

Initiative Design and Implementation Emerging Insights

CCHE Phase 2 Learning Cycle 1- *Report in Brief*

Introduction

The second phase of The Kresge Foundation's Climate Change, Health, and Equity (CCHE) initiative aims to build a more powerful movement that advances climate justice and health equity in American cities.¹ The initiative pursues this vision through two interconnected strategies:

- **Community-Based Solutions** that advance place-based, community-driven climate solutions to improve climate, health, and equity outcomes for low-wealth communities and communities of color; and
- **National Movement Building** that mobilizes national health institutions and health practitioners to support place-based, community-driven solutions that inform and build a stronger field of practice among health care and public health professionals to improve climate, health, and equity outcomes for low-wealth communities and communities of color.

For a full list of Phase 2 network partners, refer to [CCHE website](#).

What's New in Phase 2?

Building on five years of learning from Phase 1, Kresge designed Phase 2 of CCHE with several new dimensions and areas of focus, aligned with the initiative's theory of change. This memo focuses on how these Phase 2 design shifts are showing up early in implementation and what they suggest for learning, support, and evaluation going forward. These include:

Cross-program integration across Kresge's Arts & Culture, Detroit, and American Cities Programs

Refined roles for National Health Partners to support place-based, community-driven solutions and a single program officer for these network partners to help foster connection, dialogue, and partnership

Explicit focus on climate risks and health impacts, to advance climate justice *and* health equity

¹ Bibbins, S., & Valdés Lupi, M. (2025, April 8). *The climate crisis is a public health crisis – we need to treat it like one*. Alliance Magazine. <https://www.alliancemagazine.org/analysis/climate-crisis-is-a-public-health-crisis/>

Enhanced emphasis on narrative and cultural strategies and equitable community development

CCHE Responsive Funding Pool to address emergent needs up to \$10,000 for CBO Network Partners and \$5,000 for National Health Partners per year

Responsive Funds Already at Work

Five CBO Network Partners have applied for and received funding through the CCHE Responsive Funding pool between October and December 2025. Each organization received the maximum annual amount to address both capacity building and technical assistance (TA) activities and rapid-response funds to address emerging issues.

Purpose of This Memo

The memo is organized around four key areas that correspond to Phase 2's new design elements.

Cross-Program Integration

Phase 2 of CCHE integrates Kresge's Arts & Culture, Detroit, and American Cities Programs to expand place-based efforts and apply a multidimensional approach to advancing equitable climate and health solutions.

National Health Partner Positioning and Community-Based Organization Technical Assistance Needs

Kresge clarified the role of National Health Partners in supporting place-based, community-driven solutions. National Health Partners are expected to help mobilize health professionals, provide TA and policy support, and leverage local partnerships to shape national practice and advocacy. Kresge is also refining the initiative structure into two cohorts—community-level and national-level—to advance place-based change.

Health Equity

Phase 2 of CCHE explicitly targets extreme heat, systemic flooding, air pollution, and climate-driven migration, along with associated health impacts.

Narrative and Cultural Strategies and Equitable Community Development

Through expertise and collaboration with the Arts & Culture Program, Phase 2 of CCHE uses cultural and narrative strategies to promote “just and inclusive societies.” Phase 2 also supports the Detroit and American Cities Programs’ commitments to equitable community and economic development, climate resilience, and environmental sustainability.

Cross-Program Integration

The integration of multiple Kresge program areas in Phase 2 of CCHE grew out of a shared commitment to advancing community-driven solutions and addressing systemic inequities. Arts & Culture joined as a partner, bringing expertise in cultural and creative practices and partners to engage stakeholders in new ways and strengthen equity-related outcomes. American Cities added its ecosystem approach to community development as a pathway to economic resilience, complementing CCHE’s focus on climate and health. Detroit’s involvement reflects a deep commitment to tackling chronic environmental injustices like air pollution and flooding in the city.

Together, these programs contribute not only funding but also thought partnership, relationships, and specialized perspectives—creating a richer, multidimensional approach to advancing climate justice through community-driven efforts in American cities.

Aligning National Health Partner Support with CBO Network Partner TA Needs

In Phase 2 of CCHE, Kresge clarified the role of National Health Partners in advancing place-based, community-driven solutions and laid the groundwork for equity-centered partnerships between National Health Partners and CBO Network Partners. These partnerships aim to amplify impact at the intersection of climate change, health, and equity. To strengthen this network, Kresge is gathering information to support strategic partner matches, signaling its commitment to building a more connected and resilient CCHE ecosystem.

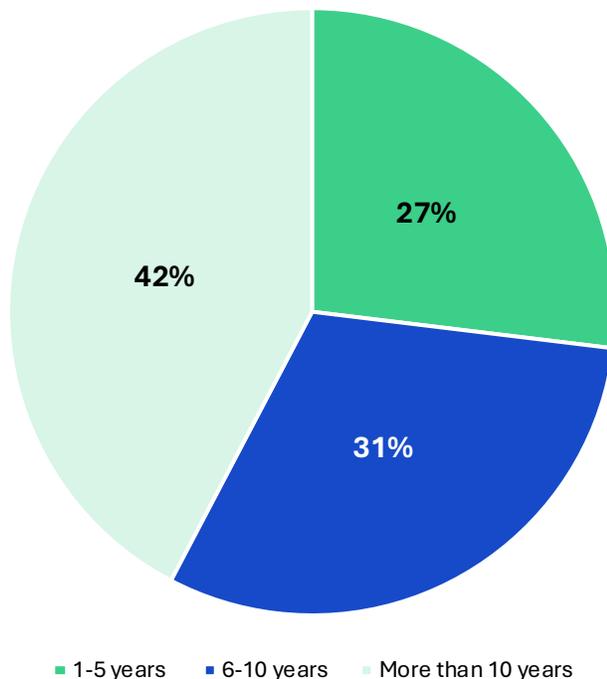
Baseline survey responses from 20 of 25 CBO Network Partners and 6 of 7 National Health Partners **show a near-even distribution of organizational tenure across the network, with roughly one-third of partners having more than 10 years of experience, another third working in this space for 6–10 years, and the remaining third representing earlier stage efforts (Figure 1).** This blend of long established, mid-stage and emerging practitioners creates a rich learning environment where organizations can both share tested approaches and explore new strategies together.

In our review of National Health Partner grant applications, we saw a strong focus on mobilizing health professionals and institutions, as well as providing TA and policy support.

Mobilizing Health Professionals and Institutions to Engage Locally

National Health Partners aim to leverage robust networks of healthcare practitioners, institutions, and policymakers that span broad geographies and include experts equipped to collaborate with CBO Network Partners on community-led solutions. These networks can potentially provide TA to CBO Network Partners as they pursue partnership building and policy advocacy with healthcare practitioners in their communities.

Figure 1. Question 5: How long has your organization been working on issues at the intersection of climate change, health, and equity?



Providing Technical Assistance, Data, and Policy Support to CBO Network Partners

In the CCHE TA Survey for CBO Network Partners², 13 of 25 organizations identified TA needs related to:

- Connecting community development to health equity.
- Accessing, collecting, and translating health data into equitable climate and health solutions (e.g., heat-related illness data informing utility rate regulations and outdoor worker protections).
- Partnering with local healthcare and public health practitioners for subject matter expertise and advocacy support.

² The CCHE TA Survey for CBO Network Partners² provided a high-level overview of National Health Partners’ activities and anticipated outcomes for their CCHE Phase 2 work. The survey did not describe potential TA offerings from National Health Partners’ grant applications. With roughly half of CBO Network Partners responding to the survey, additional data collection and analysis will be needed to fully understand the extent to which CBO Network Partners’ TA needs can be addressed by National Health Partners.

National Health Partners offer a range of trainings and tools for engaging with institutions. For example, the Alliance of Nurses for Health Environments (ANHE) and their nurse fellows are willing to provide expertise to CBO Network Partners about partnering with healthcare institutions in ways that will lead to institutional change. The Bay Area Regional Health Inequities INitiative (BARHII) offers leadership training on power-sharing between public institutions and CBOs. Lastly, Health Care Without Harm (HCWH) is prepared to connect CBO Network Partners with aligned hospitals to drive meaningful change.

National Health Partners can provide subject matter expertise on health outcomes, public health data, and environmental health issues. The Medical Society Consortium on Climate and Health (MSCCH) offers peer review support for communications to “ensure scientific accuracy and health relevance.” The National Association of Community Health Centers (NACHC) provides training curricula and toolkits on various environmental health and data topics including heat and air quality monitoring, electronic health record data, and social vulnerability and climate hazard data.

Using Local Partnerships to Inform National Practice and Advocacy

National Health Partners can engage with government agencies and policymakers to advance CBOs' policy goals. BARHII, HCWH, and NACHC provide training and other support to help integrate community priorities into government-level planning. NACHC also assists CBOs in navigating barriers with federal, state, and local stakeholders. MSCCH offers technical expertise on heat resilience policy at both local and state levels. Finally, the National Medical Association (NMA) specializes in connecting key policymakers with CBOs to promote health equity. Overall, multiple National Health Partners are willing to support CBOs as they navigate major shifts in perspectives and policies related to climate change, health, and equity.

Opportunities to Foster Partnerships

Given results from the CCHE TA Survey for CBO Network Partners and National Health Partners' grant applications, the CCHE Core Team can potentially support equity-centered partnership building within the CCHE network by:

- Discussing partnership goals with network partners during meetings with program officers, peer-learning events, and site visits;
- Sharing insights about CBO Network Partner work with National Health Partners to foster partnership building; and
- Tracking how National Health Partners collaborate with CBOs, given their topical and geographical areas of interest and national- and state-level work.

CBO Priorities and Anticipated Wins for Climate Resilience and Health Equity

In the second phase of CCHE, Kresge clarified the climate resilience and health equity connection by explicitly naming the climate risks and health outcomes the initiative aims to address. The initiative focuses on three climate-influenced environmental factors that significantly impact health: air quality, extreme heat, and flooding. These conditions drive disparities in respiratory health, chronic disease, and mental health. CBO Network Partner grant applications note that these disparities intersect with systemic inequities in housing, infrastructure, and access to care.

Climate Risks and Interventions

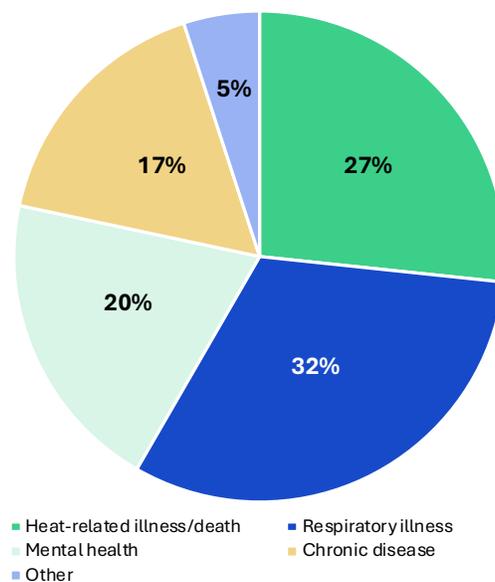
To establish a baseline understanding of interventions that CBO Network Partners plan to pursue and how these interventions would improve climate resilience and health equity, we analyzed grant applications to identify one to two key storylines.

Climate and Health Intervention Targets refer to the policy, program, investment, or infrastructure changes network partners seek to advance. These targets reveal the mechanisms organizations use to advance climate resilience and health equity.

Storylines capture key climate risks and intervention targets that network partners are advancing through one to two key strategies. Storylines are based on information available in grant applications about network partners' scope of work and primary interventions described. Each storyline was defined by its own causal chain — **risk → health impact → activities → system-change target** — which allowed us to identify the most complete lines of work for each network partner and use them to analyze patterns in climate risks and intervention targets.

Health Impacts include acute and chronic health outcomes associated with climate risks. In the baseline survey (Figure 2), respondents reported that they intend to address outcomes related to heat-related illness, respiratory illness/asthma, mental

Figure 2. Question 7: What are the top 1-3 health impacts that your work under CCHE 2.0 will address? (e.g., respiratory, heat-related illness/death, mental health, chronic disease, infectious disease).



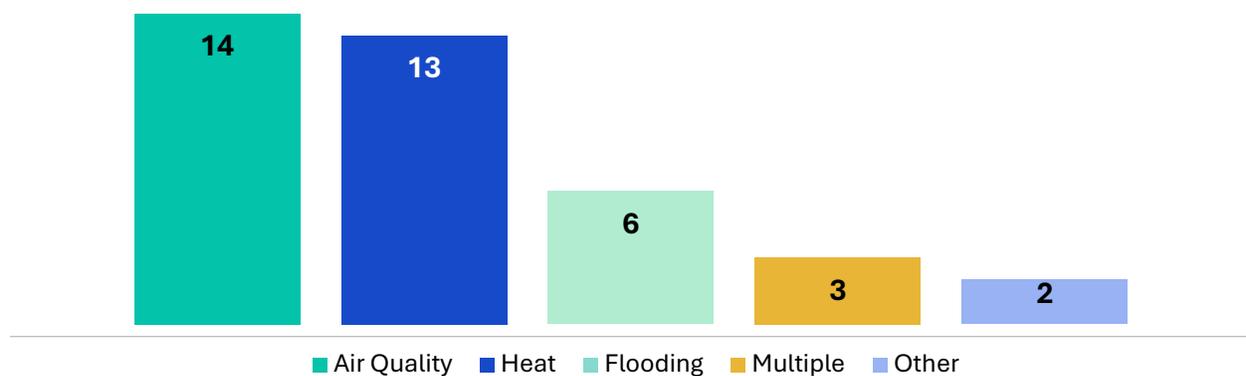
health, and other chronic diseases. A few CBO Network Partners also identified in the baseline survey that lead poisoning, maternal and child health outcomes, and disaster-induced trauma were relevant health impacts in their work.

Climate Risks

As visualized in Figure 3, **air quality and heat dominate CBO Network Partner and National Health Partner priorities, while flooding appears less frequently. Climate-driven migration is not directly addressed by network partners' work under the initiative.**

Three CBO Network Partners are tagged as “multiple.” Their narratives collapse several climate risks into a single integrated storyline, where the intervention mechanism (i.e., a data ecosystem, mental health toolkit, or implementation of multiple plans) is not separable by risk.

Figure 3. CBO Storylines by Climate Risk



Climate Migration and Affordability

As noted previously, the Phase 2 strategy identifies climate-driven migration as a climate risk to be addressed through the initiative. Although, in the baseline survey, 12 of 26 network partners (46%) selected “Not Addressing” when asked to what extent their initiative-related work addresses climate-driven migration. In CBO Network Partner grant applications, this risk appears indirectly through interventions that promote housing stability, affordability, and energy justice—strategies that reduce displacement pressures caused by flooding, extreme heat, and infrastructure failure. These stressors make neighborhoods less livable or increase housing costs, forcing low-income residents to relocate.

Key Intervention Targets

The following themes represent the most common intervention areas network partners are pursuing to advance climate resilience and health equity. These areas emerged from our analysis of key storylines and reflect the systems-change levers CBO Network Partners anticipate influencing over the next three years.

Green Infrastructure

Cooling and Flood Protection Through Green Infrastructure: Network partners advance green infrastructure as a frontline defense against flooding and heat. Tree canopy expansion, bioswales, and permeable surfaces mitigate urban heat island effects, reduce stormwater flooding, and improve outdoor air quality. These measures protect residents from heat stress and mold-related illnesses while creating safer, more livable neighborhoods.

CBO Network Partners: Center for Transforming Communities, Louisiana Green Corp, The Works Inc., Song CDC, Knowledge Quest, SW Detroit Community Benefits Coalition, Environmental Health Watch.

Transportation

Reduced Exposure to Environmental Hazards: CBO Network Partners tackle transportation emissions through advocacy for clean transit and equitable mobility. Outdoor air quality regulations cut diesel emissions and industrial pollutants, reducing asthma and cardiovascular disease rates.

CBO Network Partners: Faith in the Valley, Leadership Counsel, Fresno Building Healthy Communities, SW Detroit Community Benefits Coalition, Environmental Health Coalition, UPROSE, WE ACT.

Housing and Buildings

Safer, Healthier Homes: Housing interventions focus on reducing energy burden and improving indoor air quality through weatherization, cooling retrofits, and electrification. Weatherization and energy-efficiency upgrades reduce indoor temperatures during heat waves and improve insulation against cold, lowering risks of heat-related illness and respiratory conditions. Building electrification eliminates indoor combustion sources like gas stoves and furnaces, reducing asthma triggers and improving indoor air quality. These interventions also lower energy costs, reduce economic stress, and help residents maintain safe living conditions during climate extremes.

CBO Network Partners: Environmental Health Watch, CEER, Catalyst Miami, PSR-LA, APEN, PHIWM, SW Detroit Community Benefits Coalition, UPROSE.

Land Use and Development Regulation

Protecting Communities from Harmful Development: Network partners challenge harmful land-use practices and advocate for zoning reforms that prevent industrial expansion in vulnerable neighborhoods. Site-specific remediation addresses legacy contamination, preventing chronic exposure to toxins linked to cancer and respiratory illness.

CBO Network Partners: Center for Transforming Communities, Eastside Community Network, UPROSE, Homewood, GAVA, Song CDC.

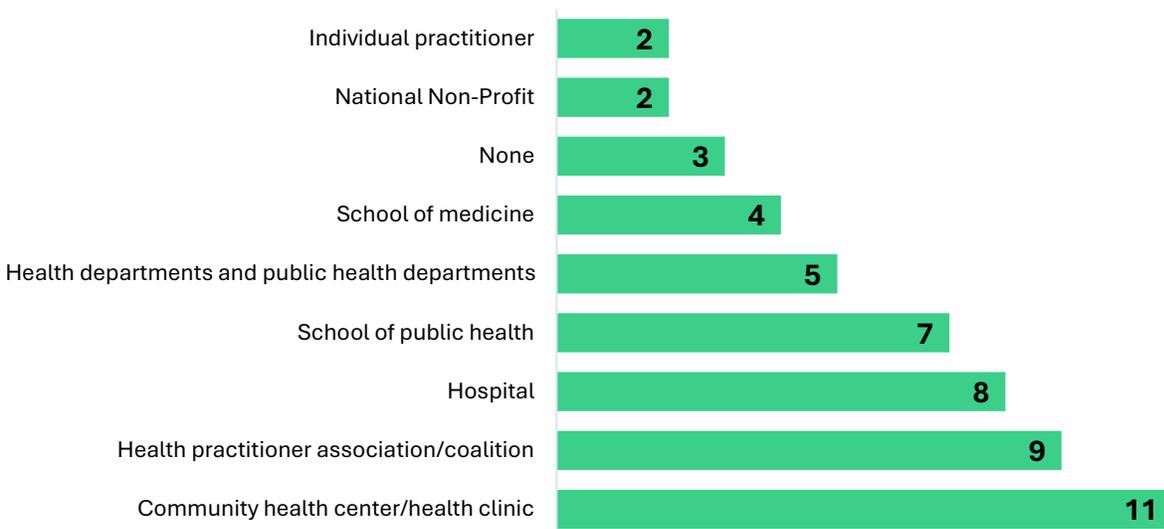
Partnerships

Partnerships are foundational to CCHE’s strategy because lasting progress at the intersection of climate, health and equity depends on strong, multisector ecosystems working toward shared goals. The strategy assumes that community-driven climate solutions become more effective, durable, and scalable when CBOs collaborate with health institutions, public health practitioners, researchers, and other local partners. To understand the strength of these ecosystems entering Phase 2 of CCHE, we examined CBO Network Partners’ health partners by type and maturity of network partner relationships with various sectors.

CBO Health Partner Types

Health partners play a critical role in CCHE’s vision of advancing climate justice and health equity. Figure 4 shows the types of health partners that CBO Network Partners plan to collaborate with in Phase 2. **Clinics and Community Health Centers (11) and health practitioner associations or coalitions (9) emerge as the most common partners, followed by hospitals (8) and schools of public health (7).**

Figure 4. Number of CBO Network Partners’ Health Partners by Type



Maturity of Healthcare and Public Health Partnerships

Baseline survey results provide insight into how developed relationships are amongst CBO Network Partners and National Health Partners. **In Figure 5, one-third of survey respondents (10/26, 38%) indicated they are developing healthcare partnerships to support their CCHE work, while a**

similar share (10/26, 38%) reported established or mature healthcare partnerships characterized by shared decision-making, goal setting, and collaborative activities. Public health partnerships appear less mature in Figure 6, where 13/26 (50%) respondents reported these relationships are still in development. This pattern reinforces the grant application data showing fewer CBO Network Partners naming health departments as planned partners.

Figure 5. Question 16: Reflecting on healthcare partnerships that will specifically support your CCHE 2.0 work, how would you rate the strength of your relationships with healthcare institutions and practitioners?

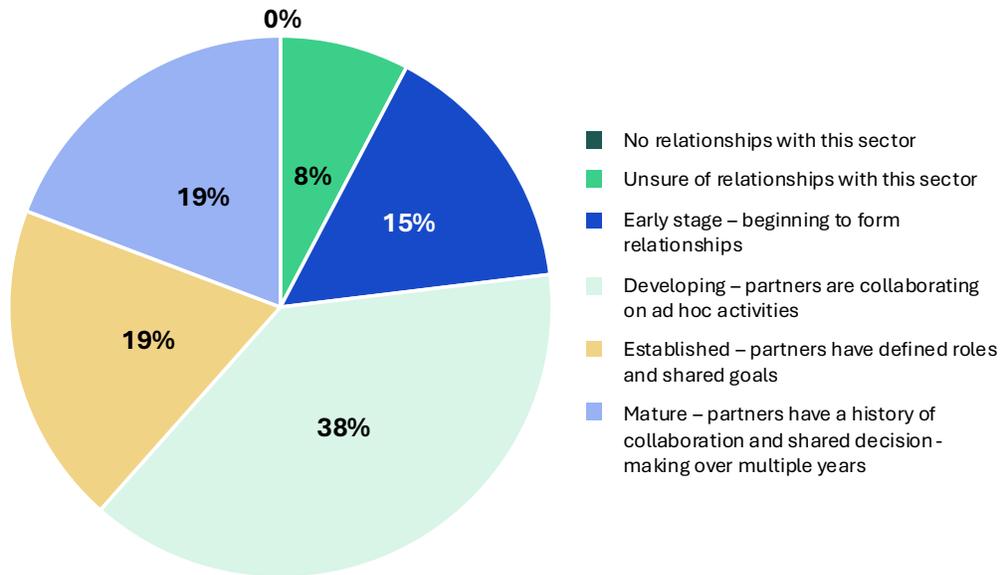
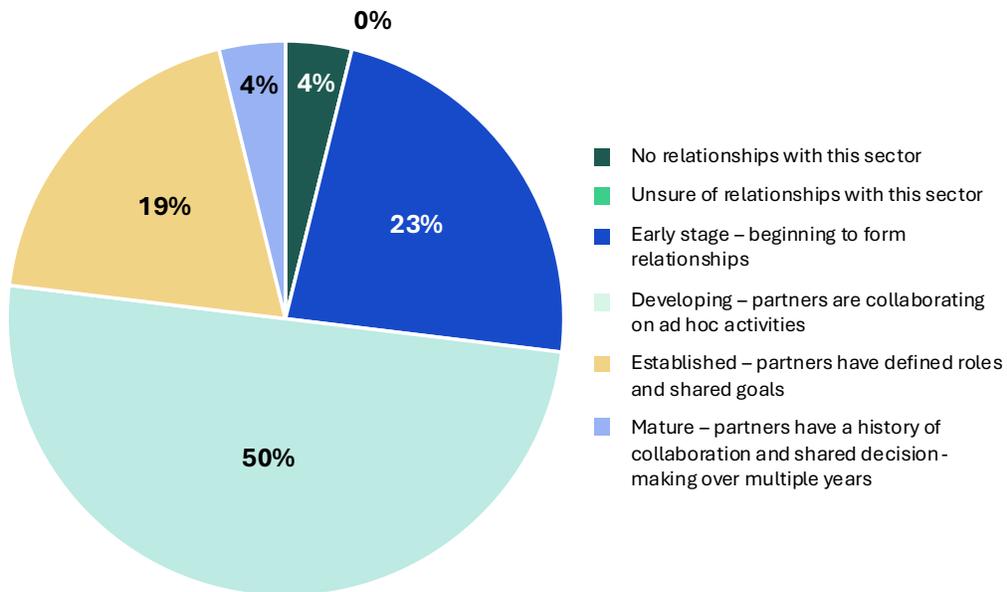


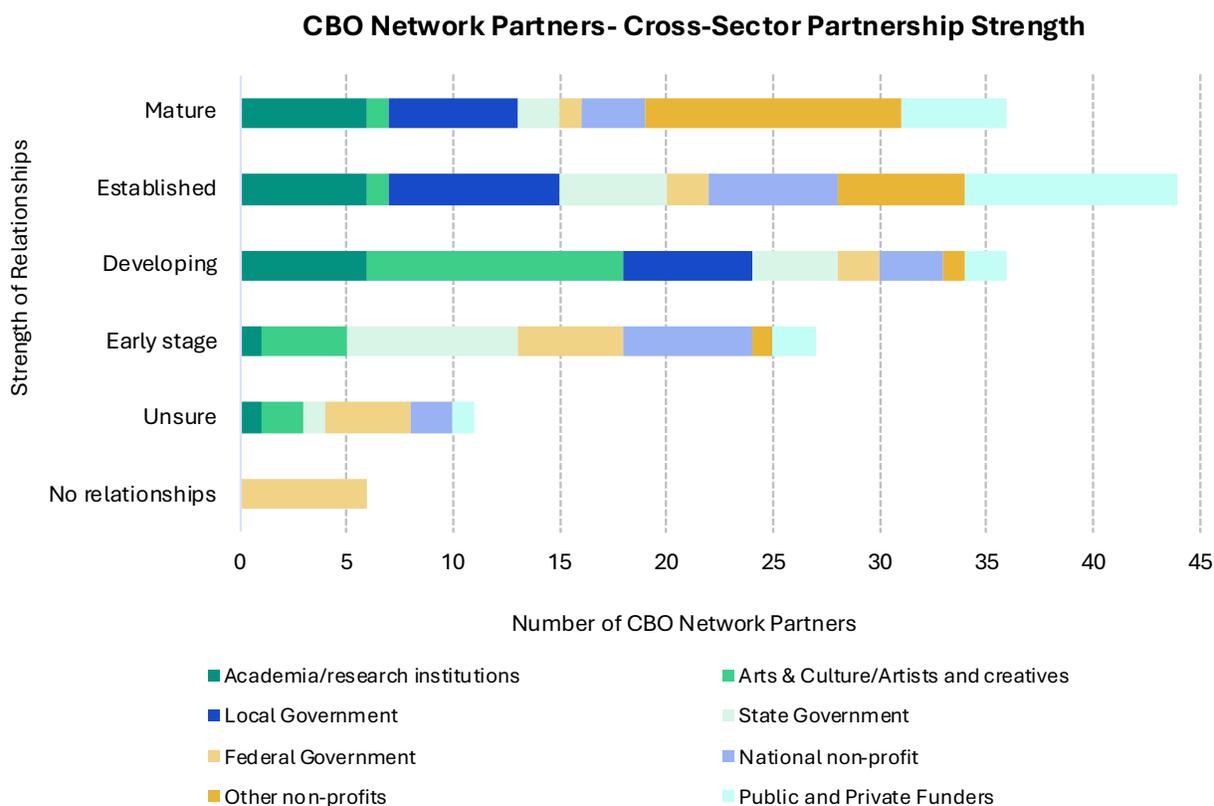
Figure 6. Question 17: Reflecting on public health partnerships that will specifically support your CCHE 2.0 work, how would you rate the strength of your relationships with public health institutions and practitioners?



Other Partners in the Ecosystem

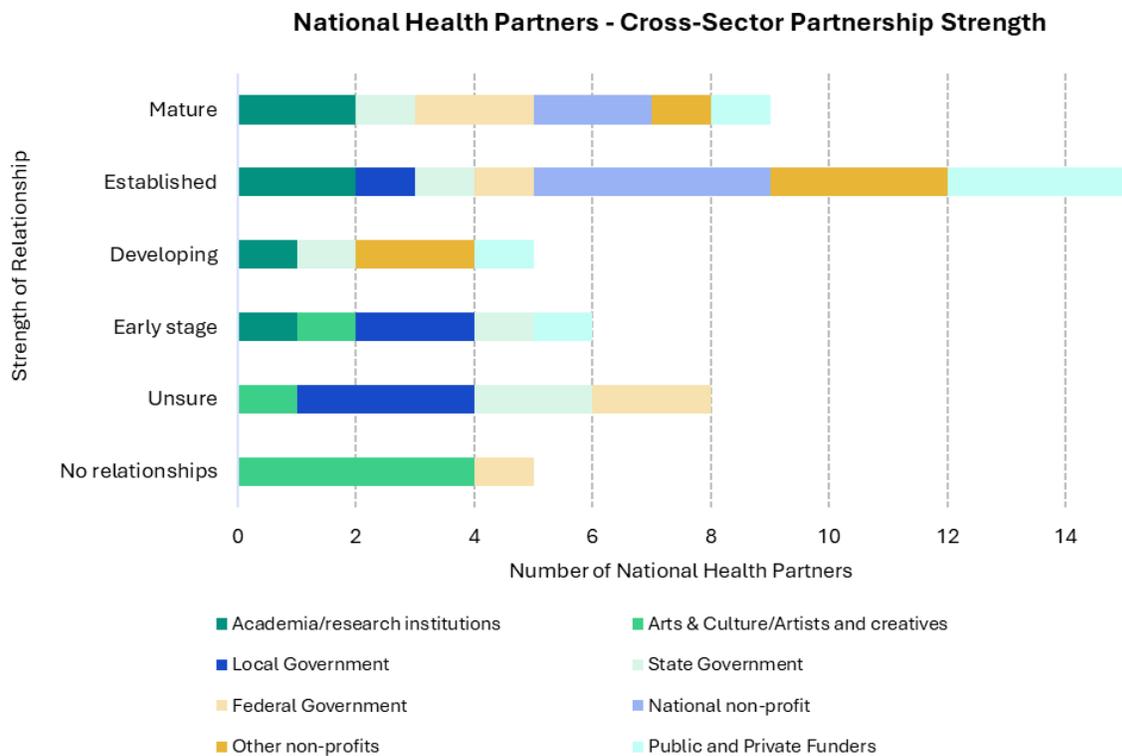
Baseline survey findings indicated varying levels of partnership maturity across sectors. Overall, CBO Network Partners' cross-sector partnerships are largely in the developing, established, or mature stages (Figure 8). **Notably, 15 of the 20 respondents (75%) have established or mature relationships with public and private funders, suggesting that many CBO Network Partners are well positioned to secure additional funding.**

Figure 8. Question 15: Reflecting on partnerships that will specifically support your CCHE 2.0 work, how would you rate the strength of your relationships with each of the following sectors? (CBO Network Partners)



In Figure 9, four of the six (66%) National Health Partners indicated that they do not yet have relationships with the arts and culture sector. Most National Health Partners also described their partnerships with local and state government agencies as developing. In contrast, stronger partnerships emerged with national nonprofit organizations, where all respondents indicated that these relationships are either established or mature.

Figure 9. Question 15: Reflecting on partnerships that will specifically support your CCHE 2.0 work, how would you rate the strength of your relationships with each of the following sectors? (National Health Partners)



Network Partner Understanding of Narrative and Cultural Strategies and Equitable Community Development

Narrative and cultural strategies and equitable community development represent a new emphasis in Phase 2 of CCHE compared with the previous phase of the initiative.³ As such, we assessed how and to what extent network partners describe and integrate these activity areas in their planned Phase 2 work.

³ The other two key network partner activities in the theory of change, policy advocacy and constituent organizing, have been foundational activities within CCHE since inception. The types of activities and signals of progress within these areas have been described in detail in CCHE 1.0 Evaluation materials. Thus, we are not assessing how these activities are described by network partners in the current memo.

Narrative and Cultural Strategies

Narrative and cultural strategies are complementary approaches that aim to shift beliefs, values, and worldviews as a foundation for durable social change. Cultural strategy is the broad umbrella for integrating creative and cultural practices—such as art, design, and storytelling—into social, political, and economic change-making. Narrative strategy sits within this umbrella, focusing on the constellation of stories that shape how people understand issues and offering alternative narratives to influence public consciousness, often through language and strategic communications.

Network partners were explicitly asked in their applications: *“How do you incorporate cultural, creative, and/or narrative strategies into your work? What challenges and opportunities are you encountering in employing these approaches to advance climate and health equity?”*

Overall, network partners’ approaches to integrating narrative and cultural strategies fell into three key areas: arts-based community engagement, culturally relevant programming, and storytelling.

Arts-Based Community Engagement

This type of activity was common among CBO Network Partners but largely absent from National Health Partners’ descriptions of their work. CBO Network Partners are using creative formats to educate, engage, and connect policy or health data to community experience.

Culturally Relevant Programming

Many partners, particularly CBO Network Partners, shared how they integrate cultural values, language, ancestral knowledge, and traditions into organizing, communications, and healing-centered practices. CBO Network Partners provide translation and interpretation services and serve culturally appropriate food. Many CBO Network Partners described hosting or participating in community gatherings rooted in local values and traditions and highlighted how they share culturally competent information.

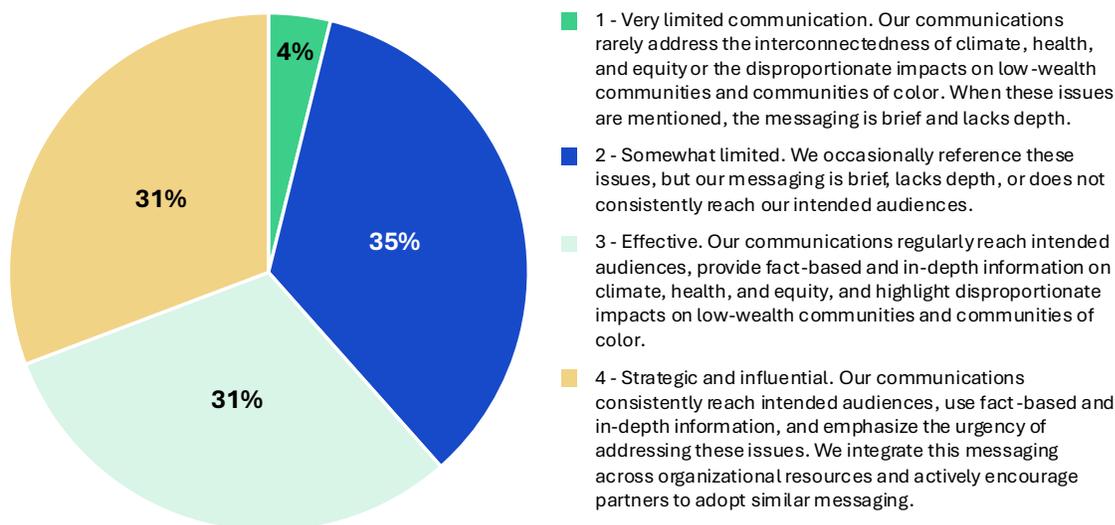
Storytelling as a Tool for Change

Numerous network partners are collecting and amplifying lived experiences through multimedia storytelling, which can humanize data and influence policy. Examples include ANHE’s advocacy campaigns featuring nurse stories and storytelling workshops for nurses, and the Coalition of Communities of Color’s (CCC) focus on centralizing community-generated data, including art, storytelling, and discussions. CBO Network Partners also lead resident-driven initiatives that inform community outreach and advocacy strategies. Additionally, some CBO Network Partners and National Health Partners employ culturally driven media strategies and platforms.

Climate, Health, and Equity Communications

Network partners are eager to grow their capacity to consistently produce and disseminate climate, health, and equity-related communications. In the baseline survey (Figure 10), 16 of 26 (62%) network partners indicated that their organizations had effective, strategic, and influential communication campaigns and/or products that focused on the interconnectedness of climate, health, and equity.

Figure 10. Question 13: On a scale of 1 to 4, how effective are your organization’s communication efforts about the interconnectedness of climate, health, and equity and their disproportionate impacts on low-wealth communities?



Equitable Community Development

Equitable community development activities are defined as those in which network partners support communities to build pathways to wealth and economic mobility in ways that celebrate their diverse cultures, reflect priorities of the most vulnerable residents, increase climate resilience, and improve health and well-being.⁴

Unlike cultural and narrative strategies, network partners were not explicitly asked in their applications about equitable community development strategies they employ or plan to implement through CCHE. For this preliminary analysis, we developed a set of thematic examples most relevant to equitable community development and used these themes to analyze applications.

Based on our analysis of applications, we found that network partners’ planned CCHE work will advance equitable community development and economic resilience primarily through climate interventions rather than standalone economic strategies, though some partners focus explicitly on wealth-building or workforce development. Many CBO Network Partners are

⁴ Climate Change, Health & Equity Initiative 2.0 Grantmaking Strategy August 6, 2025

addressing climate migration and affordability, safer and healthier homes, and increased community stability. These multi-solving intervention targets, designed to address climate risks and associated health outcomes, also contribute to wealth building and economic mobility.

Community-Owned Assets

Some network partners focus on community-owned assets and cooperative models as vehicles for wealth-building within their planned CCHE work. For example, GAVA is establishing a food co-op and community land trusts to secure permanent sites for grocery stores, ensuring that residents, particularly those most vulnerable, retain control over essential resources. Similarly, UPROSE plans to develop a framework for community solar projects, a Community Dividend Investment Fund, and a community land trust, enabling residents to share the economic benefits of renewable energy while reinforcing local resilience. BARHII plans to develop community investment plans that address the social determinants of health with a focus on equitable development, climate resilience, and anti-displacement.

Workforce Development, Skills Training, and Capacity Building

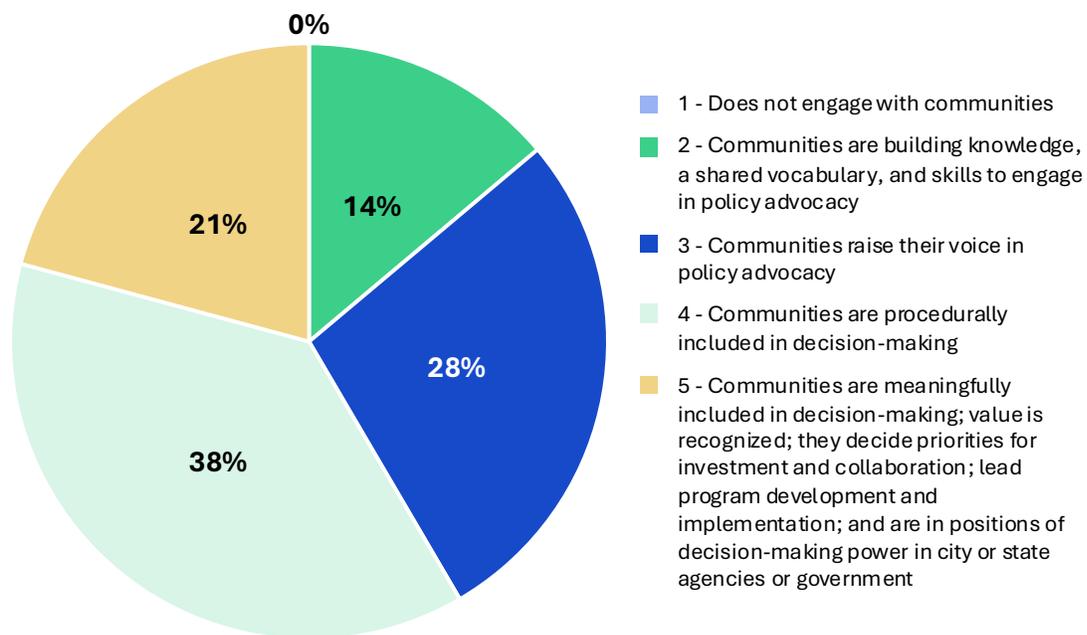
A few network partners plan to invest in workforce development, skills training, and capacity building to expand economic opportunity in ways aligned with climate goals as part of their CCHE work. For example, Louisiana Green Corp provides certifications in green construction and solar installation, creating career pathways into high-demand sectors, while Environmental Health Coalition trains youth in environmental justice and clean energy systems. As community development corporations, FICC and Song CDC include economic and wealth-building opportunities as core organizational objectives. National Health Partners—MSCCH and NMA—offer professional development opportunities to empower clinicians from underrepresented backgrounds to become leaders in climate and health advocacy, organizing, and education through their Climate and Health Equity Fellowship.

Community Power Building

Building on Phase 1 learning that *community power building is a core pathway to durable, equitable change*, this section summarizes baseline survey results on how network partners are involving communities most impacted in planning and decision-making.

Baseline survey results (Figure 12) suggest that network partners clearly value community voice in planning and decision-making processes. Overall, 22 of 26 (85%) respondents indicated that communities they work with are involved in some level of policy advocacy, decision-making, and/or program development and implementation. These baseline signals provide a starting point for understanding how community power building is showing up across the network as Phase 2 of CCHE begins.

Figure 12. Question 11: On a scale of 1 to 5, to what extent are members of the community/ies most impacted by your work meaningfully involved in the planning and decision-making processes?



Conclusion

Learning Cycle 1 establishes a baseline understanding of how Phase 2 of CCHE is taking shape, from the initiative’s major design shifts to network partners’ strategic positioning and the early signals of climate, health, and equity work that will unfold across cities. The analyses in this memo clarify the conditions that network partners are starting from, the strengths they bring to the initiative, and the foundational relationships and intervention pathways that will support progress over the next three years. As implementation begins in 2026, these insights provide a shared frame for learning across the CCHE network and a reference point for assessing movement toward the outcomes in the Phase 2 theory of change. This baseline strengthens CCHE’s ability to track change with intention and to support network partners as they deepen community-driven, multisector efforts to advance climate justice and health equity.