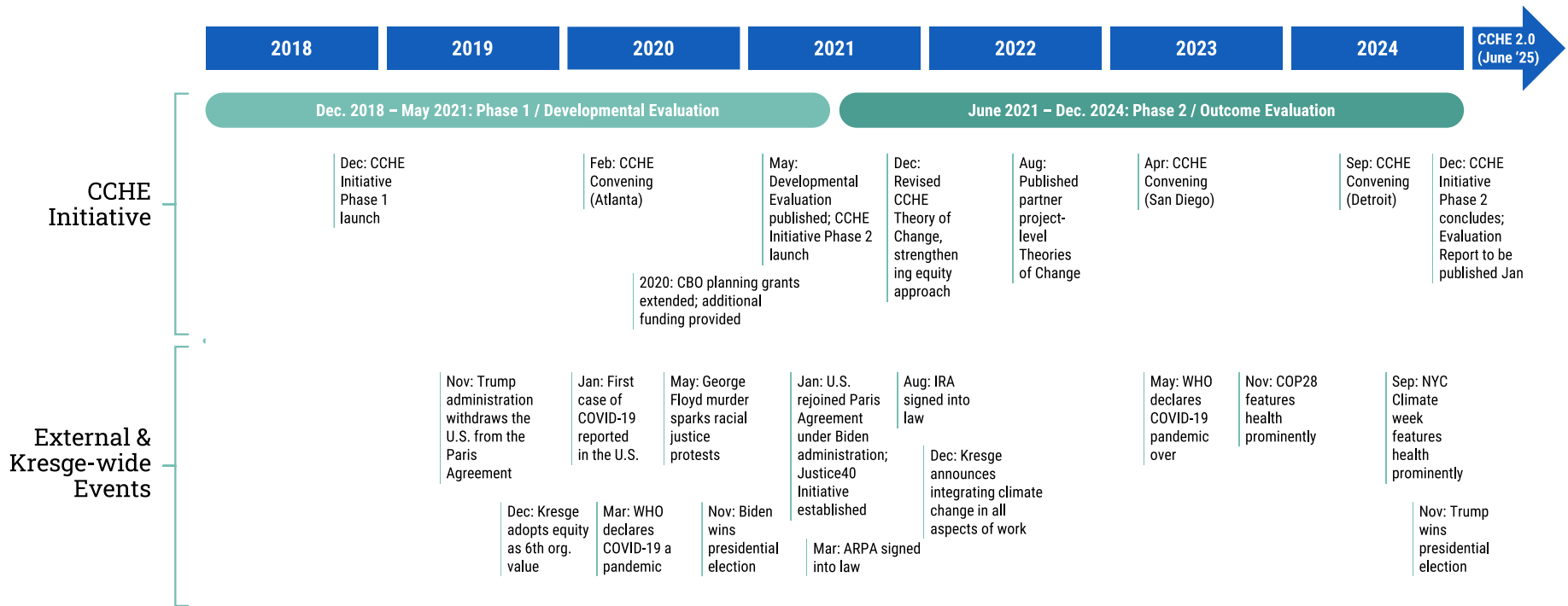
Network partners advanced despite COVID-19 and increasing civic unrest, seizing the moment created by unprecedented federal investment and a growing sense of urgency. This environment presented both challenges and opportunities, requiring adaptability and resilience to navigate the shifting landscape.

Since 2018, the United States has experienced a notable increase in climate change-induced extreme weather events. Between 2018 and 2022, the U.S. faced 89 major climate-related events, including severe storms, droughts, floods, tropical cyclones, wildfires, and winter storms. Widespread protests following the deaths of George Floyd and Breonna Taylor in 2020, and the rise of the Black Lives Matter movement, led to increased awareness and calls for racial equity and justice.

U.S. federal and international conversations have increasingly recognized the interconnection between climate and health. In January 2021, as a strong signal of the federal government’s commitment to addressing climate change and delivering environmental justice, the Biden Administration established Executive Order 14008, Tackling the Climate Crisis at Home and Abroad.¹ Of particular relevance to the CCHE initiative, the Order established the Justice 40 Initiative, which aims to deliver 40 percent of the overall benefits of federal investments to disadvantaged communities, and the new U.S. Department of Health and Human Services Office of Climate Change and Health Equity (OCCHE). Additionally, health has become a significant focus at international climate events, such as the introduction of the first Health Program at Climate Week NYC and the establishment of Health Day at COP28. According to the American Climate Perspectives Survey 2024, a significant majority of Americans believe that climate change is affecting their health and that health professionals should lead on climate action.

¹ The White House. Fact Sheet: Executive Order 14008: Tackling the Climate Crisis at Home and Abroad (2021). Accessed Dec.30, 2024.

Figure 1. CCHE Initiative Learning and Evaluation Timeline and Major Milestones



Acronyms: World Health Organization (WHO) | Inflation Reduction Act (IRA) | American Rescue Plan Act (ARPA) | New York City (NYC) | United Nations Climate Change Conference of the Parties (COP)

Evaluation and Learning Approach

The findings presented here are based on primary and secondary network partner data collected and/or analyzed by a third-party Evaluation and Learning Team ([Ross Strategic](#)) over the course of the CCHE initiative, including but not limited to network partner reports; network partner and Kresge publications; network partner, Advisory Committee, Kresge, and CCHE initiative Partner meetings; peer learning sessions, interviews, and focus groups. See **Appendix A: Methods** and **Appendix D: Initiative Partners** for more detail.

This report is organized into the following sections:

- 1. Key Findings**
- 2. Recommendations**
- 3. How the Work Was Operationalized**
- 4. CCHE Initiative Progress and Impact**

[Building A National Field of Practice Strengthened by Centering Racial Justice](#)

[Fostering Cross-Sector Collaboration Within and Beyond the CCHE Initiative](#)

[Supporting Network Partner Mobilization for Just and Equitable Climate Action](#)

[Making Space for Deploying Community Power](#)

[Culmination Of the Work: Examples from Across the Network](#)

- 5. Challenges**
- 6. Sustainability**
- 7. Conclusion**

Key Findings

Field of Practice

- Kresge, through the CCHE initiative, has played a major role in building a national field of practice that is notably strengthened by centering racial justice.
- Within the CCHE initiative there has been a significant increase in awareness and knowledge regarding the interconnected issues of climate, health, and equity and network partners have more clearly codified their commitment and approach to promoting climate resilience and health equity.
- Within the CCHE network, more people in more places are actively working at the intersection of climate, health and equity and, increasingly, leadership roles are being filled by individuals from communities most affected by climate harms, ensuring that their voices and experiences are central to the decision-making process.
- Network partners have galvanized greater investment in equitable climate resilience efforts, with particular benefit to community-based organization (CBO) network partners who have gained attention and trust from national funding organizations and federal agencies.

- The rising number of climate justice lawsuits, the development of a National Climate Resilience Framework, and continued substantial investment in climate adaptation and mitigation all point to a heightened demand for accountability and readiness for action, indicating that the field is maturing.

Cross-Sector Collaboration

- The CCHE initiative played a moderate to major role in fostering cross-sector collaboration within and beyond the CCHE initiative. CCHE network partners have strengthened their relationships with peer organizations, research entities, and government partners, accelerating their work and positioning them to collaborate on additional priorities related to climate, health, and equity.
- Kresge has successfully built a network of cross-sector partners, fostering new and deepened relationships, particularly among Health Institutions and between Health Practitioners and CBOs, which are expected to have a lasting impact on advancing climate, health, and equity goals.
- By strengthening their partnerships with government and health institutions, network partners have significantly increased their leverage, enabling them to shape and advance systems change more effectively.
- Network partners shifted the ways in which local policymakers and institutions engaged with CBOs and include community priorities in local planning efforts.
- Network partners from Health Institutions and Practitioners have improved their ability to work with communities and CBOs, advancing climate justice and policy advocacy. CBOs have imparted the crucial lesson of prioritizing community needs over specific issues, fostering community power.

Mobilization

- The CCHE initiative has played a major role in building the capacity, skills, and resources of CCHE network partner organizations to mobilize for climate action in ways that center justice and equity and integrate health and resilience.
- Network partners have enhanced their constituents' capacity for policy advocacy, enabling them to play more influential roles in legislative processes. By serving as trusted intermediaries, CBOs are bridging residents and institutional actors to support community-informed policies.
- Network partners have also leveraged various tactics to increase the ability of constituents and partners to implement equitable climate solutions beyond public policy. Promotion efforts have led to changes in organizational policies and operations and increases in funding for climate, health, and equity efforts.
- Network partners have also directly advocated for adoption and implementation of equitable climate resilience policies, leading to the passage of numerous climate, health, and equity policies, as well as the prevention of harmful legislation.
- In culmination of work to increase capacity for advocacy and implementation of both policy and other climate, health, and equity related solutions, data suggest more constituents of CCHE partners are mobilized to advance climate mitigation and adaptation approaches that center health and equity.

Community Power

- The CCHE initiative showcases the multi-dimensional work led by network partners to mobilize community power to advance policies, systems, solutions, and investments aimed at ensuring climate mitigation and adaptation actions serve as equity multipliers. Compared with 2018, Health Institutions and Health Practitioners network partners now take on more multi-dimensional roles than in the past, acting as conveners, network weavers, and providing assistance beyond funding.

Sustainability

- With their enhanced profile, successful acquisition of additional private and public funding, and the increased partnership capacity, most CCHE network partners are well-positioned to sustain and expand their impactful work, better serving their communities going forward.

Recommendations

In the face of escalating climate challenges, the intersection of climate, health, and equity demands urgent and coordinated action. This set of recommendations is directed at public and private funders who play a pivotal role in driving systemic change. A 2024 report, *Promoting Health, Protecting Our Planet*, noted that philanthropy, with its ability to be flexible, take risks, and drive transformative change, is essential in initiating, speeding up, and expanding the significant transitions needed to safeguard our collective health from climate change. It plays a vital role in bringing together stakeholders and ideas from various sectors—such as government, business, non-profits, public health, and environmental organizations—to leverage diverse expertise and resources, address the complex connections between climate change and health, and promote comprehensive and systemic change.²

To effectively implement these recommendations, funders may need to shift towards trust-based philanthropy. This approach emphasizes trust, transparency, and collaboration, recognizing that communities are best equipped to address community needs. By moving from a donor-centric to a community-centric mindset, funders can foster greater mutuality and transparency. This transformation involves reimagining grantmaking to include unrestricted funding, multi-year grants, and reduced reporting requirements, empowering grantees to work more effectively towards their missions.³

By investing in community power, strategic communications, and collaborative networks, funders can amplify their impact, foster resilience, and promote health equity. These recommendations aim to guide funders in leveraging their resources and influence to create sustainable, equitable solutions that address the intertwined crises of climate change and health inequities.

The financial backing for intersectional work centering health, climate, and equity has not grown as rapidly as the clarity of the need and impact. — CCHE Advisory Committee Member

² CLI/Wellcome. *Promoting Health, Protecting Our Planet: Pathways for Philanthropic Impact*. March 2024.

³ Trust-Based Philanthropy Project. (n.d.). *Practices*. Retrieved January 3, 2025, from <https://www.trustbasedphilanthropy.org/practice>

1. Allocate resources to narrative change and strategic communications to disseminate health-centered narratives that convey the immediate threat of the climate crisis and motivate action.

Effective communication raises awareness, changes mindsets, and mobilizes public and political support for climate, health, and equity initiatives. Funders, thought leaders, and CCHE network partners noted that actors in the climate, health and equity space have not been explicit enough about the role of fossil fuels in climate change and the need to transition away from fossil fuels and other sources of greenhouse gases. The climate, health, and equity field can attract new partners and resources by clearly articulating how its work advances health equity. Ensuring that all individuals have the opportunity to live in safe, healthy environments can have dual benefits: addressing the immediate impacts of climate change and promoting long-term health equity. Demonstrating the pathway from these investments to improved health outcomes will highlight the tangible benefits of addressing climate-influenced environmental factors.

2. Amplify stories and examples of successful partnerships between public health and health care institutions and communities to untangle persistent barriers.

Showcasing a variety of partnerships and their accomplishments can highlight the potential of collaborative efforts. While evaluation data demonstrate that health professionals are becoming more vocal, visible, and effective in their support for community-informed climate actions and have built more skills, including building community partnerships, CBO network partners faced challenges finding strong local health practitioner and health institution partners. This difficulty often stems from health partners still learning how to collaborate effectively with communities and overcoming longstanding barriers, such as power dynamics and lack of shared vocabulary. Network partners emphasized the need for more stories and examples of successful partnerships to illustrate what can be achieved through collaboration.

3. Support community power building to spread and scale successful systems change work.

The CCHE initiative has shown that investing in CBOs engaged in community power building can lead to significant policy changes and increased community leadership and influence. By investing in community power, funders can create lasting and meaningful change that addresses immediate needs and builds community capacity for systemic change. This approach builds trust and legitimacy, empowering individuals and enhancing their capacity to advocate for and implement change. Grassroots organizations can effectively influence policy and build networks that amplify their impact, making it easier to scale successful initiatives.

4. Strengthen network weaving to enhance impact at the intersection of climate, health, and equity.

Network weaving involves creating and strengthening connections among individuals and organizations to foster collaboration, innovation, and collective action. It includes bringing new people into the network, connecting existing members, and facilitating collaboration on projects to strengthen the community.⁴ By investing in network weaving, funders can help create a more connected and resilient network that is better equipped to address the complex challenges at the intersection of climate, health, and equity. The CCHE network has proven valuable for advancing equitable climate action, and with sustained effort, it may reach a tipping point for maximum impact.

⁴ NetworkWeaver. (n.d.). *What is network weaving?* Retrieved January 3, 2025, from <https://networkweaver.com/what-is-network-weaving/>

The climate, health, and equity field needs more explicit network weaving to amplify and scale the work. This includes convening collaborative learning networks to boost peer support, innovation, and the dissemination of effective practices; funding and “matchmaking” organizations working in specific cities or states to drive local action, build electoral power, and connect with the existing climate justice movement; and convening network partners for cross-strategy learning sessions to share experiences, challenges, and best practices, fostering relationships and building a community of practice.

- 5. Continue to fund in ways that reduce the burden on grant-funded partners, including multi-year flexible grantmaking and relationship building between funders and grant-funded partners in ways that foster trust, collaboration, and thought partnership.** The CCHE initiative demonstrated the effectiveness of a multifaceted and trust-based funding strategy. Network partners appreciated Kresge's flexibility with grant funds, which included multi-year funding, planning grants for CBOs during Phase 1, and general operations grantmaking for Phase 2. This approach supported trust-building and partnership between Kresge and network partners, allowing them to adapt to challenges such as the COVID-19 pandemic. To further reduce the burden on network partners, the CCHE Advisory Committee suggested shifting to a participatory grantmaking model and funding a suite of pilot projects to test the implementation of climate/health solutions, then evaluating and scaling the approaches that are successful. This strategy would empower network partners to have a say in how funds are allocated and ensure that successful initiatives receive the support needed to expand.
- 6. Position evaluation and learning to advance the work using principles of equitable evaluation.** Funders can use evaluation not just as a tool for assessment, but as a means to advance equity, return learning to the system, and answer critical questions about the ways in which historical and structural decisions and conditions affect the condition to be addressed through a given initiative or program. Funders can consider utilizing participatory evaluation, in which grant-funded partners and their constituents are involved in designing and implementing evaluation process. In addition, providing technical assistance support to funded partners to help them identify, track, and report on meaningful indicators that show their impact can reduce reporting burden, build capacity, support sustainability, and strengthen the underlying project-specific data for measuring the impact of an initiative at scale. Regular feedback loops to share evaluation findings with grant-funded partners is a critical aspect of equitable evaluation, as this bidirectional learning helps build trust through transparency and offers the opportunity to ground-truth evaluation findings and help improve programs and initiatives throughout implementation. This approach fosters a culture of continuous learning and adaptation, ensuring that programs remain responsive and effective.

How the Work Was Operationalized

CCHE Initiative Inputs

The CCHE initiative is comprised of 22 network partners, each of whom are doing work to advance one of three distinct but intertwined strategies that work together to influence a field of practice extending beyond the CCHE initiative (refer to the [CCHE Initiative Theory of Change](#)). Over the course of the initiative, including the planning and implementation phases, Kresge strategically applied several mechanisms to support, unpack, and amplify learning from the three strategies. These mechanisms include flexible funding, convening, strategic communications, field building, technical assistance, and others.



Graphic of the CCHE initiative strategies

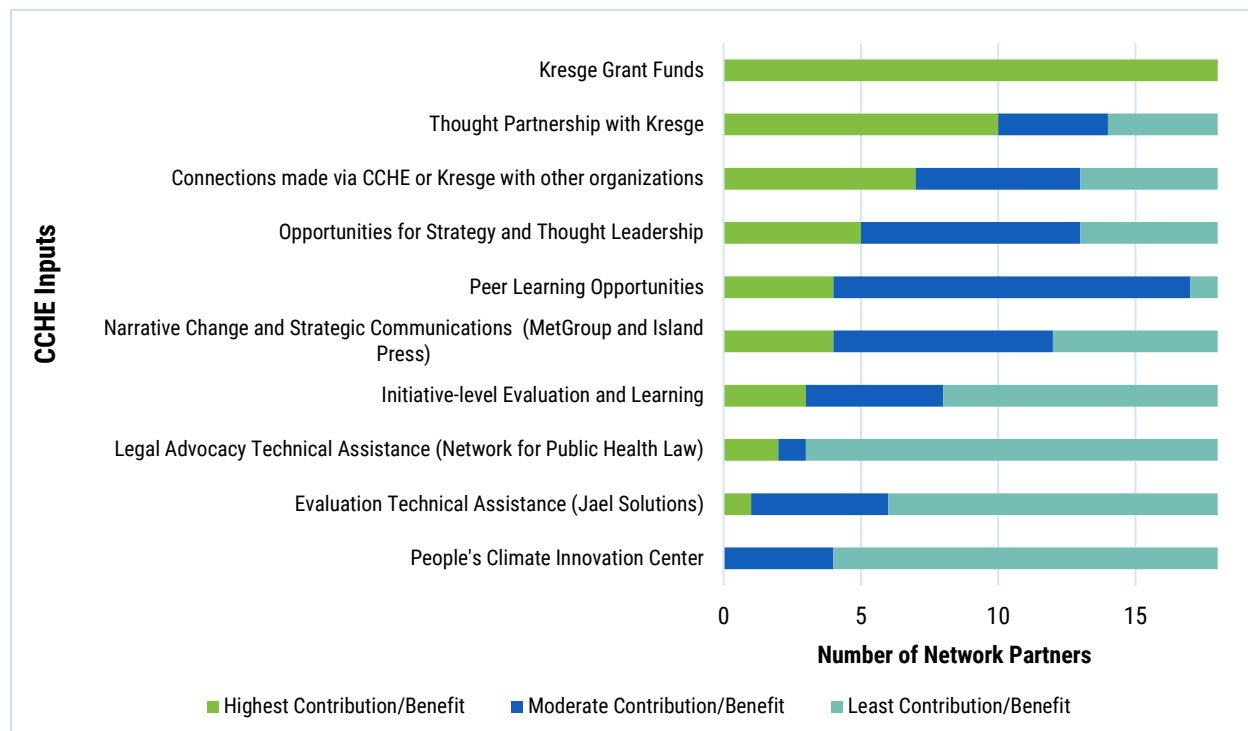
CCHE initiative inputs supported network partners with increasing their advocacy capacity, securing funding for the implementation of equitable climate and health solutions, and getting new policies passed.

Direct investments through the CCHE initiative—including grant funding, technical assistance, peer learning, strategic communications, and field building—made a difference to advance equitable climate resilience. Key inputs to operationalize work under the CCHE Initiative included:

- \$30 million in funding awarded by Kresge over five years
- CCHE initiative convenings
- Peer learning opportunities
- National Program Office support
- Strategy and thought leadership opportunities
- Connections via the CCHE initiative and Kresge
- Advisory Committee
- Technical assistance (legal advocacy, narrative change and strategic communications, and evaluation) – see **Appendix C: Communications Products** and **Appendix D: Initiative Partners** for details.
- Initiative-level evaluation and learning

In a 2024 CCHE Network Survey, participating network partners indicated that grant funds from Kresge, thought partnership with Kresge, support from technical assistance partners, and connections made via the CCHE Network or Kresge were highly beneficial and contributive to their work under the initiative. **Figure 2** summarizes how 17 respondents (of 22 network partners) ranked inputs in the 2024 CCHE Network Survey. Network partners ranked inputs on a relative scale of highest, moderate, and least contribution and benefit to their work under the initiative.

Figure 2. Relative Contribution and Benefit of CCHE Initiative Inputs to Network Partners (2024 CCHE Network Survey, n=17)



Orientation to the Work

Kresge’s funding strategy throughout the CCHE initiative was intentionally multifaceted and trust based. Network partners appreciated that Kresge treated them as partners and demonstrated flexibility with grant funds. Multi-year funding, planning grants for CBOs during Phase 1, general operations grantmaking for Phase 2, and flexibility to adjust were aspects of the funding model that supported trust-building and partnership between Kresge and network partners. During Phase 1 of the CCHE initiative (December 2018-April 2021), health institution and health practitioner network partners were integrated into the CCHE initiative to continue ongoing work with Kresge, while CBO network partners were onboarded into the initiative with planning grants. This funding supported CBO network partners’ planning and relationship-building for their work under the initiative. However, during the COVID-19 pandemic, many network partners shifted their priorities which temporarily slowed down work related to the CCHE initiative. During Phase 1, Kresge extended CBO grants by six months and provided additional funding to provide a longer runway to develop work plans for Phase 2 to meet the needs of CBO network partners during the pandemic. For Phase 2, Kresge awarded three-year general operations implementation grants versus project-support grants which were awarded during Phase 1. These approaches demonstrated a commitment to equitable grantmaking. Several CBO network partners noted that the relationship with Kresge as a funder was a true partnership.

“Investment in frontline communities has allowed us to change the political landscape and center frontline solutions. We started with aspirational and now we are seeing operational. Kresge trusted us, pivoting from big orgs to supporting smaller frontline orgs that didn’t have

a history of access to big grants. Having an outside institution that you could trust...they were helping us advance our work and think things through.” – CCHE Network Partner

“The financial investment in our organizations is key, but it is the how it has been done that is most effective. The CCHE initiative is grounded in values of racial justice reflected in the Foundation’s ability to allow us to speak for ourselves in determining how to best advance solutions alongside our communities on the ground. Over the years, I have seen the Environmental Program team grow to reflect deeper commitment and expertise to support intersectional work.” – CCHE Network Partner

Leveraging its power and credibility in the field, Kresge created opportunities to bring partners together to facilitate peer-learning, network building, and technical assistance.

Kresge requested feedback from network partners to understand what tools and resources would be most useful through formal and informal mechanisms and worked to address these requests through technical assistance, peer learning, convenings, and resources shared through the CCHE listserv or online through the [CCHE Peer Learning Resources webpage](#). Convenings, technical assistance, and peer learning events allowed network partners to discuss their experiences with working under the CCHE initiative and identify tools and resources to support their work.



CCHE Convening participants in Detroit, 2024

Convenings

Throughout the CCHE initiative, Kresge held convenings for network partners, in person and virtually (during the pandemic) to share experiences and challenges implementing their work. Convenings held throughout the CCHE initiative include:

- **September 2024:** Elders, Yelders & Young Leaders: Intergenerational Care & Movement Building for Climate and Health, Detroit, MI.
- **April 2023:** Centering Racial Justice and Health Equity - The Power of Communities to Shift Climate Policy and Practice, San Diego, CA.
- **March 2021:** The Time is Now - Reshaping the Systems and Institutions that Intersect with Race, Health and Climate Justice. Virtual.
- **November 2021:** Communities Driving Health & Climate. Virtual.
- **February 2020:** The Urgency of Climate & Health - Building Power to Create Equitable Change, Atlanta, GA.

In September 2024, Kresge convened CCHE network partners and those from its Climate Resilient and Equitable Water Systems (CREWS) initiative in Detroit, Michigan. The co-located events offered opportunities for shared learning and thought partnership around issues such as air quality, extreme heat,

systemic flooding, climate gentrification, resilience hubs, green infrastructure and more. In addition, in keeping with the convening theme of *Elders, Yelders & Young Leaders: Intergenerational Care & Movement Building for Climate and Health*, Kresge invited several youth leaders to speak and participate in the multi-day learning and networking event. Peer funders were also invited and participated in a funders' lunch roundtable.

Peer Learning

Kresge also supported peer learning among network partners in service of the overall CCHE initiative outcomes described in the [CCHE Initiative Theory of Change](#) above and beyond annual convenings. Kresge requested feedback from network partners to understand what tools and resources would be most useful through formal and informal mechanisms and worked to address these requests through technical assistance, peer learning, and resources shared through the CCHE listserv or online through the [CCHE Peer Learning Resources webpage](#). Kresge, along with the Institute for Sustainable Cities (ISC) and People's Climate Innovation Center (PCIC)⁵, hosted peer learning sessions that focused on the following topics:

- **December 2024:** Celebrating Wins and Successes
- **August 2024:** Building the Network of CCHE - Weaving Relationships to Advance Climate & Health
- **June 2024:** Network Weaving & Understanding the Contribution of the CCHE Initiative
- **October 2023:** Activating Our Community Power to Move from Engagement to Ownership
- **December 2022:** Celebrating Wins and Successes
- **July 2022:** Developing Strong Climate and Health Equity Metrics
- **May 2022:** Federal Policy and Federal Investment Driving Community Impact
- **February 2022:** Shifting the Narrative
- **November 2020:** Building Multi-Sector Partnerships
- **June 2020:** Climate Change, Health & COVID-19: Managing the Co-Occurring Crises
- **April 2020:** Navigating Community Organizing and The Digital Divide
- **April 2020:** Shaping and Driving Key Messaging around the Intersections of COVID-19 and Climate Change

Technical Assistance

Initiative partners supported capacity development for evaluation and metrics (Jael Solutions), narrative and messaging (Metropolitan Group), storytelling workshops (Center for Story-based Solutions), and public health law and legal analysis (Network for Public Health Law). They assisted network partners through one-on-one and group sessions, such as the Shifting the Narrative session hosted by Metropolitan Group to share findings developed for the CCHE narrative and messaging guide. See **Appendix D** for additional information on initiative partners.

According to results of the 2024 CCHE Network Survey, a majority of network partners found value in the opt-in strategic communications assistance from Metropolitan Group and Island Press (Figure 2). At least one network partner noted that technical assistance from Island Press should be significantly scaled up to keep pace with misinformation and disinformation and to take advantage of the current window of

⁵ The Institute for Sustainable Communities served as the National Program Office for the CCHE Initiative from 2018 through 2022. In January 2023, the peer-learning lead role transitioned to the People's Climate Innovation Center.

opportunity to advance CCHE solutions (see **Appendix C. Communications Products** for details). Metropolitan Group developed a messaging framework to help network partners engage diverse audiences, particularly those in conservative communities. This framework helped network partners communicate their stories of building community power and centering racial justice in their work under the CCHE initiative.

“The selected technical providers; Ross Strategic, Climate Innovations, Metropolitan Group, Island Press (and others), all have deepened our impacts because they understand and know how to do systematic change. They have come to the table ready to help us launch our reach to the next level, they make up the infrastructure that has allow us to succeed.” – CCHE Network Partner

Strategy and Thought Leadership

Kresge contributed to the growth of a national field of practice by pursuing partnerships with funders across different sectors and strategically communicating findings from the CCHE initiative evaluation. In 2022 and 2023, Kresge collaborated with Grantmakers In Health to develop articles for Grantmakers in Health (GIH) Views from the Field series highlighting lessons learned from the CCHE initiative’s development and implementation. Kresge also engaged in various convenings and roundtable discussions to highlight connections between climate justice, racial justice, and the roles of funders and government. In 2024, Kresge showcased network partners’ successes among funders in the health sector at the GIH Post-conference Convening. During the convening, Kresge explored opportunities for health philanthropy to support work at the intersection of climate, health, and equity. Kresge also aimed to establish a community with GIH so that funders could collaborate to support this work. Based findings from GIH’s Tracking the Field Survey, this opportunity would enable funders to move beyond learning about the intersection of climate, health and equity to actively engaging in this work. While non-network actors have also taken bold steps to grow and empower the field with the tools and assets needed to accelerate the work at a heightened level of urgency, Kresge, through its CCHE initiative, is seen as a key field builder.

“The success of the CCHE initiative is because it is grounded on supporting racial justice work. I think it is key for Kresge to continue on that line of work while growing the pool of supporters and experts in the field.” –CCHE Advisory Committee Member

Kresge promoted network partners’ work across different platforms and engaged in many field-building activities throughout the CCHE initiative. Kresge invited network partners to present their work at various conferences hosted by the Climate and Energy Funders Group, GIH, and those of network partners such as **Health and Environmental Funders Network (HEFN)** and the **American Public Health Association (APHA)**. Additionally, Kresge facilitated discussions and introductions between network partners and practitioner organizations, funders, and federal agencies, including Wells Fargo, Collective Energy, Capital Link, Capital Fund, and the Center for Climate, Health, and Global Environment.

Kresge’s leadership in highlighting community needs and connecting racial equity to climate change and health under the CCHE initiative empowered network partners as they advocated for communities most affected by climate harms. There were notable examples of network partners’ success in training and developing communities to lead climate mitigation and climate adaptation initiatives, programs, or policies. For example, members from **UPROSE** and **Physicians for Social Responsibility-Los Angeles (PSR-LA)**

stepped into state and local government roles to enhance equitable policy implementation, and Miami-Dade County appointed the world's first Chief Heat Officer with strategic support and advocacy from **Catalyst Miami**. In another example focusing on developing leadership within government systems, the **Bay Area Regional Health Inequities Initiative (BARHII)** trained and embedded equity officers throughout local departments and county administration as an essential part of disaster management, addressing crises like pandemics, wildfires, and extreme heat events.

“Continue to follow the lead and heed the requests of historically marginalized and/or disinvested groups.” – CCHE Advisory Committee Member

Narrative Change and Strategic Communications

Kresge's Communications Plan outlined how communications for network partners, philanthropies, and the public sector would support work under the CCHE initiative. The plan aimed to advance the CCHE initiative's goals in the following ways:

- Shift mindsets and advance public support and political will to drive change at the local, regional, and national levels.
- Elevate strategies, solutions, and approaches centered on racial equity.
- Generate impactful media coverage to increase awareness of issues surrounding climate, health and equity.
- Highlight and promote Kresge's approach to advancing climate, health and equity in a way that meets community needs.

Through communications support, network partners learned how to shape and apply strong narratives to advance their work, cohesively tell a more complete story grounded in community leadership using a racial equity lens and increase their visibility among funders. Kresge also used communications products to elevate network partners' voices in national discussions and share evaluation findings with peer funders. See **Appendix C** for a full list of communications products developed with support from Island Press during the initiative.

Advisory Committee

Kresge sought to engage with a distinct group of field leaders to serve as advisors to the CCHE initiative. The CCHE initiative Advisory Committee provided high-level guidance on implementing the initiative, leveraging evaluation findings, and pursuing new partnerships to build the national field of practice. The Advisory Committee represented a diverse range of experiences and expertise, races, ethnicities, and geographies, which helped guide all three strategies of the initiative. The Advisory Committee included the following members:

- Ash-Lee Woodard Henderson, formerly of the Highlander Research & Education Center
- Dr. Cheryl Holder, Florida Clinicians for Climate Action⁶

⁶ In addition to serving on the Advisory Committee, Dr. Holder supported the work of Catalyst Miami, a network partner under the initiative.

- Carolina Martinez, Environmental Health Coalition⁷
- Paul Schramm, CDC Foundation
- Elizabeth Sawin, Multisolving Institute
- Paul Tarini, Robert Wood Johnson Foundation
- Dr. Sacoby Wilson, University of Maryland

Key functions of the Advisory Committee, described in the [2022-2024 Charter](#), included:

- Sharing insights gained from interaction with parties active in climate resilience and health efforts led by low-wealth communities and communities of color.
- Supporting efforts to better understand how to facilitate connection across the initiative's three strategies and support opportunities for alignment.
- Providing high-level guidance concerning the initiative's field-building strategies and activities designed to complement all three strategies of this initiative, including, but not limited to, communications and narrative storytelling; data collection, research and tool development; and/or national capacity building efforts.
- Contributing to the initiative's learning and evaluation activities.
- Contributing to the identification of meaningful outcomes that all three strategies are intended to produce.
- Providing content expertise and participating in the design of the initiative's peer-learning activities, including the initiative's annual grantee convening.

The Advisory Committee recommended that Kresge communicate the core principles of operationalizing work at this intersection to different funders. They also encouraged Kresge to use evaluation findings to argue why climate change should be prioritized by non-climate funders and how they can transition to supporting work at this intersection. These efforts aligned with the CCHE initiative's goal of growing the national field of practice at the intersection of climate, health and equity.

Initiative-level Evaluation and Learning

As the evaluation partner for the CCHE initiative, our approach was inspired by the principles of [equitable evaluation](#). We aimed to use evaluation not just as a tool for assessment, but as a means to advance the work and support the initiative's goals. Throughout the CCHE initiative, we engaged in specific evaluation and learning activities, detailed in **Appendix A**, to provide comprehensive insights and foster a culture of continuous learning and adaptation. The following principles of equitable evaluation guided this work:

1. Evaluation and evaluative work should be in service of equity. Production, consumption, and management of evaluation and evaluative work should hold at its core a responsibility to advance progress towards equity.
2. Evaluative work should be designed and implemented commensurate with the values underlying equity work. Evaluative work is multiculturally valid and oriented toward participant ownership.
3. Evaluative work can and should answer critical questions about the ways in which historical and structural decisions have contributed to the condition to be addressed; effect on strategy of the

⁷ In addition to serving on the Advisory Committee, Carolina Martinez was the Climate Justice Director for the Environmental Health Coalition, a network partner under the initiative.

underlying systemic drivers of inequity; ways in which cultural context is tangled up in both the structural conditions and the change initiative itself.

We recognized the opportunity to pair evaluation and learning with peer learning support. By convening network partners for cross-strategy learning based on the relationships they most wanted to build, we facilitated deeper insights into their vision for the work and what it took to advance it.

We implemented learning cycles throughout the evaluation process to understand the evolving body of work in phases. Regular feedback loops were established to share evaluation findings with network partners, ensuring that Kresge remained responsive and effective in supporting them. Our evaluation and learning efforts also supported Kresge's mission to inform peer funders interested in advancing intersectional work.

"The whole concept of learning cycles and learning as we go was instrumental in helping us achieve our goals." – CCHE Advisory Committee Member

To reduce the burden on network partners, we relied heavily on secondary data sources and primary data collection via meeting observation. This included analyzing transcripts from Kresge program officers' regular touchpoints with network partners and reviewing various outputs from network partners, such as reports and blog posts. Additionally, we invited network partners to participate in a final one-hour interview to case studies for each partner (Appendix B) that could also serve as the final narrative report for Kresge's grant reporting requirements if network partners desired.

Recommendations for future Kresge evaluation and learning activity

1. **Participatory Evaluation:** Involve network partners, including CBOs, in designing and implementing evaluation processes. This ensures that the methods are culturally relevant and meet community needs. This approach empowers partners, builds their evaluation skills, and makes findings meaningful and actionable for all stakeholders.
2. **Capacity Building for Network Partners:** Provide more support to network partners to help them identify and track indicators that show their impact. Offer training and resources on data collection, analysis, and reporting. Strengthening their evaluation skills enhances their ability to demonstrate impact, secure funding, and improve their programs.
3. **Continuous Learning and Adaptation:** Establish regular feedback loops to share evaluation findings with network partners and use this information to improve programs. Facilitate sessions where partners can discuss what is working, what isn't, and how to adapt strategies. This approach fosters a culture of continuous learning and adaptation, ensuring that programs remain responsive and effective.

Progress and Impact

The following section includes our key findings regarding progress of the initiative toward its aims. Our approach to understanding progress and impact of CCHE centered on a contribution analysis in which we focused on the following three key pillars to understand the effectiveness and impact of the CCHE initiative.

See **Appendix A: Methods** for more information on the methods we used to develop an evidence-based story of the initiative's contribution.

Pillars:

1. Building a national field of practice that is strengthened by centering racial justice
2. Fostering cross-sector collaboration within and beyond the CCHE initiative
3. Supporting network partner mobilization for just and equitable climate action

These pillars were selected because they play a central role in driving CCHE initiative-level outcomes in [CCHE's theory of change](#) and represent Kresge's biggest bets as to how the CCHE initiative would be successful. They also require that multiple inputs (or signals of change) be woven together to provide a rich, multidimensional answer, assessed at more than one point in time during the evaluation for meaningful interpretation of trends and influences. Together, the key pillars help answer the primary evaluative question: ***What has been the contribution of the CCHE initiative in advancing equitable policies and solutions that benefit low-wealth communities and communities of color, ultimately reducing their climate-related health risks?***

While the initiative's Theory of Change does not explicitly include community power, it has been a key analytical lens throughout the evaluation. This lens helped us focus on and interpret the multi-dimensional contributions of network partners in mobilizing community power to advance change. For more details, see the [CCHE Initiative Developmental Evaluation](#) (July 2021).

In our initial contribution analysis, we determined that CCHE's overall contribution to advancing equitable policies and solutions that benefit low-wealth communities and communities of color was moderate and trending upwards.⁸ Network partners largely agreed with our assessment during an optional virtual session in June 2024.⁹

Overall, we find that Kresge, through the CCHE initiative, has played a **major role in building a national field of practice** that is notably strengthened by centering racial justice. We have observed continued, demonstrable progress in cross-sector collaboration, leading us to conclude that the CCHE initiative has played a **moderate to major role in supporting cross-sector collaboration**. Kresge has also played a **major role in supporting CCHE network partners in mobilizing** for just and equitable climate action. Additionally, the initiative has clarified and demonstrated how network partners across sectors are creating space for and deploying community power. See **Figure 3** below for more information on the three levels of contribution utilized in this analysis.

Figure 3. Levels of Contribution

⁸ Full details on the contribution analysis methodology can be found in the Appendix. The graphic above describes the minor, moderate, and major rubric developed to describe the overall impact of CCHE, as well as each of the three pillars.

⁹ During an optional virtual session in June 2024, CCHE network partner participants anonymously rated the initiative's contribution to supporting network partners' mobilization efforts. Their rankings ranged the scale from moderate to major, with most participants' suggesting somewhere between a moderate to major contribution.



The initiative has played a **MARGINAL ROLE** in advancing climate, health, and equity outcomes. Without CCHE, *limited progress at this intersection may or may not have occurred within CCHE's current timeframe.*



The initiative has played a **CLEAR ROLE** in advancing climate, health, and equity outcomes. Without CCHE, *meaningful progress at this intersection may have occurred, but over a longer time horizon than CCHE's current timeframe.*



The initiative has played a **SIGNIFICANT ROLE** in advancing climate, health, and equity outcomes. Without CCHE, it is *unlikely that substantive progress at this intersection would have occurred within CCHE's current timeframe.*

Pillar 1: Building a National Field of Practice That Is Strengthened by Centering Racial Justice

Field building occurs when a network of organizations and individuals collaborates towards a common goal—achieving impact at scale—by sharing ideas, research, systems, and practices. To understand the CCHE initiative's impact on the field working at the intersection of climate, health, and equity, we examined the work within the initiative and network itself, including efforts by network partners and technical assistance providers, the Foundation's broader CCHE-adjacent activities extending beyond the CCHE network, and key national events and trends that create the conditions for field maturation and sustained focus on this issue. See **Figure 4: Pillar 1 Signals of Progress.**

To assess the progress of network partners (i.e., progress within the CCHE initiative and network) we considered the extent to which their work:

- Led to greater issue awareness and a growing knowledge base.
- Led to expansion of the number and types of actors working at the climate-health-equity intersection.
- Grew leadership in the field, with leaders increasingly reflecting the communities most affected by climate harms.
- Galvanized greater investment in opportunities that advance equitable climate resilience with measurable health co-benefits.

Figure 4. Pillar 1 Signals of Progress



As the initiative concludes, we find that Kresge, through the CCHE initiative, has played a major role in building a national field of practice that is notably strengthened by centering racial justice.

Without the supports provided by the CCHE initiative, the progress on equitable climate action—policy wins, strategic partnership and collaboration, capacity building, and other actions driven by the initiative’s strategies—would have been more gradual and fragmented across sectors during the last four years. Although the initiative’s theory of change emphasizes racial justice as a key driver for advancing equitable climate resilience, we note that the concept of racial justice was never explicitly defined. Consequently, we used a broad framework for exploring racial justice, which included structural racism and racial equity.

Within the CCHE initiative there has been a significant increase in awareness and knowledge regarding the interconnected issues of climate, health, and equity and network partners have more clearly codified their commitment and approach to promoting climate resilience and health equity.

By centering racial justice, Kresge created an expectation among network partners, particularly those newer to this frame, to commit to and practice diversity, equity, and inclusion (DEI), thereby developing and strengthening their equity lens. This shift has been crucial in addressing the interconnectedness of climate, health, and racial justice. The racial justice frame has been valuable but challenging to use, depending on the context and audience. Understanding the history and role of systemic racism in shaping past and current policies has been a steep learning curve for people less knowledgeable about environmental justice. While it has increased credibility with some partners, others found it to be alienating. In contrast, the health frame—connecting climate change to one’s own health and the health of their communities— has more quickly gained traction and acceptance.

More so than at the start of the initiative, we see network partners raising awareness within their constituencies about the nexus of climate, health, and equity and the urgency to act. Their efforts have led to the development of strategic frameworks, resource libraries, and revised guidelines that support climate resilience and health equity across different sectors.

For example, [Health Care Without Harm’s \(HCWH\) "Climate Resilience for Health Care and Communities: Strategies and Case Studies"](#) provided a strategic framework for building climate-resilient health systems and communities. It explored how health care institutions can leverage investments to support equitable decarbonization and enhance community resilience, health, and wealth. The case studies are available through the [Essential Hospitals Institute \(EHI\) Climate Resource Library](#), which has been expanded to include content on structural racism and climate vulnerability. The resource library has been viewed 1,375 times and includes more than 35 climate-related resources, toolkits, frameworks, and action lists for decarbonization in health care.

Another example comes from [APHA](#), which has played a crucial role in revising the Centers for Disease Control and Prevention’s (CDC) BRACE (Building Resilience Against Climate Effects) framework, which aids health officials in developing strategies to prepare for and respond to the health impacts of climate change. In collaboration with the CDC, APHA helped create the [Climate Change and Health Playbook: Adaptation Planning for Justice, Equity, Diversity, and Inclusion](#). This playbook served as a companion resource to the BRACE framework, supporting state, local, territorial, and tribal health organizations nationwide. It emphasized embedding justice, equity, diversity, and inclusion into climate and resilience initiatives, programs, and operations. APHA has observed that this guidance has significantly enhanced community engagement and strengthened connections between health departments and environmental justice groups, fostering a more justice-centered approach to public health.

One area for future exploration could address fossil fuel consumption more directly as a contributor to climate change. Funders, thought leaders, and CCHE network partners noted that actors in the climate, health and equity space—including Kresge itself— have not been explicit enough about the role of fossil fuels in climate change and the need to transition away from fossil fuels and other sources of greenhouse gases.

Within the CCHE network, more people in more places are actively working at the intersection of climate, health, and equity and increasingly leadership roles are being filled by individuals from communities most affected by climate harms, ensuring that their voices and experiences are central to the decision-making process.

The expansion of actors working at the intersection of climate, health and equity—including climate ambassadors, coalition members, health and public health professionals, and impacted residents—has been significant over the last five years. Compared to previous years, health care and public health professionals are now more vocal, visible, and effective in supporting community-informed climate actions that advance health equity. Additionally, more residents and health professionals possess the necessary information and skill sets to act on climate resilience, health, and equity, empowering them to make meaningful contributions to these critical areas. As one of many examples, the **BARHII** expanded their equity officer model to multiple regions throughout California, effectively adding to a growing number of actors working at the climate-health-equity intersection.

Residents trained by CBOs are now leading community engagement and data collection through paid positions in local nonprofits and government offices or serving on advisory boards, showcasing the ripple effect of CBO capacity-building activities. Government entities are recognizing CBO network partners as expert leaders and valued collaborators in addressing climate change and public health. For instance, **UPROSE** and the **PSR-LA** have noted proactive outreach from government entities, including those not historically aligned with their goals. **WE ACT's** appointment to the New York State Energy Research and Development Authority (NYSERDA) Extreme Heat Action Group has significantly influenced the allocation of substantial funds to improve the built environment in vulnerable communities. Similarly, the **Leadership Counsel for Justice and Accountability (Leadership Counsel)** has observed a shift among City Council members, who are now more willing to collaborate with community leaders on equitable transportation planning.

In various cities, community members with long-standing ties to CBO network partners are being elected to or staffing public offices. These newly elected officials, recognizing the importance of engaging with CBOs and residents, are elevating CBOs' work and fostering stronger connections between government and community organizations. For example, two former **Environmental Health Coalition (EHC)** staff members now work for the San Diego City Council President and the San Diego Association of Governments, reinforcing EHC's role as a trusted partner in transit and climate justice. The **Public Health Institute of Western Massachusetts (PHIWM)** highlighted that a former grassroots climate justice advocate, now a Springfield City Council member, played a crucial role in approving Community Choice Energy (CCE) with unanimous City Council support in December 2022.

Diversity among health partner leadership is also growing. The Climate and Health Equity Fellowship (CHEF), the **Medical Society Consortium on Climate and Health's (Consortium)** premier program, equips physicians—particularly those from underrepresented backgrounds—with comprehensive training in climate

and health equity. Since its inaugural Southeast cohort in 2021, which attracted more than 100 applicants for just six positions, the program has trained more than 30 physicians of color, with an additional 12 fellows in the current cohort. Graduates have emerged as leaders, advancing the field through research, media engagement, and education.

Network partners have galvanized greater investment in equitable climate resilience efforts, with particular benefit to CBO network partners who have gained attention and trust from national funding organizations and federal agencies.

The influence of the CCHE initiative, including work done by funded partners and technical assistance providers, has helped accelerate investment in equitable climate solutions. For example, in partnership with Multnomah County Health Department, the Multnomah County Office of Sustainability, and the City of Portland Bureau of Planning and Sustainability, network partner **Coalition of Communities of Color (CCC)** applied for and secured a \$1.2 million grant to address racial and health inequities in Multnomah County. Through the Modernized Anti-Racist Data Ecosystems (MADE) for Health Justice grant, a local data ecosystem will be created to improve community health, connect data across local government sectors, and prioritize the needs of frontline communities in the context of climate impacts. CCC staff say their involvement in CCHE strengthened their application for the program and was a key ingredient for success.

In another example of network partners galvanizing greater investment at the climate, health, and equity intersection, the Environmental Protection Agency (EPA) awarded the City of Springfield and the **PHIWM** a nearly \$20 million Community Change Grant to advance environmental justice and climate resilience in Springfield (Green and Resilient Springfield Initiative).

In a collaborative effort to teach the field about the value of messaging that aligns values across the ideological and political spectrum to increase the chance of gaining support for equitable climate and health solutions, staff from the Foundation, CCHE strategic communications partner **Metropolitan Group**, and network partner **Go Austin, Vamos Austin (GAVA)**, published an article in *Nonprofit Quarterly*, “How to Center Justice in Climate and Health Advocacy.”¹⁰ The article demonstrated to funders how they can communicate across funder lines and provided a roadmap of where to start.

To depolarize the issue and win fresh support from decision-makers, we need to change how we frame the discussion.

– How to Center Justice in Climate and Health Advocacy

CBO network partners used support from the CCHE initiative to establish themselves as essential players at the intersection of climate, health, and equity, and pursue new funding opportunities, especially from the Inflation Reduction Act (IRA) and the EPA’s Community Change Grant. See the section on *Sustainability* for specific examples.

¹⁰ How to Center Justice in Climate and Health Advocacy. *Nonprofit Quarterly*. <https://nonprofitquarterly.org/how-to-center-justice-in-climate-and-health-advocacy>. Accessed Nov.15, 2024.

We also examined the Foundation’s CCHE-adjacent activities—advancing climate, health, and equity through efforts not directly related to or funded by CCHE—and insights from thought leaders serving on the CCHE Advisory Committee.

Kresge has sharply increased the percentage of their climate-focused grantmaking portfolio to organizations led by black, indigenous, and people of color (BIPOC) over the past decade. Twelve years ago, less than 10 percent of Kresge’s climate grant funds went to BIPOC-led organizations. In 2019, the Foundation made a significant commitment to equity by adopting it as their sixth organizational value.¹¹ In 2021, the Foundation was among the first funders to take the Climate Funders Justice Pledge launched by the Donors of Color Network (DOCN). The DOCN is the first cross-racial community of donors committed to building the collective power of people of color, driving systems change, and advancing racial equity. At that time, 33 percent of the Environment program’s 2019-2020 climate change funding met the rigorous eligibility criteria of the DOCN pledge, and as of fiscal year 2024, that percentage increased to 43.5 percent. The DOCN criteria includes funding organizations whose Boards and senior staff are comprised of over half BIPOC members, and whose mission statement, guiding principles, or other foundational texts explicitly commit to building community power withing BIPOC communities.

Kresge’s Health and Environment staff have been deeply involved in strategic partnership development which complement CCHE’s strategies and have amplified the Foundation’s commitment to equitable climate resilience. These partnerships have included national organizations and intermediaries like the Climate Justice Alliance, The Solutions Project, the Hive Fund for Climate and Gender Justice, and Big Cities Health Coalition, which prioritize leadership development and grassroots organizations working with frontline communities and enhance local health department capacity to respond to climate impacts. Other notable partnerships and collaborations include those with C40 Cities, Anchors in Resilient Communities, Black Owners of Solar Services, Building Health Places Network, and the Center for Community Investment. In their work with National Association of Community Health Centers, Kresge supports several initiatives to increase health equity and climate resilience, including the Community Health Access to Resilient Green Energy (CHARGE) partnership, and Healthy Futures Fund.

Collaboration with GIH is a powerful example of Kresge’s efforts to engage new funders, helping to expand and accelerate investment at the intersection of climate, health, and equity. At the largest gathering of health funders in the country, the GIH Annual Conference on Health Philanthropy, Kresge staff hosted a post-conference convening bringing together funders and network partners to share and learn about community-driven strategies at the intersection of health and climate. Kresge and GIH also collaborated on the *Learning What it Takes* publication series that explores the lessons learned from CCHE, looking at different facets of its development and implementation.¹² To accelerate philanthropic action at the intersection of climate, health, and equity, and facilitate learning and collaboration across funder communities, Kresge, GIH, and the **HEFN**, in addition to other philanthropy-serving organizations (PSO), developed a toolkit, Investing at the Frontlines of Climate Change: A Funder Toolkit on Climate, Health, and Equity. These and similar collaborative efforts of the Foundation have helped bridge the gap between what health and climate funders tend to prioritize and underscores the value of a multi-solving approach to climate resilience.

¹¹ 2019 Kresge Foundation Annual Report. <https://equityinsideout.org/>. Accessed Nov. 15, 2024.

¹² Learning What it Takes. <https://www.gih.org/category/views-from-the-field/learning-what-it-takes>. Accessed Nov. 15, 2024.

CCHE Advisory Committee members¹³ shared their own thoughts on Kresge’s most impactful contributions to building a national field of practice, which included:

- Investing and trusting in a diverse, multi-sectoral set of network partners that has built capacity, expertise and examples of impact that will persist well beyond the initiative.
- Grounding the work in values of equity and racial justice and recognized the power of CBOs and advocates to determine for themselves how best to advance solutions alongside communities on the ground.
- Convening, both virtual and in-person, for connection, conversation, and thought leadership.
- Narrative building and giving words to an innovative way of working together.
- Ensuring that advocacy was integrated into all aspects of the work.
- Selecting an operational team—TA providers, evaluation, strategic communications—that understands systems change and whose work reflects deep commitment to intersectional work.

The rising number of climate justice lawsuits, the development of a National Climate Resilience Framework, and continued substantial investment in climate adaptation and mitigation all point to a heightened demand for accountability and readiness for action, indicating that the field is maturing.

Our review of recent events external to CCHE are helpful to understanding the conditions that enable or undermine the success of the initiative as it winds down and considers implementing a future version of the initiative in “CCHE 2.0.” Here we provide three examples that indicate field-level maturation that is strengthened by centering racial justice prominently.

In an internal preliminary contribution analysis, we noted two key factors helping to advance this work: 1. A growing recognition of the urgency and severity of climate change is prompting governments, organizations, and communities to prioritize and advance climate resilience policies, and 2. The notion that people from all sociopolitical ideologies are witnessing and experiencing firsthand how climate change is affecting human health. These factors continue to be relevant, even as a new administration brings uncertainty and fear as to whether hard-fought progress will be unraveled. However, a growing wave of climate justice lawsuits indicates an appetite for bold advocacy and willingness to move from the sidelines and into the field. According to a report by the UN Environment Programme, the total number of climate change legal cases worldwide more than doubled from 884 in 2017 to 2,180 in 2022.¹⁴ Most of these cases have been filed in the United States, reflecting a growing trend of using litigation as a tool to hold governments and corporations accountable for their climate actions and inactions. *Held v. Montana* is one recent example. In a landmark decision in 2023, a Montana court ruled in favor of 16 youth plaintiffs who argued that the state’s fossil fuel policies violated their constitutional right to a clean and healthful environment.

¹³ In October 2024 we administered a brief questionnaire to the CCHE Advisory Committee, to which 3 out of 7 responded.

¹⁴ Global Climate Litigation Report: 2023 Status Review. UN Environment Programme. <https://www.unep.org/resources/report/global-climate-litigation-report-2023-status-review>. Accessed Nov. 15, 2024.

The 2023 release of the National Climate Resilience Framework is another example of field awareness and readiness for bold action at the highest levels of government. In conjunction with the first-ever White House Summit on Building Climate Resilient Communities, the Biden-Harris Administration released the National Climate Resilience Framework, a

“vision for a climate resilient Nation designed to guide and align climate resilience investments and activities by the federal government and its partners.” In alignment with the Administration’s policy goals, several philanthropic organizations including Kresge are leveraging new federal funding from Biden’s Investing in America agenda and committing resources to help communities adapt to climate change. The Framework underscores the need for more cross-sector collaboration— including government, business, higher education, and the nonprofit

sector—to strengthen resilience in rural, Tribal, and urban communities nationwide. In addition, Kresge is collaborating with a group of other institutional foundations to assess opportunities to bolster philanthropic support to attract funders who have not historically focused on climate change (health, community development, housing, transportation, etc.) to adaptation and resilience efforts.

A substantial flow of federal funding has continued to help finance community-level climate resilience. For example, in April 2024, the Opportunity Finance Network (OFN), the nation's leading investment intermediary and network of community development financial institutions (CDFIs), received a historic \$2.29 billion award to finance the clean energy transition in low-income and underinvested communities nationwide. The award comes under the Clean Communities Investment Accelerator, part of EPA’s \$27 billion Greenhouse Gas Reduction Fund.



In Held V. Montana, youth plaintiffs are cheered on by supporters. Photo credit: Robin Loznak.

Pillar 2: Fostering Cross-Sector Collaboration Within and Beyond the CCHE Initiative

Cross-sector collaboration between CBOs, residents, health practitioners, and health institutions invited those involved to recognize the intersectionality of climate, health, and equity as a system that, when optimally engaged, can significantly improve health outcomes for low-wealth communities and communities of color. To assess the progress of network partner cross-sector collaboration efforts, we considered the extent to which partners:

- Built partnerships with each other to support the adoption and/or implementation of equitable climate and health solutions.
- Engaged with residents and low-wealth communities to develop and promote policies that advance climate resilience.
- Engaged with government agencies, health institutions, and other organizations to advance policies that improve climate resilience and health outcomes in vulnerable communities.

These signals of progress used to assess cross-sector collaboration within the CCHE network and its partners and constituents are summarized in Figure 5.

The CCHE initiative played a moderate to major role in fostering cross-sector collaboration within and beyond the CCHE initiative. CCHE network partners have strengthened their relationships with peer organizations, research entities, and government partners, accelerating their work and positioning them to collaborate on additional priorities related to climate, health, and equity.

Cross-sector collaboration between CBOs, residents, health practitioners, and health institutions has led to a greater understanding of the intersectionality of climate, health, and equity, and the potential to simultaneously advance climate resilience and improve health outcomes for low-wealth communities and communities of color.

Drawing on the case stories the Evaluation and Learning team co-developed with each network partner in late 2024, we analyzed the types of partnerships CBOs worked with for their CCHE-related efforts. This included an assessment of the breadth of sectors CBO network partners worked with external to the CCHE network (refer to **Figure 6**) and the types of health partners CBO network partners worked with (refer to **Figure 7**). CBO network partners built numerous partnerships with local non-profit organizations, non-government organizations, and local CBOs and coalitions with residents. CBO network partners also established a significant number of partnerships with local government agencies as they engaged in policy advocacy and implementation. All but two CBO network partners identified a health partner. Health centers/clinics or departments of health/public health made up half of the identified health partners. Additionally, five schools of medicine or public health and three hospitals were identified as health partners. Although most CBO network partners named a health partner, they described persistent challenges in

Figure 5. Pillar 2 Signals of Progress



engaging health institutions on equitable climate resilience. Read more in the section on “Challenges,” page 44.

Figure 6. Partnerships Between CBO Network Partners and External Partners

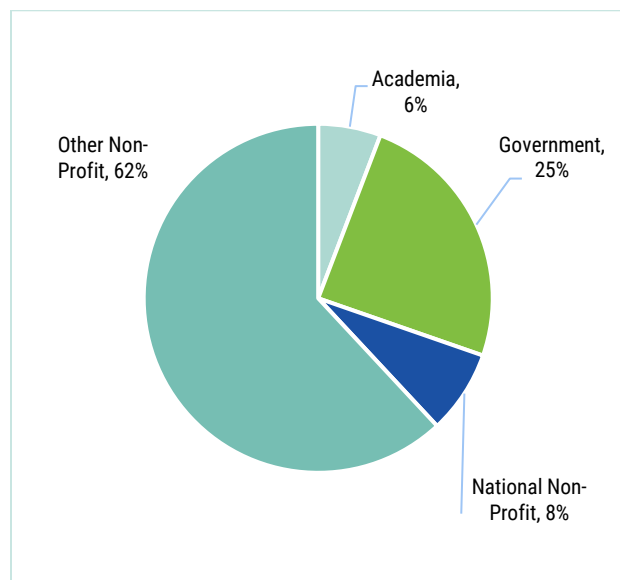
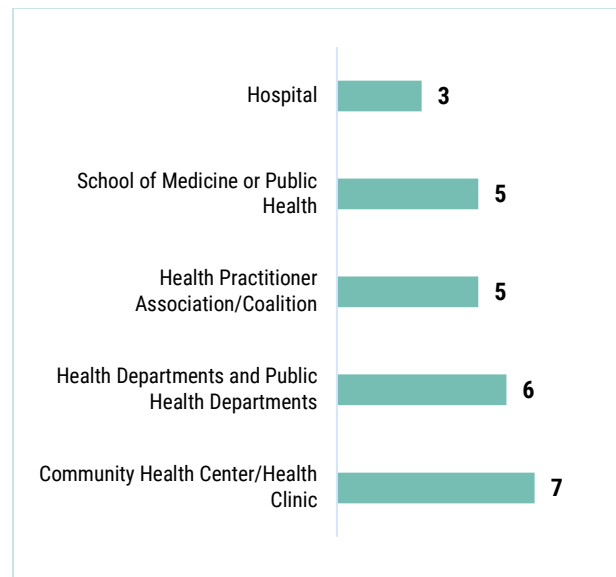


Figure 7. Health Partners Among CBO Network Partners



Kresge has successfully built a network of cross-sector partners, fostering new and deepened relationships - particularly among Health Institutions and between Health Practitioners and CBOs - which are expected to have a lasting impact on advancing climate-health-equity goals.

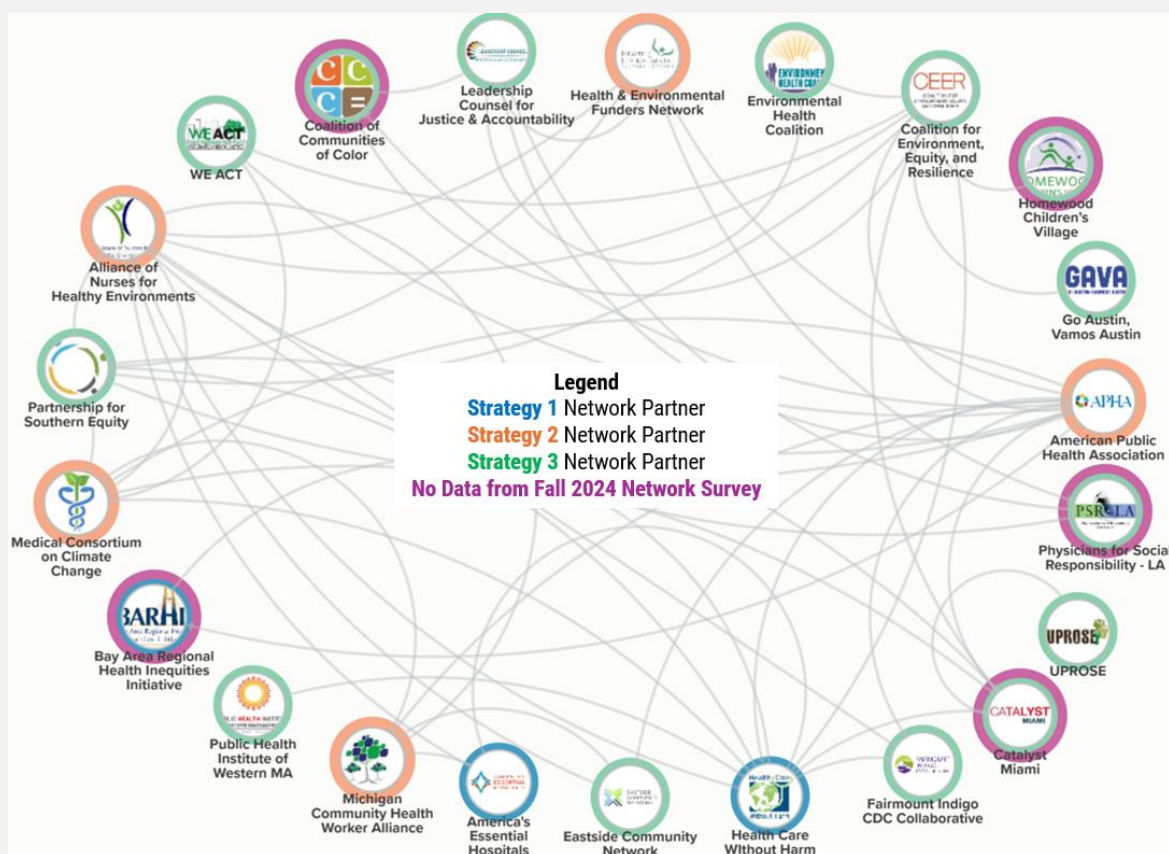
Kresge has successfully built a network of partners who are far more connected than when the initiative first launched. A network map from December 2024 shows significantly more connections among network partners compared to 2021. The updated network map includes partnerships reported by network partners via an online survey and case stories. These new and deepened relationships have led to increased awareness and action on climate, health and equity. However, network partners also reported they lacked the time and resources to fully understand each other’s roles in the CCHE network and identify potential synergies for maximum collaboration.

As examples of successful partnerships among CCHE network partners, **HCWH**, the **Consortium**, and the **Alliance of Nurses for Healthy Environments (ANHE)** collaborated to educate 50,000 health professionals through the Nurse Climate Champions Initiative. Additionally, the **EHI** strengthened its relationship with **HCWH**, improving EHI’s visibility to other funders and attracting new resources. Without Kresge, EHI and HCWH may not have partnered to this extent, with HCWH enhancing EHI’s climate lens and significantly expanding the healthcare footprint of this work. **ANHE** connected nurses from their Environmental Health Nurse Fellowship (EHNF) program with CBO network partners, enabling nurse fellows to educate communities on the health impacts of climate change. This collaboration has significantly built ANHE’s expertise in partnering with CBOs. Other CBO network partners shared examples of healthcare practitioners providing compelling evidence and expertise to local decision-makers, advocating for equitable climate and

health solutions. For instance, **ANHE** and the **Consortium** served on the Fossil Free for Health Coalition with **PSR-LA**, contributing to policies that end fossil fuel use and advance environmental justice.

NETWORK PARTNERSHIP GROWTH

In response to the need for greater connectivity among funded partners in the CCHE network, Ross Strategic developed the [Network Mapping Tool](#). The tool provided descriptive information on network partners' geographic locations, key strategies, and topics of focus under the CCHE initiative. **We observed marked network expansion between the first ("baseline") network map produced in 2021 and the final map in December 2024, demonstrating an increase in the number of partnerships within the network.**



By strengthening their partnerships with government and health institutions, network partners have significantly increased their leverage, enabling them to shape and advance systems change more effectively.

Constituents increasingly looked to Health Institution and Health Practitioner network partners for their expertise on climate and health. Network partners, including **ANHE**, **HCWH**, the **Consortium**, and others, reported that over the years, constituents contacted them more frequently to provide expertise. Network partners also helped strengthen current policies and practices among health institutions that were external

to the CCHE initiative. For example, HCWH built upon their existing work with hospitals and hospital systems, taking steps to integrate climate resilience into hospital procurement and contracting processes. ANHE contributed to the development of the American Nurses Association's new climate change position statement. Additionally, **APHA** worked with the CDC to integrate DEI into the BRACE framework, which helps health officials develop strategies to prepare for and respond to the health impacts of climate change. Earlier in the initiative, Health Institutional and Practitioner network partners felt challenged in their ability to raise this level of awareness among constituents and institutions, so this shift represents an important advance.

CBO network partners are increasingly engaging with government agencies, health institutions, and other organizations to advance policies that improve climate resilience and health outcomes in vulnerable communities. CBO network partners strengthened their ability to build partnerships at local and state agencies and formed partnerships with federal agencies. Government agencies increasingly collaborated with CBO network partners because of their expertise and connections between residents and decisionmakers. The **Leadership Counsel** experienced groundbreaking successes with engaging residents and stakeholders in issues related to land use, transportation, air quality, and public health while also playing a direct role in pandemic response and recovery efforts. As a result of this work, the **Leadership Counsel** secured a \$500,000 budget allocation from the City of Fresno to engage communities in the development of a climate action plan.

The CCHE initiative was designed to support CBO network partners in strengthening their capacity to advocate and deepen partnerships with health care and public health institutions and practitioners. In some cases, the personal experiences of health care practitioners with the impacts of climate change helped increase momentum in advocating for communities. Examples of how CBO network partners collaborated with healthcare practitioners and health institutions within and external to the CCHE initiative network included:

- **ANHE** facilitated partnerships between nurse fellows in the EHNH and CBO network partners. These collaborations shifted the ways in which CBO network partners wanted to work with nurses and they came to realize that nurse fellows could offer much more than medical support. One nurse fellow partnered with **Eastside Community Network (ECN)** to create a guidebook on heat resilience in Detroit and continued working with ECN beyond the fellowship term.
- The **Coalition for Environment, Equity, and Resilience (CEER)** brought on a nurse fellow who developed health messaging for community forums to raise awareness of the impacts from climate change on mental health.
- **CCC** partnered with the Multnomah County Health Department and contributed to the development of a zine, "Cultivating Justice in a Changing Climate," which communicated the impacts of climate change on communities of color and empowered frontline communities to use public health data to influence policy. CCC also collaborated with Multnomah



Title page image from CCC's zine, Cultivating Justice in a Changing Climate

County to develop a community-driven climate justice framework, guiding the creation of the county's first Climate Justice Plan.

- **PSR-LA** and their coalition partners in LEAP-LA trained healthcare practitioners to increase awareness of climate, health, and equity-related issues in the medical community. Through this work, LEAP-LA partnered with St. John's Well Child and Family Center to develop a resilience center providing healthcare and emergency respite to residents.

Despite these successes, some CBO network partners continued to experience challenges in their partnerships with healthcare and public health institutions. For example, **PSE** noted that some health care practitioners struggled to recognize ways they could support communities in building climate resilience. **CEER** experienced health care practitioners questioning how climate change impacted health outcomes. **GAVA** observed that health care institutions and practitioners were not always advocating for communities in the climate, health, and equity space as expected.

"It sounds like other health care partners are integrating a greater awareness of climate change into their work, but not as much transformational action yet. Some health centers see [climate change] as 'what impacts my emergency department'. In my conversations with health care practitioners, we are trying to get them to think about how access to heating, cooling, and healthy housing are relevant to their work with patients." – CBO Network Partner

Network partners shifted the ways in which local policymakers and institutions engaged with CBOs and include community priorities in local planning efforts.

In Learning Cycle 3, focus groups with network partners highlighted numerous examples of successful collaborations between CBO network partners and communities, other CBOs, newly elected leadership in local government, local coalitions, academia, utilities, and other external partners. A notable example is **Catalyst Miami's** partnership with the National Weather Service (NWS). Catalyst Miami and local residents developed a communications campaign to educate communities on the NWS heat index and raise awareness of how people were impacted by high temperatures. After learning more about residents' negative health outcomes due to high temperatures, Catalyst Miami collaborated with the NWS to lower the NWS public heat advisory from 108°F to 105°F. With the lowered heat advisory threshold, there were major changes in discussions, resources, and awareness of extreme heat among decisionmakers and residents in Miami-Dade County.

Network partners from Health Institutions and Health Practitioners have improved their ability to work with communities and CBOs, advancing climate justice and policy advocacy. CBOs have imparted the crucial lesson of prioritizing community needs over specific issues, fostering community power.

While communities most impacted by climate and health inequities are best suited to identify solutions that support climate resilience, the CCHE initiative recognizes that durable solutions require a combination of strategies from multiple sectors, including health institutions and practitioners. At the heart of advancing climate, health, and equity solutions is the essential work of building community partnerships that create space for community power. The CCHE initiative highlights the multi-dimensional efforts led by CBOs, and

increasingly by Health Institutions and Practitioners, to build community partnerships and elevate community-led solutions across various sectors.

Network partners representing Health Institutions and Health Practitioners have built greater capacity to collaborate with communities and CBOs and pursue climate justice, enhancing their ability to engage in policy advocacy. Though work remains to address ongoing challenges in this regard, these efforts are important to shift readiness and skills on their constituents' part to meet opportunities created by community and CBOs to partner, creating the conditions for community driven solutions to succeed and endure.

The Health Professional and Community Collaboration Guide, developed by the **Consortium** in collaboration with various experts and organizations, assists health professionals in supporting environmental justice groups. It provides strategies for effective collaboration, including examples and principles that enhance multidisciplinary advocacy efforts. The guide emphasizes integrating health and community perspectives in addressing climate justice issues. In 2023, the Consortium raised additional funds to support state affiliates, prioritizing groups with concrete plans to collaborate with other organizations and community groups.

PSR-LA developed a core of health professionals through its Health Ambassador Program (HAP), training over 60 health professionals in policy advocacy and the intersectionality of environmental justice issues. This program has increased awareness and advocacy within the medical community. Through the development of the Climate Change and Health Impacts training module, the **Michigan Community Health Workers Alliance (MiCHWA)** improved community health workers' (CHW) understanding of who is most vulnerable to climate change health impacts and how to connect communities with resources to navigate climate change mitigation and adaptation. The **Consortium** has observed that health professionals are changing the way they partner with and engage communities of color, becoming more intentional in incorporating people of color into their initiatives and getting involved in their meetings and issues. They noted an increase in health professionals volunteering their time to support frontline groups, such as helping with grant writing and advocating for cleaner school buses.



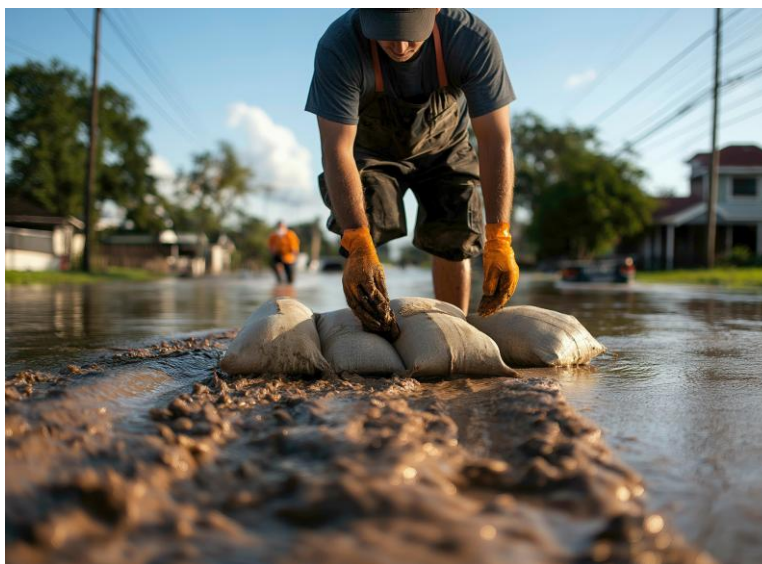
Sign reading "Climate Justice Now!" held by a person in a crowd. Source: [PSR webpage for their Next Generation Climate and Health Ambassador program](#).

Tempering some of the progress, discussions with all CCHE network partners during the CCHE Convening in 2024 highlighted ongoing challenges of partnerships between health institutions and practitioners and CBOs and residents, as well as opportunities. These included challenges related to overcoming distrust of

medical and public health professionals and institutions on the part of community members, addressing differences in understanding of the issues and potential solutions, “connecting the dots” between priorities of different stakeholders, and getting buy-in at organizational leadership levels of health institutions, as well as capacity constraints for collaboration. Ensuring funding and structural components of any institutional and CBO partnerships allow for trust-building, both in terms of timelines and funding allocations, is key.

In working with community, CBOs have taught network partners—including Kresge— about the value of “going slow to go fast” to advance equitable climate resilience. For example, as described in the section on “Orientation to the Work,” Kresge provided planning grants to CBOs and adapted funding approaches during the initiative to be responsive to the needs of network partners (e.g., switching from project-support grants in Phase 1 to general operating grants for Phase 2 and providing grant extensions and funding infusions during the pandemic). The approach of CBOs to support the community, rather than focusing on a prescribed issue, has proven valuable in creating space for community power. The assumptions underpinning this approach are that communities possess ancestral knowledge, heritage, strengths, and assets to address climate, health and equity issues. For example, **UPROSE** has found that decision-makers are more educated and aligned with the community’s vision because of the work UPROSE has done to “staff” community concerns and act as a bridge and liaison between community and decision-makers. Investing in organizations with deep roots in the community and the ability to sustain the work is critical. This kind of community staffing, bridging, and technical operationalizing can be slow and often takes years, if not decades.

CEER evolved from a strict focus on policy advocacy to a broader strategy that addressed immediate community needs, such as assisting residents with home weatherization retrofit applications to protect them during heat events. Taking the time to get to know community members and listen to their needs, rather than rushing into action, has proven invaluable. This approach has helped CEER align its initiatives with the community’s priorities, particularly the universal value of focusing on homes. **GAVA** worked with residents to pinpoint key community infrastructure needs to mitigate flood risks. By incorporating feedback and insights from community leaders, Watershed Protection Department engineers understood how flooding impacts health inequities. This understanding led them to revamp their process, enabling faster prioritization and implementation of these projects.



Example of mitigation efforts during a flood event. Source: Stock image.

Pillar 3. Support Network Partner Mobilization for Just and Equitable Climate Action

Mobilization is defined as the act of organizing or preparing something, such as a group of people, for a purpose or an episodic action. For the CCHE initiative, mobilization refers to the actions of CCHE network partners and constituents to advance just and equitable climate action and the adoption and implementation of policies and solutions that benefit low-wealth communities and communities of color. CCHE network partners and others have highlighted that mobilization is distinct from community organizing, base-building,¹⁵ and community power building, though mobilization can be closely related to these activities, particularly in the context of CBOs' work. See the section, "Making Space For Deploying Community Power," p. 39, for more on how power building relates to CCHE initiative network partners and their respective efforts.

To assess the progress of network partner mobilization efforts, we considered the extent to which partners advanced the following signals of progress (**Figure 7**):

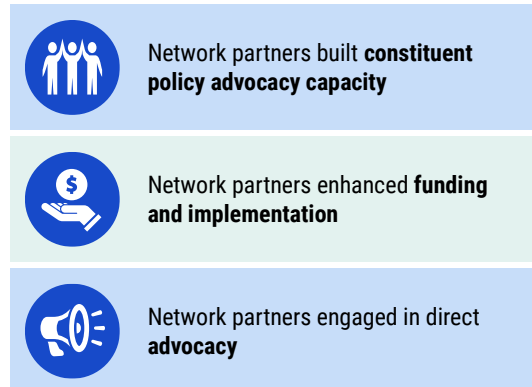
- Built their constituencies' capacity for policy advocacy
- Enhanced funding strategies and implementation for equitable climate resilience solutions
- Advocated for adoption and implementation of equitable climate resilience policies

The CCHE Initiative has played a major role in building the capacity, skills, and resources of CCHE network partner organizations to mobilize for climate action in ways that center justice and equity and integrate health and resilience.

Funded partners directly applied their expertise to advocate for equitable climate legislation and solutions, achieving significant wins. Network partners from all three strategies also successfully increased the advocacy capacity of their constituents, promoted funding for and equitable implementation of climate resilience solutions, and passed new policies. These gains saw increasing momentum and progress in the latter years of the initiative. Furthermore, CCHE's support for funded partners' mobilization activities through funding, technical assistance, peer learning, and thought partnership played an important part in ensuring network partners were positioned and able to meet the unique opportunities and challenges of the past five years, advancing health and climate-resilience policies and solutions that benefit low-wealth communities and communities of color.

It is worth noting that many of the successes around mobilization during the CCHE initiative build on longstanding relationships that pre-date the CCHE initiative. However, in the absence of the CCHE initiative,

Figure 7. Pillar 3 Signals of Progress



¹⁵ This distinction is also underscored in [Community Power and Health Equity: Closing the Gap between Scholarship and Practice](#) by Pastor, et al (2022), p. 4.

it is unlikely that network partners would have mobilized their constituencies to the same extent within a similar timeframe. For this reason, we conclude that Kresge’s support to CCHE network partners has had a clear and significant impact on their ability and capacity to advance their work and mobilize actors at the local, regional, and national levels.

Network partners have enhanced their constituents' capacity for policy advocacy, enabling them to play more influential roles in legislative processes. By serving as trusted intermediaries, CBOs are bridging residents and institutional actors to support community-informed policies.

Network partners grew the skills and know-how for legislative policy advocacy among their constituents, including institutional leaders, practitioners, and residents. Across the three CCHE initiative strategies, these activities are creating the conditions for leadership development that then inform and change the field of practice, as described previously. As evident across the case studies in **Appendix B**, the figure of Notable Policy Wins (p. 39) and section “Culmination of the Work” (pp. 42-43), Network Partners are celebrating several notable wins related to their collaborative mobilization efforts.

Health Institutions and Health Practitioner network partners built the capacity of their constituents and peers to advocate for the development and implementation of policies addressing climate, health, and equity issues. For example, **HCWH’s** Physician Network, with more than 1,300 members, brought physicians and other health professionals together to advocate for issues such as creating medical and clinical director of sustainability positions at their facilities. The **Consortium** hosts the Climate and Health Equity Fellowship, training doctors of color to become leaders in promoting equitable climate and health education, advocacy, and policy solutions.

“[Our organization] was able to notch some significant wins in different states around the country on climate, health, and equity through our state network—our state leaders are well positioned to respond to and act locally within the political contexts in which they operate and the regionalized health threats communities are facing.” – Practitioner Network Partner

CBO network partners made big gains in community capacity for policy advocacy at state and local levels by engaging residents to build knowledge, a shared vocabulary, and skills to engage in policy advocacy and expanded the number of people engaged and trained to advocate for climate, health, and equity solutions. They did this primarily through three mechanisms: convening and mobilizing specific cohorts of residents long-term to act on their leadership to advance change; uniting groups and individuals in coalitions to advance common community-driven climate justice agendas; and leveraging existing networks of residents to advance climate justice and improve climate resilience. These efforts are crucial for fostering sustainable and equitable change.

For example, **Homewood Children's Village (HCV)**'s Change Champions program engaged residents in a 12-week curriculum to build awareness and skills around environmental health, climate change, and policy advocacy. Graduates have gone on to hold leadership positions, join community advisory boards, and advocate for neighborhood improvements. **PHIWM** developed a Resident Advisor model through its Live Well Springfield (LWS) initiative. This model focused on community engagement, building capacity, and fostering leadership among residents. It has successfully expanded to other coalitions and towns, increasing the representation of community members in city decision-making processes. **Fairmount Indigo CDC Collaborative (FICC)**'s Community Action 101 training series educated residents on legislative processes and advocacy. The program has seen a surge in interest, with applications increasing from 50 in 2023 to 75 in 2024 for 25 available spots. Graduates have successfully engaged with their representatives and influenced legislative agendas. Numerous other examples exist of these capacity building efforts and impacts, including but not limited to **Catalyst Miami's** community engagement efforts that informed the development of the Extreme Heat Action Plan; **Partnership for Southern Equity (PSE)**'s Community Advisory Board that has evolved from an organization-driven coalition to community-driven and community-focused group for climate and health policy recommendations; and **ANHE**'s nurse fellows' work to engage more CBOs in collaborative efforts with government agencies.



Title page from the Miami-Dade County Extreme Heat Action Plan, informed by Catalyst Miami's efforts.

"When communities feel empowered, they can take off and do what's needed." – CBO Network Partner

"It makes my heart smile when I hear a resident asking questions about environmental issues at a [...] meeting, it's almost always one of our [graduates]." – CBO Network Partner

In addition to direct capacity building with residents, CBO network partners have often served as a trusted conduit and translator between residents and institutional actors to support community-informed processes and policies. For example, in Sunset Park, New York, **UPROSE** offered training and guidance for public officials before meetings with resident advocates on community engagement practices to ensure respectful, jargon-free communication between community members and government representatives.

Network partners have also leveraged various tactics to increase the ability of constituents and partners to implement equitable climate solutions beyond public policy. Promotion efforts have led to changes in organizational policies and operations and increases in funding for climate, health, and equity efforts.

Network partners leveraged convenings, conferences, op-eds, partnerships and other tactics to increase constituent and partners' ability to implement equitable climate mitigation and resilience solutions beyond public policy or legislation and increase awareness and salience in the public narrative of climate, health and, equity issues.

For example, **EHI** and **HCWH**/Practice Greenhealth offered an IRA Learning Lab offering for essential hospitals to learn about opportunities leverage IRA funding for sustainability goals in new construction, energy efficiency improvements, and sustainable transportation projects. Increased investments and funding, as well as changes in organizational policies, operations, or programs indicated successes in this arena.

While we did not measure direct causal attribution, we believe the efforts of network partners have contributed to observed increases in investments at this intersection over the period of the initiative. For example, during 2015-2023, philanthropic funding for environmental health and justice increased by 58%, according to *Tracking the Field*, a project of Environmental Grantmakers Association (EGA), Candid, and CCHE network partner **HEFN**. HEFN has also been working with philanthropy, federal government, and CBOs to help ensure the direction of federal funding to communities disproportionately impacted by environmental justice issues. HEFN hosted a 2023 convening to share feedback with EPA about community grantmaking, participated in the White House Environmental Justice Action Summit, and has attracted additional funding from Robert Wood Johnson Foundation to support a partnership with The Funders Network and Neighborhood Funders Group. This partnership helps philanthropic entities leverage their role to support and coordinate funding around federal investments. (Other examples of how network partners have leveraged their CCHE funding to garner additional funding at the intersection of climate, health, and equity are described in the “Sustainability” section.) Further examples from across the network include **EHI** providing grant funding for safety net hospitals to lower operational carbon emissions and disseminate learnings and **WE ACT’s** successful advocacy to expand New York State’s Home Energy Assistance Program by \$15 million to help low-income households stay cool during summer months.

Promotion efforts of CCHE network partners can also be seen in impacts on organizational policies and operations to implement equitable climate mitigation and resilience solutions. Two examples come from **HCWH** and **BARHII**. HCWH’s U.S. Health Care Climate Council—made up of 19 leading health systems representing more than 550 hospitals and 9,500 health centers in 45 states—successfully requested a Centers for Medicare and Medicaid Services (CMS) waiver to use IRA funds for renewable microgrids. The request demonstrated how clean energy can be reliable and a better backup source for energy than fossil-fuel-based generators during emergencies. This shift in CMS policy, as a result of the Climate Council’s efforts, removed a regulatory barrier to reducing pollution while ensuring health care facility and community resilience. Additionally, more than 940 hospitals at the time of writing have committed to reducing emissions and meeting climate resilience goals via the HHS Climate Pledge, in part due to HCWH’s efforts since 2022 to encourage hospitals to sign on. Through the CCHE initiative, BARHII developed, established, and expanded the Equity Officer framework to provide practical strategies for senior local government equity leaders, public health departments, and CBOs to advocate for and implement equitable responses to climate-driven disasters and build long-term resilience. Over the course of the CCHE initiative, BARHII



Title page of the Extreme Heat Policy Agenda co-developed by WE ACT.

trained approximately 390 equity leaders throughout California, effectively expanding the Equity Officer network and bringing the Equity Officer model to new regions.

Health Institutions and Health Practitioners involved in the CCHE initiative have increasingly demonstrated their critical role in supporting community-driven initiatives and advocacy, and health institutions, health practitioners, and philanthropy are mobilizing their constituencies to build public and political support for climate, health, and equity solutions led by CBOs. In earlier cycles of the initiative evaluation, we found that Health Institutions and Health Practitioner network partners were in the early stages of building greater capacity to collaborate with communities on policy advocacy and that some were directly contributing their expertise to advocate for equitable climate resilience action. For example, **APHA's** Cities for Smart Surfaces Project directed grants to frontline community organizations across the U.S., ensuring resources reached those most affected by climate change. APHA facilitated connections and resource sharing between public health associations and frontline partners, promoting equitable giving practices. APHA's Affiliated Public Health Associations and their work in the State Partners for Climate and Equity program in Maine, Nevada, California, Maryland, and Tennessee have raised awareness of and advocated for more equitable climate resilience policies at the state level, equipping public health professionals to be advocates and champions for climate action.

In another, **ANHE's** trained nurse fellows to partner with CBOs and engage in policy advocacy, climate change mitigation, and community education. Nurse fellows grew into leaders, continuing to support communities and environmental health efforts beyond their fellowship. ANHE broadened the applicant pool for the third EHNH cohort by engaging organizations like the Black Nurses Association and the Filipino Nurses Association, resulting in BIPOC nurse fellows representing two-thirds of the cohort. As noted in the field building section above, we find that health care and public health professionals are more vocal, visible, and effective in their support for community-informed climate actions that advance health equity, though opportunities to strengthen and deepen these partnerships remain.

Network partners have also gathered and used data, case examples, and stories of climate-health impacts and solutions to inform decision-makers and take urgent action. For example, **APHA** served on the steering committee and as the core branding partner for the Lancet Countdown on Climate and Health U.S. Policy Brief, an annual publication that provided the latest climate and health indicators and policy recommendations for the United State; developed with partners an [Extreme Heat Resources Hub](#); and collaborated with ecoAmerica's Climate for Health program to release the American Climate Perspectives and American Climate Metrics survey results of the knowledge and attitudes of U.S. residents towards the health impacts of climate change. **UPROSE** has co-created a plan for a [Green](#)



Title page of the GRID 2.0 Plan, co-created by UPROSE.

Resilient Industrial District (GRID) in Sunset Park with partners and community members and have seen significant uptake across City departments and other development entities.¹⁶

From the beginning of the CCHE initiative to its 2024 conclusion, network partners reported growing momentum and interest in solutions for climate justice and resilience from both constituents and partners.

WHAT CCHE HAS MADE POSSIBLE...

“[The CCHE initiative made it possible to] engage and support (funding) our communities in ways that we weren’t before and increase their capacity to understand the intersection of climate and health and attract resources to be able to spread that awareness in their communities and beyond.” - CBO Network Partner

“[With CCHE support, our organization] was able to launch a heat stress awareness campaign that bolstered support for our policy solutions.” – CBO Network Partner

“I am most proud of the engagement of the community. They have become the champions for the successes and the storm and heat weatherization work that is being done in their communities.” - CBO Network Partner

Network partners have also directly advocated for adoption and implementation of equitable climate resilience policies, leading to the passage of numerous climate, health, and equity policies, as well as the prevention of harmful legislation.

Network partners engaged in direct action to advocate and campaign for specific equitable climate resilient policies leading to the passage of numerous bills and policies across the country. For example, **CCC** advocacy efforts helped pass a series of bills in Oregon that included reduced energy rates for low-income households and funding for home energy efficiency upgrades. One of the bills within this campaign, the 100% Clean Energy Standard, required utilities to eliminate greenhouse gas emissions by 2040. **HCWH** successfully contributed to the development of four amendments that were approved in 2022 as part of Act H.5060 in Massachusetts for clean energy sources and offshore wind. The **Consortium** delivered a letter with 40 health and public health professional associations from around the country to the US Senate and House Committees on Agriculture, Nutrition, and Forestry with set of recommendations for a Farm Bill that prioritizes health and a stable climate.

Direct advocacy efforts have successfully contributed to a more robust body of climate resilience legislation at local, state, and federal levels, including prevention of harmful legislation that would undermine health equity. For example, the **Leadership Counsel** was successful with their No on Measure C campaign which led to a community-defined transportation measure in 2024. Measure C would not have adequately addressed transportation needs, climate change impacts, air pollution, and economic inequities across

¹⁶ Additional activities and examples from UPROSE and other CBOs are included in a [Learning Cycle 3 memo “Reflections on CBO Partnerships with Researchers and Local Government to Advance Climate Resilience”](#), as well as examples from across the network documented in each organizations’ case story (Appendix C).

communities in Fresno County. Network partners are also engaging directly with government entities to advocate for changes to administrative policies and budget decisions, such as **UPROSE** briefing local elected officials on the GRID's community- and data-supported vision and implementation plan, thereby developing a relationship and educating elected officials about how to use their office to advance community priorities around climate justice and resilience.

"We created this model so [local elected officials] have a model and analysis that they can apply to integrate a climate justice lens into anything that comes across their desk. [...] Climate is complex, involves infrastructure, health, policy, and [local elected officials] don't have a lot of resources and can only be experts in so many things." – CBO Network Partner

Evaluation data show that more constituents of CCHE partners are mobilized to advance climate mitigation and adaptation approaches that center health and equity.

For example, 16 of the **Consortium's** 43 member societies (37%) have formally endorsed the Call to Action on Climate, Health, and Equity: A Policy Action Agenda. The policy agenda includes the notable commitment to "Invest in policies that support a just transition for workers and communities adversely impacted by climate change and the transition to a low-carbon economy." **HEFN** has also observed an increase and deepening of collaboration among funders and peer PSOs working at this intersection and efforts to "de-silo" climate and health funders' efforts. HEFN's own membership has grown during the grant period, and the organization has seen ripple effects from their engagement with the CCHE initiative in the form of new projects and partnerships related to environmental health and equity issues.

In the "Notable Policy Wins" box on page 39 below, we highlight various legislative successes from the past few years of the CCHE initiative.¹⁷ While these are the most visible outcomes of the CCHE network's policy advocacy, development, and implementation efforts, many other upstream activities have also played a crucial role. These activities include training and mobilizing residents and health professionals, publishing policy briefs and calls to action, and providing strategic consultation to decision-making entities. Together, these efforts have significantly contributed to CCHE's policy-oriented achievements.

¹⁷ Based on our review of funded partners' case stories. See Appendix B for more details on case stories.



NOTABLE POLICY WINS

Catalyst Miami	National Weather Service lowered heat threshold
Coalition of Communities of Color	Oregon Clean Energy Opportunity, Build/Shift, Emergency Heat Relief Act
Environmental Health Coalition	Maritime Clean Air Strategy, pollution-free transportation pilot
Fairmont Indigo CDC Collaborative	Massachusetts State Climate Roadmap Act, Fairmount Line electrification, Neponset Superfund Site designation
Health Care Without Harm	Centers for Medicare & Medicaid Services Categorical Waiver for Health Care Microgrid Systems
Leadership Council for Justice & Accountability	No on Measure C
Partnership for Southern Equity	Justice40 Accelerator
Public Health Institute of Western Massachusetts	Community Choice Energy
Physicians for Social Responsibility – Los Angeles	No Drilling Where We're Living ordinance
UPROSE	Climate, Jobs, and Justice Campaign; closed polluting peaker plant
WE ACT	Right to Cooling Bill Package

Making Space for Deploying Community Power

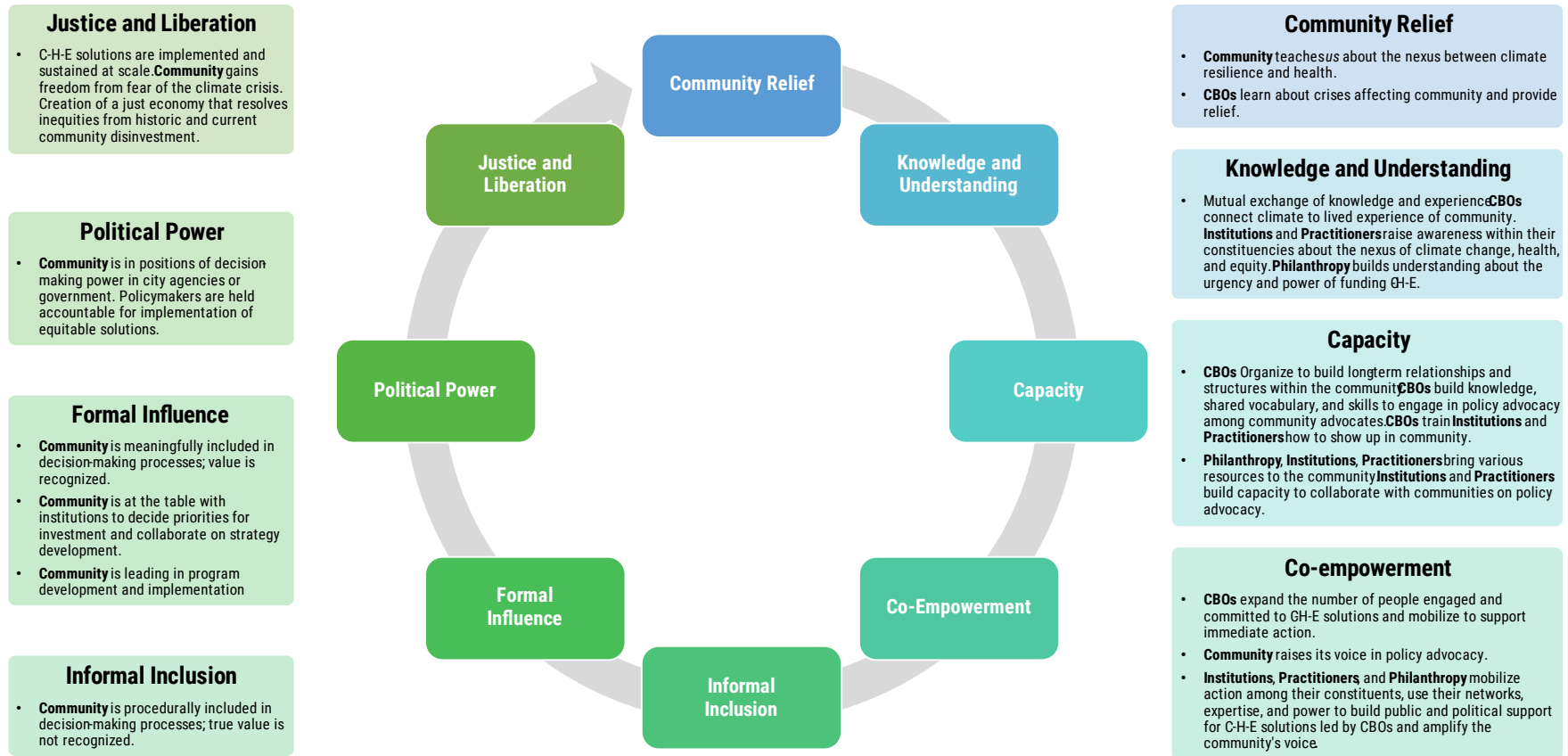
The CCHE initiative showcases the multi-dimensional work led by network partners to mobilize community power to advance policies, systems, solutions, and investments aimed at ensuring climate mitigation and adaptation actions serve as equity multipliers. Compared with 2018, Health Institutions and Health Practitioners network partners now take on more multi-dimensional roles than in the past, acting as conveners, network weavers, and providing assistance beyond funding.

Figure 8 illustrates what community-driven change looks like in practice and how network partners contribute.¹⁸ The visual includes eight types of activities that range from programmatic to transformative efforts. On the right are four inter-related and mutually reinforcing activity areas in which network partners - CBOs, Health Institutions, and Health Practitioners - advance community power; on the left are ways in which the community is supported to deploy their power.

¹⁸ This figure is based on the experiences of network partners from an earlier Kresge initiative, the Climate Resilience and Urban Opportunity Initiative (CRUO), and updated with observations from the CCHE network partners' actions.

The visual illustrates how CBOs engage in a continuous cycle of learning from the community about everyday crises, addressing immediate needs, building long-term relationships for ongoing mutual exchange about climate change experiences, and organizing, base building, and mobilizing residents to act. It also describes how Health Institutions and Health Practitioners, as well as philanthropy, build knowledge, understanding, and capacity among their constituents, leading to mobilization and action in collaboration with and support of the most impacted communities. In these ways, CCHE network partners have laid a strong foundation for communities to be better equipped to advocate for their needs and sustain long-term change, even beyond specific policy outcomes.

Figure 8. Creating Space for and Deploying Community Power



Culmination of the Work: Examples from Across the Network

The following provides a snapshot of select examples of network partner successes (“wins”) and impacts over the course of the initiative. The smattering of examples represent climate change, environmental justice, and health-oriented impacts culminating from work of network partners through the CCHE initiative, but are not exhaustive. Refer to the [“CCHE Network Partner Wins to Advance Climate Resilience” memo](#) (published Learning Cycle 3, January 2024) which includes a broader spectrum of wins as identified by CCHE network partners across a wide variety of activity areas. See network partners’ case stories (**Appendix B**) to learn about additional activities and wins from across the network, and what it took to achieve these successes.

CCHE Network Partners Efforts have led to...



\$1.7 million dollars in American Rescue Plan Act funds are being deployed in Detroit to build climate resilience hubs equipped with solar power, battery backup, etc. to bolster community resilience in the face of power outages, floods, heat waves, and other crises.



The Springfield City Council in Massachusetts unanimously adopted Community Choice Energy (CCE), enabling residents to switch to 100% clean electricity. The program, which allows the city to procure competitive electric supply on behalf of residents and businesses, has been approved by the Department of Public Utilities.



New York Power Authority is transitioning more than a gigawatt of peaker plants to battery storage installation for clean energy, removing a significant source of air pollution which impacts residents’ respiratory and cardiovascular health.



The EPA designated a 3.7-mile stretch of the lower Neponset River in Massachusetts as a Superfund site, which will ensure action to improve the ecological health of the river and benefit communities.



Publication of the [Health Care Emissions Impact Calculator tool](#), the first-ever free, publicly available tool, designed specifically for health care, for measuring greenhouse gas emissions across all three Scopes.



Miami-Dade County Florida developed an [Extreme Heat Action Plan](#), leading to a proliferation of projects, programs, and studies related to climate resilience in the face of extreme heat. The NWS lowered the heat advisory threshold from 108 to 105 degrees to reduce morbidity and mortality.



Oregon passed in a [series of bills](#) that included reduced energy rates for low-income households, funding for home energy efficiency upgrades, and requirements for utilities to eliminate GHG emissions by 2040.



The San Diego Association of Governments in California approved an \$8 million pilot program to increase bus trips in low-income communities of color and provide free youth transit passes for those under 18 in 2023. This initiative removes a significant financial barrier for families, improves access to essential services, and promotes environmental justice by prioritizing pollution-free buses in the most impacted communities.



A California county Equity Officer transformed the county's planning process to allocate nearly \$100 million in American Rescue Plan Act funds to center equity. This transformation included instituting new procedures that require county government agencies to collaborate with CBOs in entirely new ways when developing funding proposals. Additionally, these new procedures mandate that county health departments work with CBOs to specifically highlight health impacts, as neither health nor climate issues are immediately obvious to those unfamiliar with the work.



Massachusetts Bay Transportation Authority Board of Directors approved electrification of a commuter rail line. The electrification will reduce air and noise pollution and improve health outcomes in these communities by replacing approximately 1.6 million gallons of diesel and 18 thousand tons of CO2 annually.



Three safety net hospitals piloted implementation of operational interventions to reduce emissions and cut utility costs.



The State of New York approved the Climate Leadership and Community Protection Act (CLCPA) requirement that a portion of benefits from clean energy investments must go to disadvantaged communities as financial investments.



Governor Kathy Hochul of New York announced an additional \$15 million to expand the Home Energy Assistance Program (HEAP) for the 2022 summer season, allowing income-eligible residents to qualify for air conditioners, providing them relief from extreme heat and associated health issues.



Sunset Park Solar is launching a 725-kilowatt solar array at the Brooklyn Army Terminal, providing clean, affordable energy to the neighborhood. This community-led initiative aims to reduce GHGs, stabilize energy costs, and save \$1.24 million in lifetime energy bills for about 150 households.

Challenges

COVID-19, an unstable economy, racial tension, and political polarization

The COVID-19 pandemic and its aftermath strained partners' capacity to engage in some aspects of their CCHE initiative planned work. For example, mobilization efforts require significant time and resources, both human and financial, and engaging community members virtually during and after the pandemic presented unique challenges. The emergency response also strained partners' capacity to engage in new collaborations. CBO network partners had limited bandwidth to initiate partnerships while responding to immediate community needs during the pandemic. The pandemic severely hindered opportunities for in-person relationship building, crucial for fostering strong, collaborative partnerships which affected the ability to develop deeper relationships and synergy among network partners.

The unstable economy further contributed to difficulties with hiring and retention, straining some network partners capacity and CCHE initiative efforts. Network partners reported common obstacles such as staff turnover and burnout, particularly due to the impacts of COVID-19. This affected their capacity to maintain continuity and momentum in their work. The pandemic shifted priorities for many grantees, who had to focus on emergency response and immediate community needs. This shift temporarily slowed down some aspects of CCHE work but also highlighted the interconnectedness of climate change, health, and equity. The unstable economy and social impacts of the pandemic, including racial tension and political polarization, added layers of complexity to the work of network partners. These factors influenced their ability to mobilize, collaborate, and advance equitable climate resilience and health equity.

Health Institution and Health Practitioner Community Engagement

While all but three CBO network partners described themselves as having a local health partner (e.g., health or public health departments, hospitals or health clinics, community health centers, schools of medicine or public health), network partners also described persistent challenges regarding health institution engagement on equitable climate resilience. One Health Institution network partner noted that hospitals do make connections to work outside their four walls regarding homelessness, transportation, education, employment, and other social determinants of health (SDoH). However, considering climate resilience as an SDoH is still a nascent idea. Community members and CBOs may not sufficiently name and prioritize climate-related health concerns during community health needs assessments, limiting hospitals' and health systems' ability to direct resources effectively to those needs. Demonstrating the economic, health, and climate co-benefits of institutional change is crucial but challenging, especially in sectors like healthcare that heavily weigh return on investment.

Network partners faced challenges in overcoming community distrust of medical and public health professionals and capacity constraints for collaboration, particularly with healthcare practitioners in clinical settings. To an extent, power dynamics continue to hinder collaboration between communities and institutions and health practitioners, with health sector actors continuing to determine what the priorities are and how they should be addressed. Health Institution and Health Practitioner network partners wrestled with how to center low-wealth communities and communities of color if they were not serving a specific, place-based community. In some cases, they developed more place-based projects and pilots, promoted

tools and resources to encourage their constituents to advance climate resilience, and shared best practices for centering community voice.

Sustainability

With their enhanced profile, successful acquisition of additional private and public funding, and the increased partnership capacity, most CCHE network partners are well-positioned to sustain and expand their impactful work, better serving their communities going forward.

CBO network partners have become pivotal advocates at the intersection of climate, health, and equity, driving impactful solutions and community engagement beyond the CCHE initiative. They have found their voice at this intersection, established their roles as messengers for communities, and will continue cultivating solutions that could contribute to broader impacts. As Harris County, the third-largest county in the U.S., develops its climate justice plan, **CEER** has established itself as a key community engagement partner. This role will be crucial in ensuring that residents' voices are integrated into the plan. Internally, CBO network partners have expanded their capacity by hiring staff to lead their efforts. For example, **GAVA** used CCHE initiative funding to develop a full Climate Resilience team. CBO network partners have also fostered deep relationships with residents and empowered them with the knowledge and resources to navigate their local political climate and advocate for equitable climate and health solutions. Under the Heat and Health Equity Initiative (HHEI), **WE ACT** trained community members in civic engagement for impactful policy advocacy. HHEI has contributed to more community members actively mobilizing to undo racist policies and advocate for change. **ECN** joined the Clear the Air Coalition and Trucks Off Our Streets effort, which united residents' voices for policy change to reduce air pollution and protect community health. ECN has also contributed to pilot projects related to flooding, resilience hubs, air monitoring, composting, and mobility to ensure community voices are included in these efforts.

The additional capacity created through CCHE partnerships has positioned network partners to better serve their communities going forward. CBO network partners who collaborated with **ANHE** nurse fellows discovered new ways to engage healthcare practitioners in educating residents and advocating for policy change. ANHE highlighted the value of these partnerships, noting that nurse fellows could quickly align with CBO network partners on goals related to climate, health, and equity. Recently, ANHE participated in a White House event where they shared their local work under the CCHE initiative. This opportunity allowed ANHE to spotlight the connection between climate and health and the essential role healthcare practitioners play in advancing community priorities.

Network partners leveraged their relationships with Kresge and CCHE initiative funding to attract additional resources and opportunities, and gain trust from national organizations and federal agencies. CCHE initiative funding enabled them to secure significant grants, such as **ECN's** \$1.7 million from ARPA for climate resilience hubs in Detroit and **CEER's** grant from the CDC Foundation for policy advocacy. Relationships with Kresge helped partners like **UPROSE** and **GAVA** expand their funding sources. **GAVA** grew from having Kresge as their only funder for climate resilience to now having five funders. Health Institution network partners also benefited, with **HCWH** and **EHI** accessing IRA funding for climate projects and **BARHII** expanding their Equity Officers framework nationwide. **HCWH** noted that without the CCHE initiative, they would not have secured funding from the Wells Fargo Foundation and the Commonwealth Foundation.



An example resilience hub. Source: [Detroit Case Study](#) published by Kresge.

Conclusion

Over the past five years, the CCHE initiative has made notable progress in advancing equitable climate resilience, health, and equity. By centering racial justice, fostering cross-sector collaboration, and supporting network partner mobilization, the initiative has significantly contributed to building a robust national field of practice. Our analysis shows that CCHE has played a crucial role in increasing awareness, expanding the number of actors at the climate-health-equity intersection, and growing leadership that reflects the communities most affected by climate harms.

The initiative's efforts have led to meaningful policy advocacy, enhanced funding strategies, and the implementation of equitable climate resilience solutions. Network partners have mobilized their constituencies, resulting in several policy wins and increased capacity for sustained advocacy. The CCHE initiative has also highlighted the importance of community power, with CBOs leading the way in creating space for community-driven solutions.

CCHE has effectively supported synergies among strategies, resulting in a whole that is greater than the sum of its parts for advancing a more equitable climate agenda. To adapt to the changing political landscape and continue to effect change at national, regional, and local scales, it is essential to strengthen local leadership, build robust coalitions, leverage local policies, enhance public engagement, and secure diverse funding sources. This approach will help maintain local momentum and drive progress at all levels, especially in light of recent political shifts.

There is an opportunity to address notable and persistent disconnects in the climate, health, and equity field by finding and communicating the common ground among those pursuing environmental justice, health equity, and climate adaptation and mitigation. While challenges remain, the progress achieved through the CCHE initiative provides a strong foundation for continued efforts in building and accelerating climate adaptation and mitigation solutions that advance health equity and racial justice. The initiative's impact on policy advocacy, community power, and cross-sector collaboration has laid important groundwork for sustained and transformative change.

Appendix A. Methods

Developmental Evaluation

The Developmental Evaluation of Phase 1 of the CCHE initiative (December 2018 through May 2021) was intended to deliver evaluation and learning insights at key points during the initiative to inform the design, development, and implementation of the CCHE initiative. To that end, data collection, analysis, and meaning making was structured in regular Learning Cycles. The Developmental Evaluation involved primary data collection with semi-structured interviews and focus groups with network partners, Kresge staff, the Advisory Committee, and National Program Office (ISC):

- Learning Cycle 1 Interviews (September-October 2019): Institutional and Practitioner network partners, Kresge Foundation, and ISC
- Learning Cycle 2 Focus Group (January 2020): Kresge Foundation and ISC
- Learning Cycle 3 Focus Group (February 2020): Advisory Committee
- Learning Cycle 4 Interviews (February & March 2021): CBO network partners
- Learning Cycle 5 Interviews (October 2020): Institutional and Practitioner network partners and CDC Foundation Partners
- Final Report Focus Groups (April 2021): Kresge Foundation and ISC

Additionally, the evaluation team reviewed secondary data sources throughout the Developmental Evaluation, including the Kresge Foundation CCHE Grantmaking Strategy, CCHE Network Partners Reports, CCHE resource repository, and public facing materials such as the [Kresge Foundation Story – Network partners share how they are addressing climate, health and equity concerns in COVID epicenters](#) and [Video Series: CCHE network partners reflect on 2020 challenges, look ahead to new opportunities.](#)

The final public-facing version of the Developmental Evaluation Report is available [here](#).

Outcome Evaluation

The Developmental Evaluation informed the design, development, and implementation of the next phase of the initiative. The subsequent Outcome Evaluation of Phase 2 of the CCHE initiative (June 2021 through December 2024) involved four Learning Cycles for sharing learning and evaluation insights periodically with CCHE initiative partners, culminating in this Outcome Evaluation Report and analysis of overall initiative contribution. The Outcome Evaluation focused on baseline information about all network partners and the progress of CBO network partners (Learning Cycle 1); the progress of Institutional and Practitioner network partners (Learning Cycle 2); wins and partnerships across the CCHE initiative (Learning Cycle 3); and assessing overall progress toward initiative outcomes and gathering input from network partners, thought leaders, and peer funders for the design of CCHE 2.0 (Learning Cycle 4). The Outcome Evaluation involved various methods for primary and secondary data collection in each Learning Cycle, described in the following Learning Cycle sections. It is worth noting that due to differences in the reporting timeline between different grant-funded partners, in some Learning Cycles the Evaluation and Learning team had access to only CBO network partners' reports or to Health Institution and Practitioner network partners' reports, but often did not have similar, systematic data sources to review for all three strategies at the same time. This difference in secondary data availability across Strategies is the reason for which some Learning

Cycles focused on progress of a subset of network partners. The final section of Appendix A provides an overview of the purpose and approach for contribution analysis to assess the CCHE initiative’s contribution to advancing equitable policies and solutions that benefit low-wealth communities and communities of color, ultimately reducing their climate-related health risks.

Learning Cycle 1 Data Collection

This Learning Cycle focused on gathering baseline information about all network partners and the progress of CBO network partners. Data sources for this Learning Cycle included meeting observation and review of network partner secondary data sources. Meeting observations included technical assistance and peer learning calls and webinars, as well as quarterly All Partners calls and Advisory Committee calls. Network partner materials included CBO network partners’ implementation plans, progress reports on year one of implementation (February 2021-2022), and Institutions and Practitioners network partners’ interim and final reports and grant proposals (2019-2021). Secondary data sources included transcripts of Program Officer (PO) calls with CBOs; results of a Kresge communications survey; and email announcements and media coverage of network partner activities. The project-level theories of change were both a product and a data source for this Learning Cycle. In May and June, the Evaluation and Learning team hosted learning conversations with the CCHE Core Team (Kresge and ISC) and All Partners to share preliminary findings and gather feedback and questions.

Learning Cycle 2 Data Collection

Learning Cycle 2 focused on the progress of Institutional and Practitioner network partners. During this Learning Cycle, the Evaluation and Learning team reviewed feedback from network partners to understand what tools and resources would be most useful for formal mechanisms (e.g., Kresge-hosted communications survey) and informal mechanisms (e.g., during check-in calls). Other data sources for this Learning Cycle included key informant interviews with Institutional and Practitioner network partners, meeting observations, and a review of Institutional and Practitioners’ interim and final reports to Kresge. Meeting observations included Advisory Committee meetings, CCHE Core Team meetings, peer learning calls, and network partner meetings with Program Officers. Secondary data sources included CCHE listserv email announcements, CCHE dashboard updates, and media coverage of CCHE network partners’ activities.

OUTCOME EVALUATION PRODUCTS

Throughout the Outcome Evaluation, the Evaluation and Learning team developed the following products:

- Initiative Theory of Change
- Project-level Theories of Change
- Final Report from CCHE Developmental Evaluation, (2018-2021)
- “Reflections on Cross-Strategy Activities and Progress Notes for CBO Network Partners”, Learning Cycle 1 memo, (January-May 2022)
- “Reflections on Cross-Strategy Activities and Progress for Institutional and Practitioner Network Partners report”, Learning Cycle 2 memo, (June 2021 – May 2024)
- “Reflections on CBO Partnerships with Researchers and Local Government to Advance Climate Resilience and Health Equity”, Learning Cycle 3 memo, (March 2023 – October 2023)
- “CCHE Network Partner Wins to Advance Climate Resilience and Health Equity”, Learning Cycle 3, (February 2024)

Learning Cycle 3 Data Collection

Learning Cycle 3 focused on how and to what extent change had occurred in cross-sector collaborations and partnerships have changed (both within and external to the CCHE network) and the national field of practice, unpacking wins and successes with network partners, and the extent to which the CCHE initiative has played a role in these shifts. Data sources included engaging network partners in opt-in focus groups and peer learning opportunities (CCHE 2.0 Dreaming and Community Power sessions). Focus groups allowed network partners to opt-in to a conversation around one of two topics: 1) discuss a win that they experienced related to their work in the CCHE initiative, or 2) connect with other CCHE network partners on a topic of mutual interest. The Evaluation and Learning team participated in CCHE Core Team and Advisory Committee meetings and attended the in-person 2023 Spring CCHE Initiative Convening; the latter was both an opportunity for meeting observation and to capture primary data in the form of updates from network partners for a CCHE Initiative Ecosystem Map. Additionally, the team conducted thought leader and funder interviews on the national field of practice and reviewed data from Kresge-led interviews with peer funders on similar topics. Secondary data sources included CCHE-related publications and network partners reports.

Learning Cycle 4 Data Collection

Learning Cycle 4 focused on assessing overall progress toward initiative outcomes and gathering input from network partners, thought leaders, and peer funders for the design of CCHE 2.0. In this final Learning Cycle of the Outcome Evaluation, the Evaluation and Learning team conducted primary and secondary data collection activities that were similar to previous Learning Cycles. Primary data collection included 20 key informant interviews with network partners (outlined below), CCHE core team and Advisory Committee meeting observations, an Advisory Committee survey, a Network Partner survey, peer learning calls, and facilitating or attending sessions during the in-person Fall 2024 CCHE Convening. The team analyzed results from the CCHE Network Partner survey to update the CCHE Network Map with partnerships within the network; see results in box, “Network Partnership Growth,” on p. 26. Throughout Learning Cycle 4, the team developed case stories for network partners to capture their accomplishments and progress under the CCHE initiative; see **Appendix B. Network Partners’ CCHE Case Stories** for details. The team analyzed case stories for CBO network partners to compile quantitative data on the number and types of external partners mentioned in the case stories. These data were used to develop figures that showed the distribution of external partnerships among CBO network partners; see results in Figures 6 and 7 on p. 25.

The following network partners participated in key informant interviews during Learning Cycle 4:

- Alliance of Nurses for Healthy Environments
- American Public Health Association
- Bay Area Regional Health Inequities Initiative
- Catalyst Miami
- Coalition for Environment, Equity, and Resilience
- Coalition of Communities of Color
- Environmental Health Coalition
- Essential Hospitals Institute
- Fairmount Indigo CDC Collaborative
- Go Austin, Vamos Austin

- Health Care Without Harm
- Health & Environmental Funders Network
- Homewood Children’s Village
- Leadership Council for Justice & Accountability
- Medical Society Consortium on Climate and Health
- Partnership for Southern Equity
- Physicians for Social Responsibility – Los Angeles
- Public Health Institute of Western Massachusetts
- UPROSE
- WE ACT

Contribution Analysis: Overview and Methods

Contribution analysis is a tool to inform decision-making processes by gaining insights into the effectiveness and impact of the programs or initiatives. Rather than using a rigid framework that focuses on attribution or causation of outcomes related to a program’s influence—an unrealistic approach for large-scale, complex social change initiatives—contribution analysis establishes a reasonable, evidence-based story of the contributions of a given strategy component or combination thereof. The process involves systematically examining the contributions of a program to observed outcomes over time and making an assessment about the extent to which contributions were minor, moderate, or significant. Additionally, external factors and contextual influences play a role in shaping outcomes, and contribution analysis aims to disentangle the program's impact from these external factors.

The Evaluation and Learning contribution analysis for this final report focused on three key pillars of contribution spanning Learning Cycles 1-5 of the Developmental Evaluation (December 2018-April 2021) and Learning Cycles 1-4 of the Outcome Evaluation (May 2021-October 2024). These pillars served as indicators to assess progress and contribution of the initiative and its overall impact:

- Pillar 1: Building a national field of practice that is strengthened by centering racial justice prominently,
- Pillar 2: Fostering cross-sector collaboration within and beyond the CCHE initiative, and
- Pillar 3: Supporting network partner mobilization for just and equitable climate action

The three pillars outlined above play a central role in driving CCHE initiative-level outcomes in CCHE’s theory of change and represent Kresge’s biggest bets as to how the CCHE initiative will be successful. They also require that multiple inputs (or signals of change) be woven together to provide a rich, multidimensional answer, and were assessed at more than one point in time during the evaluation for meaningful interpretation of trends and influences. The Evaluation and Learning team provided a preliminary contribution analysis to the Kresge Foundation in January 2024, which the final analysis presented in this final report builds upon.

Together, the key pillars help answer the primary evaluative question: ***What has been the contribution of the CCHE initiative in advancing equitable policies and solutions that benefit low-wealth communities and communities of color, ultimately reducing their climate-related health risks?***

Appendix B. Network Partner CCHE Case Stories

Case stories were developed by the Ross Strategic Evaluation and Learning Team based on data collected through November 2024 via secondary data and key informant interviews; in all but two case stories, network partners reviewed and provided edits to the draft case stories prior to finalization. Case stories that didn't receive organizational review are denoted in the case example by a footnote in the case story itself. The full list of case stories is available on the [Kresge Foundation's website](#).

- **Alliance of Nurses for Healthy Environments:** [Empowering Nurses to Lead Community-Driven Solutions for Climate Change, Health, and Equity](#)
- **American Public Health Association:** [Equipping the Public Health Community to Advance Climate Justice](#)
- **Bay Area Regional Health Inequities Initiative:** [Equitable, Community-Driven Responses to Climate Disasters](#)
- **Catalyst Miami:** [Collaborating to Address Extreme Heat Equitably](#)
- **Coalition of Communities of Color:** [Transforming Climate Policy Together with Community](#)
- **Coalition for Environment, Equity and Resilience:** [Co-Empowerment for Community Climate Resilience](#)
- **The Medical Society Consortium on Climate and Health:** [Leading the Charge: Health Professionals in Climate and Health Equity](#)
- **Eastside Community Network:** [Building Community Power and Climate Resilience in Detroit](#)
- **Environmental Health Coalition:** [Advancing Transportation Justice and Climate Action in San Diego](#)
- **Essential Hospitals Institute:** [Engaging Essential Hospitals in Climate Mitigation and Resilience Action](#)
- **Fairmount Indigo CDC Collaborative:** [Community Development for Health and Resilience](#)
- **Go Austin/Vamos Austin:** [Building Trust and Climate Resilience to Advance Equity in Austin](#)
- **Health Care Without Harm:** [Catalyzing the Health Care Sector for Climate Mitigation, Resilience, and Equity](#)
- **Health and Environmental Funders Network:** [Increasing Resources for Environmental Health and Justice](#)
- **Homewood Children's Village:** [Residents Advocate for Neighborhood Improvements](#)
- **Leadership Counsel for Justice & Accountability:** [Transforming Community Engagement in the Cultivation of Equitable Climate Resilience](#)
- **Michigan Community Health Worker Alliance:** [Envisioning a Climate Change and Health Micro-Credential for Community Health Workers](#)
- **Public Health Institute of Western Massachusetts:** [A New Era of Collaboration, Equity, and Community Leadership in the City of Springfield](#)
- **Partnership for Southern Equity:** [Empowering Southern Communities to Advocate for Equitable Climate and Health Solutions](#)
- **Physicians for Social Responsibility:** [Pioneering Climate Adaptation, Environmental Justice, and Health Equity in Los Angeles](#)
- **UPROSE:** [Staffing Sunset Park, Brooklyn to Advance a Just Transition](#)
- **WE ACT:** [Engaging New York Communities and Policymakers in Solutions for Extreme Heat](#)

Appendix C. Communications Products

The following 44 products – a mix of op-eds and articles -- were developed and published during the CCHE initiative by CCHE initiative network partners with support from Island Press.






Author(s) CCHE network partner affiliation	Title	Publisher	Date of publication
1. Tiffany Ganthier, Georgetown Climate Center (with Catalyst Miami)	<u>How cities can fight inequality and climate change at once</u>	US News & World Report	8.25.20
2. Laurie Mazur (with Health Care Without Harm)	<u>Climate change: the other health crisis</u>	US News & World Report	8.26.20
3. Melissa Jones, Bay Area Regional Health Inequities Initiative / Rise Together	<u>Western wildfires could worsen inequality</u>	PMP	9.17.20
4. Peggy Shepard, WeACT for Environmental Justice	<u>The Bezos Earth Fund needs to stop shortchanging environmental justice nonprofits</u>	Chronicle of Philanthropy	3.24.21
5. Mayra Cruz, Catalyst Miami	<u>Heat kills. But it doesn't have to.</u>	U.S. News & World Report	5.28.21
6. Gary Cohen, HCWH	<u>Climate change calls for a new Hippocratic Oath</u>	Health Affairs	7.14.21
7. Melissa Jones and Matt Vander Sluis, BARHII	<u>Resilience for all: building health equity infrastructure for climate-driven disasters</u>	Medium	8.16.21
8. Gary Cohen, HCWH	<u>Administration's new climate office will help tackle public health emergency</u>	Medium	9.25.21
9. Dr. Bethany Carlos, Climate Health Equity Fellow (CHEF (Consortium))	<u>SC schools, parents urged to commit to healthier, plant-based diets for children</u>	The State (SC)	10.6.21
10. Gary Cohen, HCWH	<u>Climate-smart healthcare is good for patients and the planet</u>	Morning Consult	11.8.21
11. Dr. Linda Walden, CHEF (Consortium)	<u>Tired of high prices and pollution? Let's switch to clean energy.</u>	Mississippi Free Press	12.15.21
12. Dr. Linda Walden, CHEF (Consortium)	<u>Let's make the switch to clean energy</u>	Thomasville Times-Enterprise	1.22.22
13. Katie Huffling, ANHE	<u>Nurses urge upstream approach to clean water and health</u>	Environmental Health News	3.22.22

14. Samantha Hamilton, Fairmont Indigo/Live Well Springfield	<u>Building a culture of health in the era of climate change</u>	Daily Climate	3.29.22
15. Kimberly Lyle, Joe Kriesberg, Fairmont Indigo	<u>A strategy for tackling housing, climate crises simultaneously</u>	Commonwealth Magazine	5.7.22
16. Pragya Rai, CHEF (Consortium)	<u>Plastic is littering our environment – and our bodies</u>	Spokesman Review	6.5.22
17. Dr. Rueben Warren and Dr. Mark Mitchell, Medical Society Consortium on Climate and Health	<u>Children of color and low-income kids still receive unsafe mercury-based dental fillings</u>	Health Affairs	6.22.22
18. Gary Cohen, HCWH	<u>US health care rises to meet the climate crisis, bringing opportunity for transformation</u>	The Hill	7.7.22
19. Jessica Edwards, CHEF (Consortium)	<u>Musk: Make Austin an ecological paradise</u>	Austin Chronicle	7.28.22
20. Nneoma Nwachuku Ojiaku, CHEF (Consortium)	<u>Rx for Heatwaves: Sacramento Needs a Comprehensive Plan for Extreme Heat</u>	Medium	9.1.22
21. Yvonne Collins, CHEF (Consortium)	<u>Climate change is causing premature death</u>	MedPage Today	10.19.22
22. Carolina Martinez, Environmental Health Coalition	<u>Expanding mass transit is best way to limit gas price pain and respond to climate emergency</u>	San Diego Union Tribune	10.21.22
23. Gary Cohen (HCWH) and Kalpana Ramiah, Essential Hospitals Institute	<u>Essential hospitals can lead a holistic approach to climate and health</u>	The Hill	11.23.22
24. Gerri Cannon-Smith, CHEF (Consortium)	<u>Children with asthma breathe easier with electric school buses</u>	Mississippi Free Press	12.30.22
25. Nicole Mahealani Lum, CHEF (Consortium)	<u>The other threat to our water supply</u>	Ka Wai Ola	1.1.23
26. George Crawford, CHEF (Consortium)	<u>Alabama should get on the (electric) school bus</u>	AL.com	5.30.23
27. Dr. Marcos Moreno, CHEF (Consortium)	<u>On climate change adaptation, consult the original experts: Indigenous people</u>	The Hill, <u>MSN</u>	6.15.23
28. Dr. Brianna Clark, CHEF (Consortium)	<u>Could extreme heat make it harder to breastfeed?</u>	MedPage Today and <u>Code Green</u>	6.15.23
29. Priyanka DeSouza and Patrick Kinney, CHEF (Consortium)	<u>Don't breathe the air</u>	Medium	6.26.23
30. Dr. Valeria Hairston, CHEF (Consortium)	<u>Feds should make climate-friendly EVs more affordable</u>	Capital Times	7.2.23
31. Laurie Mazur (with Catalyst Miami, GAVA. We ACT)	<u>Finding climate solutions in communities instead of labs</u>	Daily Climate, EHN and <u>Chronicle of Philanthropy</u> newsletter	7.24.23

32. Marcus Iwane, CHEF (Consortium)	<u>Kanaka can destroy, Kanaka can heal</u>	Ka Wai Ola	7.1.23
33. Karla Santoyo and Raghuram Reddy, CHEF (Consortium)	<u>Loss of whales means a hotter, more dangerous planet</u>	The Invading Sea	3.26.24
34. Martin Derrow	<u>Farm Bill could take food from state's poor and money from conservation.</u>	Palm Beach Post	4.17.24
35. Charles E. Moore, CHEF (Consortium)	<u>Georgia should protect workers from extreme heat, just like it does high school athletes</u>	Atlanta Journal Constitution	5.29.24
36. Aisha Harris, MD, CHEF (Consortium)	<u>Opinion: Is Flint ready for a tornado or other extreme weather?</u>	Flint Beat	6.8.24
37. Katie Huffling, ANHE	<u>Op-ed: In a warming world, nurses heal people and the planet</u>	The Daily Climate	6.17.24
38. Agustin Rivas, MD, CHEF (Consortium)	<u>Protect Florida's children from mosquito-borne diseases</u>	The Invading Sea, Palm-Beach Post	8.1.24
39. Marina Kamaka, MD, CHEF (Consortium)	<u>Bothered by Brown Water Advisories? Fix Cesspools Now</u>	Ka Wai Ola	8.1.24
40. Lawrence Burns, CHEF (Consortium)	<u>People of color are more likely to undergo amputation and, many times, it is unnecessary</u>	The Tennessean	8.12.24
41. Martina Kamaka, MD, Alike Maunakea, PhD, Ruben Juarez, PhD, CHEF (Consortium)	<u>Lessons from Maui: Quicker responses needed to address long-term health impacts from disasters</u>	Medium	8.17.24
42. Dr. Agustin Rivas MD, CHEF (Consortium)	<u>The next public health threat: Oropouche virus</u>	The Invading Sea	8.20.24
43. Carolina Martinez, EHC	<u>Measure G will help all San Diego commuters - Not just transit riders</u>	Times of San Diego	10.15.24
44. Gary Cohen, HCWH	<u>Forty years after the Bhopal disaster, the danger still remains</u>	Progressive/Tribune News Group	12.18.24

Appendix D. Initiative Partners

The following partners provided consulting services to Krege or supported CCHE network partners by providing technical assistance throughout the initiative:

<p>Centers for Story-based Strategy conducted a series of three regional narrative strategy learning labs in 2020 for CBO network partners. The learning labs deepened CBO network partners' strategies for narrative change on climate change, health and racial equity.</p>	
<p>Island Press Urban Resilience Project assisted network partners with content development and media placements. The project worked with network partners to co-create impactful articles and op-eds for a wide range of news outlets. The project has helped network partners publish content in <u>The Hill</u> (reaching federal policymakers), and other prominent news outlets, including the <u>San Diego Union Tribune</u>, <u>Daily Climate</u>, and <u>US News & World Report</u>.</p>	
<p>Jael Solutions Consulting Services provided individualized evaluation and data metrics technical assistance to network partners from January through April 2022. Technical assistance included support with (1) evaluation metrics to track progress and develop custom research tools; (2) collaboration with local governance; (3) power mapping; (4) policy development; and (5) storytelling.</p>	
<p>Metropolitan Group engaged in scoping calls, facilitated peer-learning sessions, and developed communications materials for network partners. Metropolitan Group supported network partners' specific strategic communications needs related to (1) strategy development and refinement; (2) review of draft materials to center racial justice, social justice, and health equity in climate context; (3) advocacy advice; (4) partnership advice for collaborating across CCHE strategies; (5) social media advice; and (6) earned media advice.</p>	
<p>Network for Public Health Law offered one-on-one consultation, legal technical assistance, and legal research to help network partners (1) demystify legal and policy barriers; (2) provide a clearer understanding of how laws and policies impact their work; (3) support the development of innovative policy solutions; and (4) provide legal and policy research support to implement community-derived solutions.</p>	

Ross Strategic led initiative evaluation and learning throughout the developmental and outcome phases of the CCHE initiative. As part of the initiative evaluation, Ross Strategic contributed to the development of the CCHE initiative's theory of change, conducted ongoing data collection and synthesis, and returned evaluation learnings to the Kresge team, network partners, and other initiative partners. Various products including learning briefs, interim reports, and presentations were developed by Ross Strategic to communicate evaluation findings. Lastly, Ross Strategic participated and contributed to network partner peer-learning sessions, Advisory Committee meetings, and CCHE Core Team meetings.

