

# Reflections on Cross-Strategy Activities and Progress for Strategy 1 and 2 Grantee Partners

## CCHE OUTCOME EVALUATION, LEARNING CYCLE 2

SEPTEMBER 2022 – FEBRUARY 2023

## EXECUTIVE SUMMARY

Learning Cycle memos periodically bring forward learning and insight for consideration and use by the Climate Change, Health, and Equity (CCHE) initiative staff. This Learning Cycle memo is the second of the CCHE initiative outcome evaluation (June 2021 – May 2024). The memo includes reflections on the national field of practice at the climate change, health, and equity intersection and the progress of Strategy 1 (Hospitals, Health Care Systems and Public Health Institutional grantees, or “Institutions”) and Strategy 2 (Health Care and Public Health Practitioner grantees, or “Practitioners”) grantee partners based on key informant interviews, meeting observation, and secondary data from August 2022 - February 2023 (see Figure 1); as such, this memo complements [Learning Cycle 1](#) which focused significantly on Strategy 3 (Community-Based Organizations) activities and signals of progress to begin to develop a more

comprehensive view of the initiative’s overall progress. See Appendix A for relevant evaluation questions from the [Outcome Evaluation Plan](#) and more detail on the activities and data sources the initiative evaluation team (Ross Strategic, or “we”) reviewed as part of this learning cycle.



### CCHE GRANTEES ENGAGED IN LEARNING CYCLE 2

#### 1 Strategy 1 Grantees: Hospitals, Health Care Systems and Public Health Institutions

- [Bay Area Regional Health Inequities Initiative](#)
- [Emerald Cities Collaborative\\*](#)
- [Essential Hospitals Institute](#)
- [Health Care Without Harm](#)

\* No longer a grantee under the CCHE initiative

#### 2 Strategy 2 Grantees: Health Care and Public Health Practitioners

- [Alliance of Nurses for Healthy Environments](#)
- [American Public Health Association](#)
- [Health and Environmental Funders Network](#)
- [The Medical Society Consortium on Climate and Health](#)
- [Michigan Community Health Worker Alliance](#)

# TAKEAWAYS

## About the field of practice, we found:

- The field of practice within the CCHE initiative is both expanding and coalescing; externally, there are important signals of field growth that may further accelerate this work.
- CCHE grantees partners see an opportunity to strengthen and leverage the CCHE network to amplify and facilitate scaling the work.

## For Institutions and Practitioners, we found:

- Institutions and Practitioners are integrating climate change, health, and equity into all aspects of their work, and some reported seeing traction among their constituents.
- Institutions and Practitioners are in the early stages of building greater capacity to collaborate with communities on policy advocacy.
- Institutions and Practitioners are contributing to increased funding and commitments for equitable climate and health solutions across communities.
- Some Institutions and Practitioners are directly contributing their expertise to advocate for equitable climate resilience legislation and seeing wins.

FIGURE 1. CCHE INITIATIVE ACTIVITIES INFORMING LEARNING CYCLE 2



- Institutions and Practitioners are leveraging partnerships and networks to advance equitable climate and health solutions.
- Several Institutions and Practitioners shared examples of strengthened and more explicit internal-facing equity practices and policies such as changing the ways they engage with low-wealth communities and communities of color and integrating diversity, equity, inclusion, and anti-racism (DEI-A) into governing documents and membership expectations. By strengthening internal-facing equity practices and policies, Institutions and Practitioners demonstrate an ongoing commitment to deepen connection between organizational values and actions.
- The health impacts from climate change are no longer abstract and unrelatable;

they are personal and tangible. This makes connecting the dots for climate and health stakeholders (and the public) that much easier and speeds up the work.

- While Institutions and Practitioners reported that drawing connections between climate change and health impacts is universally relatable, linking racial justice as an explicit outcome of work at the intersection of climate change, health, and equity appears more nuanced and context specific depending on who grantees are working with and their understanding of racial justice issues.
- While dots are connecting for some, more work is needed to promote an integrated vision for health and equity related to climate action.

# STRENGTHENING THE NATIONAL FIELD OF PRACTICE

## Importance of Building a Field of Practice at the Climate, Health, and Equity Nexus

Field building can be described as a community of organizations and individuals working together in support of a common goal by sharing ideas, research, systems, and practices.<sup>1</sup> Broad social impact, such as that to which the CCHE initiative aspires, relies on field building to move the work beyond any single initiative or set of funded partners to develop shared norms and practices that are put into action and advanced in a complementary and coordinated way.

A strengthened field of practice opens more doors to more players, mainstreaming the work of climate, health, and equity so that it becomes sustainable and fundamental over time. This is one of the Foundation's "big bets" as to how the work will proliferate and accelerate change at the rate required to avoid the worst impacts from climate change, particularly among low-income communities and communities of color. As such, the CCHE initiative team is testing the idea that a strengthened national field of practice, consisting of funders, institutions, practitioners, community-based organizations (CBO), and government representatives, will be a principal outcome of the CCHE work. This outcome is noted in the initiative [theory of change](#), Outcome 3: "The national field

of practice at the intersection of climate change, health, and equity grows and is strengthened by centering racial justice prominently."

**The field of practice within the CCHE initiative is both expanding and coalescing; externally, there are important signals of field growth that may further accelerate this work.** During the [developmental evaluation for CCHE \(2018-2021\)](#), we learned that practices around the development and implementation of equitable climate resilience policies were fragmented for many CCHE grantees and partners. Their work was advancing to varying degrees within their cohorts but not necessarily with a clear and transdisciplinary vision for improving the health of marginalized communities by taking climate action.

The idea of a network of CBOs, practitioners, and institutions was new—another "big bet" for the Kresge team as to how this work could succeed—even though some CCHE grantees had collaborated on past projects and initiatives. We also learned that the murder of George Floyd and related events refueling the racial justice movement beginning in 2020, coupled with the COVID-19 pandemic, significantly contributed to CCHE grantees' ability to advance the work. Social and racial inequities were laid bare; people and institutions could no longer avoid addressing what was in plain sight. Racism and climate change were viewed in many circles as public health crises.

2021 brought important ripple effects to the field, including numerous opportunities for state and local jurisdictions to unlock unprecedented funding from the American Rescue Plan Act and the Infrastructure Investment and Jobs Act; formalization of the Justice40 initiative, mandating that at least 40 percent of the benefits of certain federal programs flow to disadvantaged communities; and the establishment of the U.S. Department of Health and Human Service's (DHHS) Office of Climate Change and Health Equity, which serves as a "department-wide hub for climate change and health policy, programming, and analysis, in pursuit of EJ and equitable health outcomes."<sup>2</sup>

Change is happening on the global stage, as well. The two-week COP 27 meeting in Sharm El Sheikh, Egypt—for the first time since the convention began meeting in 1995—included extensive discussion on climate reparations and justice for low- to middle-income countries for the harm done by wealthier nations.

**"Global discussion on climate reparations and compensation is a conversation about environmental justice." – HCWH**

## CCHE Grantees and Initiative Staff Are Taking an Active Stance Toward Continued Field Building

In our review of Institutions and Practitioners' interim and final reports (dating from August 2021–September 2022), we found that they were undertaking a range of activities supporting field building at the climate-health-equity nexus, as described in more detail in following section, “Lessons from Institutions and Practitioners About Advancing Climate Change, Health, and Equity”. These included hosting and participating in webinars for cross-disciplinary conversations, participating on conference panels, and authoring Op-Ed pieces for Congressional audiences and the public. Institutions report increases in membership to associations and societies focused on this intersectional work and seeing greater interest in panel discussions and other peer-learning formats on EJ.

New topics are emerging and being incorporated into climate-health agendas, including mental health issues associated with climate change. CCHE grantees are also securing more funding from a variety of sources to expand their work. For example, Emerald Cities Collaborative (ECC) doubled its program capacity with funding from the Bezos Earth Fund.

During the same time, Kresge initiative staff also made headway to keep climate, health, and equity front and center on the agendas of current

and potential partners and decision-makers, both through efforts supported directly by the initiative and through those funded by other Kresge Environment and Health portfolios. For example, by making donations and program-related investments in solar projects for federally-qualified health centers; using the CCHE network to broadcast important funding and fellowship opportunities from federal and private sector entities; building relationships with the DHHS Office of Climate Change and Health Equity and funders launching new climate, health, and equity programs; and presenting at key conferences including those hosted by the American Public Health Association (APHA) and Grantmakers in Health.

### **CCHE grantees partners see an opportunity to strengthen and leverage the CCHE network to amplify and facilitate scaling the work.**

Institutions and Practitioners suggested that Kresge could increase CCHE grantees' visibility into who is doing what where, make more targeted introductions between individual CCHE grantees, and facilitate relationship-building and peer learning across the initiative. Several Institutions and Practitioners pointed to successful examples of Kresge's support to make these connections, even as they see the opportunity for additional support. For example, Health Care Without Harm (HCWH) was introduced to and became more familiar with the work of Fairmount Indigo CDC Collaborative/Dorchester Bay Economic Development Corporation (a Strategy 3/CBO CCHE grantee) through a Kresge-hosted session at APHA's 2022 conference, which sparked ideas

for opportunities to leverage the HCWH network in Boston to support the CBO's policy goals.

Bringing the CCHE network together provides opportunities for learning from one another, relationship building, and inspiration, as noted at the end of year celebration in December. Based on findings from technical assistance provider Jael Solutions, there could also be opportunities for Kresge to support peer learning and sharing of experiences within and across the CCHE network for all three Strategies around common challenges, such as evaluation and metrics, group engagement strategies, and establishing definitions for successful collaboration.

**“[Kresge could do] a bit more match making [so] that it's not so labor intensive or hit and miss for us; their staff is in a position to connect dots for grantees which can help support mutually beneficial partnerships.” – HCWH**

**“Benefit of learning from one another, zooming back out to remember we are not doing this alone, we're like a choir – breathing at different times but together the music/momentum never stops” – GAVA**

# LESSONS FROM INSTITUTIONS AND PRACTITIONERS ABOUT ADVANCING CLIMATE CHANGE, HEALTH, AND EQUITY

Through key informant interviews with Institutions and Practitioners and secondary data analysis, we gained a deeper sense of project level activity areas and signals of progress for Strategies 1 and 2 of the CCHE initiative. Building on the Learning Cycle 1 Memo, [Reflections on Cross-strategy Activities and Process Notes for Strategy 3 Partners](#), we gained a deeper understanding of how the activities of Institutions and Practitioners advance initiative outcomes and what progress is being made within and beyond the CCHE initiative. Findings in this section are cross-cutting for both grantee cohorts. We organized this portion of the memo around three core topics for Institutions and Practitioners' work:







1. External-facing activities and signals of progress
2. What it takes to do this work – including exploration of equity commitments and framing
3. Contributions to the Community Power Spectrum

See Appendix A for a full list of evaluation questions addressed in this Learning Cycle.

## Institution and Practitioner Activities and Signals of Progress

During Learning Cycle 1 we grouped CCHE grantee activities across the three strategy cohorts into six key activity areas as seen in Table 1. These activity

TABLE 1. CROSS-STRATEGY ACTIVITY AREAS

CROSS-STRATEGY ACTIVITY AREA	DESCRIPTION
 <b>Increasing knowledge/ understanding of climate change, health, and equity issues</b>	Building awareness of the relationship between climate change, health, and equity among community members, government representatives, institutions, practitioners, funders.
 <b>Building capacity for policy advocacy</b>	Growing skills and know-how for legislative policy advocacy at multiple levels: residents, institutions, practitioners.
 <b>Promoting implementation of and/or funding for climate change, health, and equity solutions</b>	Increasing awareness of and technical capacity to implement equitable climate mitigation and resilience solutions other than legislation, i.e., increased investments and funding provided by CCHE grantees, government agencies, and other institutions for equitable climate and health solutions, changes in organizational policies, operations, or programs. This activity is different than policy advocacy.
 <b>Advocating for adoption and implementation of equitable climate resilience policies</b>	Direct action to advocate and campaign for specific equitable climate resilient policies (legislation or government policy) at the local, state, or federal level.
 <b>Improving data availability, translation, dissemination</b>	Utilizing existing data and/or gathering new data and sharing with relevant stakeholders to support data-informed equitable policies, solutions, interventions. Includes both qualitative data such as storytelling and quantitative data such as community or member surveys.
 <b>Broadening/deepening partnerships and collaboration</b>	Building new relationships and deepening existing relationships with entities or individuals from different sectors and orientations; including partnerships with residents, CBOs, government entities and staff, elected officials, institutions, practitioners.

areas describe the ways in which CCHE grantees are “mobilizing for climate action in ways that center justice and equity,” per the [initiative-level hypothesis outlined in the CCHE theory of change](#), to improve climate resilience and health outcomes in the long term. This section is organized around five of the six cross-strategy activity areas and Institutions and Practitioners’ activities and progress therein. The sixth cross-cohort activity category identified in Learning Cycle 1, “Improving data availability, translation, dissemination,” is not included as a stand-alone activity area in this memo, though relates to examples and progress in several of the other activity areas. As seen in the “Spotlight: Bay Area Regional Health Inequities Initiative” and “Spotlight: Alliance of Nurses for Healthy Environments Fellowship,” these activities often occur concurrently and are mutually reinforcing.

### Increasing knowledge/ understanding of climate change, health, and equity issues



**Institutions and Practitioners are integrating climate change, health, and equity into all aspects of their work, and some reported seeing traction among their**

**constituents.** With support from Island Press, Institutions and Practitioners published several articles in various media outlets including Health Affairs, The Hill, Environmental Health News, and Daily Climate. Additionally, nurse fellows from the Alliance of Nurses for Healthy Environments

(ANHE) are educating their colleagues on their climate change, health, and equity projects with CBOs. See page 13 “Spotlight: Alliance of Nurses for Healthy Environments Fellowship”. Several CCHE grantees reported more organizations are reaching out to them for guidance on messaging or integrating climate, health, and equity into their work. Other CCHE grantees are dedicating time to learning and spreading knowledge about the impacts of climate change on health. For example, members of the Michigan Community Health Workers Alliance (MiCHWA) are engaging in trainings to better support communities that are experiencing climate change impacts on health. APHA is engaging youth in the climate action movement (e.g., Youth Climate Leaders Roundtable) and creating spaces to discuss the impacts of climate change on mental health. The APHA Center for Climate, Health and Equity’s Advisory Board and funders are interested in understanding mental health outcomes to inform “community-based, culturally grounded, population-level mental health and wellness strategies” for “individual and collective traumas caused by the climate crisis”. Recently, the Medical Society Consortium (Consortium) updated their communication materials to include a focus on EJ and developed online equity resources.

Institutions and Practitioners underscored how critical it is to change institutional culture by bringing increased awareness and understanding of the relationship between equity, climate change, and health. While this integrated framing is seen as critical to galvanize action, Institutions and Practitioners reported that there is still work to

be done to further shift narrative, and connect the dots between climate resilience, health, equity, and racial justice for decision-makers and healthcare institutions.

**“With regards to acting as the voice of organized medicine, there has been a lot of success. We’re increasingly recognized by others and asked to join different partner coalitions and campaigns.” – Consortium**

### Building capacity for policy advocacy



**Institutions and Practitioners are in the early stages of building greater capacity to collaborate with communities on policy advocacy.** They are

investing in new partnerships and initiatives with communities to begin understanding how Institutions and Practitioners can support local policy advocacy efforts. For example, ECC launched a building electrification equity initiative and established the Emergent Community Capacity Building Program to provide training and funding to CBOs for the development and implementation of energy democracy/energy justice policy agendas. Additionally, ECC initiated partnerships with environmental and climate justice leaders across the country and Microsoft to establish the Just Transition PowerForce, which works to align the “climate commitments of corporations toward deep investments in the sustainability and climate

resilience of frontline communities”. APHA launched a pilot program for climate justice policy advocacy in which state affiliates from Maryland, Minnesota, Missouri, and Nevada, built local partnerships and provided technical support and resources to support state and local advocacy efforts. The Consortium established a program to empower physicians of color to engage in policy advocacy, since this was a barrier identified across many communities. As a result, state partners received funding to work with EJ communities and other frontline groups on EJ solutions and to improve representation, diversity, equity, and inclusion (DEI) in local government. Lastly, nurse fellows with ANHE continue to leverage their partnerships with CBOs to identify new ways to support policy advocacy. By building community partnerships, Institutions and Practitioners are laying the foundation to elevate community-led policy advocacy across various sectors.

### Promoting implementation of and/or funding for climate change, health, and equity solutions



**Institutions and Practitioners are contributing to increased funding and commitments for equitable climate and health solutions across communities.** For example,

the Health and Environmental Funders Network (HEFN) is building greater philanthropic support for equitable climate and health solutions by developing resources and educating funders. HEFN

developed a go-to funding toolkit, [Investing at the Frontlines of Climate Change Toolkit](#), which is a repository of information on government (federal, state, local, and tribal) and philanthropic funding and hubs of funder and nonprofit collaboration. HEFN also co-hosted an event with partners from the public, philanthropic, non-profit, and health sectors on aligning federal funding opportunities with communities’ climate change, health, and equity priorities. Connections made during this convening resulted in participant funders awarding two grants to non-profit participants and funder participants reporting a better understanding of EJ organizations’ needs.

The Consortium provided funding for frontline groups to collaborate on renewable energy policies and improve Black representation on local government boards. ECC led efforts to educate anchor institutions on power-sharing with communities in the climate change, health, and equity space. Due to COVID-19 impacts, the Essential Hospitals Institute (EHI) pivoted to providing grant opportunities for pilot projects in which safety net hospitals implemented operational interventions to lower their rate of carbon emissions and shared their findings among EHI audiences. The pilot projects highlighted effective solutions that reduced hospital emissions, promoted positive health outcomes, and cut utility costs. See EHI’s [Advancing Climate Resilience and Mitigation at Essential Hospitals](#) for more information.

### Advocating for adoption and implementation of equitable climate resilience policies



**Some Institutions and Practitioners are directly contributing their expertise to advocate for equitable climate resilience legislation and seeing wins.**

HCWH successfully

contributed to the development of four amendments that were approved for [Act H.5060](#) in Massachusetts for clean energy sources and offshore wind. HCWH also provided comments on several Request for Information opportunities at the federal level, including the 2022 DHHS Environmental Justice Strategy and Implementation Plan Draft Outline to voice their strong support for the inclusion of EJ in the DHHS mission and identifying priority actions and strategies to best address environmental injustices and health inequities for people of color, and disadvantaged, vulnerable, low-income, marginalized, and indigenous populations.

The Consortium engaged members of Congress to raise awareness of equitable climate and health policies on Twitter and posts were viewed by roughly 1 million people online. This campaign along with other outreach efforts to Congress contributed to the adoption of the Inflation Reduction Act with [provisions to support equitable climate policies](#).

## Common Challenges

This work is complex and not without challenges. Despite wins, signals of progress, and a deep commitment to advancing this work, Institutions and Practitioners reported common obstacles such as: Staff turnover; COVID-19 impacts including health and public health staff burnout; fewer opportunities to build relationships in person; and insufficient funding and capacity across the field to meet the need of this critical inflection point.

Institutions and Practitioners' efforts are also contributing to increased government funding for the implementation of equitable climate and health solutions, as well as the integration of equitable practices in government processes. For example, HCWH's advocacy efforts contributed to adoption of a new inpatient payment rule by Centers for Medicaid and Medicare Services that added health equity-focused measures to the Hospital Inpatient Quality Reporting Program. California allocated funding to implement the Bay Area Regional Health Inequities Initiative's (BARHII) Equity Officer infrastructure across state government agencies and local health departments. See page 9 "Spotlight: Bay Area Regional Health Inequities Initiative". Additionally, California's \$38 billion Food Justice Budget includes resources to replicate Anchors in Resilient Communities across the state, which was initially formed through a collaboration between HCWH and ECC.

## Broadening/deepening partnerships and collaboration



**Institutions and Practitioners are leveraging partnerships and networks to advance equitable climate and health solutions.** For example, BARHII Equity Officers are

collaborating with CBOs on funding proposals and partnering with state and local agencies as they expand the Equity Officer framework in California. Additionally, Institutions are elevating community-led solutions throughout their networks by convening their partners. EHI invited their grantees to America's Essential Hospitals annual conference which helped build connections between members. Throughout the conference, members discussed how they can begin engaging in the climate change, health, and equity space and how to navigate this space with limited resources. As a result, members realized that there are disparities in their engagement which sparked more conversations on resource sharing and the financial advantages of investing in climate projects. Practitioners are mobilizing the healthcare sector to partner with communities and become stronger policy advocates and voices at decision-making tables, which was not happening or happening to a lesser extent than before the CCHE initiative. For example, the Consortium is partnering with other professional societies to promote climate policy resolutions and develop legislative strategies. An ANHE nurse fellow created a guide for community education on resilience hubs with the Eastside Community Network (Strategy 3 grantee) and APHA created

opportunities to connect CBOs to technical assistance, resources, and national experts in the climate change, health, and equity space.

## What It Takes to Do This Work

### Operationalizing Equity: Internal and Organizational Shifts

**Several Institutions and Practitioners shared examples of strengthened and more explicit internal-facing equity practices and policies such as changing the ways they engage with low-wealth communities and communities of color and integrating diversity, equity, inclusion, and anti-racism (DEI-A) into governing documents and membership expectations.** For example, APHA and ANHE's commitments to equity have changed how they support vulnerable communities. Both organizations aimed to collaborate with communities on climate change, health, and equity issues but realized that they need to incorporate equity from the beginning to meaningfully address environmental health disparities. As a result, APHA integrated equity into their planning and implementation strategies to better equip frontline communities with resources to lead advocacy efforts. ANHE promoted their fellowship program to racially diverse nurses and changed their fellowship application process, so that the second cohort of fellows better represented the communities they would work with under the fellowship. Furthermore, some Institutions and Practitioners we spoke with highlighted that working with CBOs locally or regionally in authentic and meaningful ways often requires a different skill set than other aspects



## SPOTLIGHT

## Bay Area Regional Health Inequities Initiative

The Bay Area Regional Health Inequities Initiative (BARHII) is providing 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 in communities.

**A new approach to embedding equity into government decision-making:** BARHII has established a multi-year contract with the California Department of Public Health (CDPH) to support Equity Officers across the state of California and will be contracting with the National Association of County and City Health Officials (NACCHO) to provide support to up to 47 other jurisdictions across the United States.

**Building the capacity of Equity Officers to integrate a more equitable response to climate-driven disasters:** BARHII has participated in peer learning sessions to explore challenges related to addressing competing demands placed upon equity leaders and to learn to navigate conservative contexts in efforts to build out the National Racial Health Justice Center. BARHII, along with its partners, also released a guide detailing an assessment of climate readiness for California local public health departments to highlight the need for engaging in climate equity via Equity Officers and is developing an evaluation report that identifies successes from the Equity Officer model for addressing climate-driven disasters and other community emergencies.

**Promoting the Equity Officer model in a variety of local, regional, state, and national settings to spread and scale the work:** In 2021, BARHII presented a webinar for the state of California's Climate Action Team—Public Health Workgroup, reaching approximately 1,500 viewers, and at the County Health Executives Association of California annual conference. In 2022, BARHII presented on climate, health, equity at the Northern California Grantmakers (NCG).

**Spreading awareness about the importance of public health departments and their engagement in climate change and health equity efforts:** BARHII, in collaboration with the Asian Pacific Environmental Network and the San Francisco Department of Public Health, kicked off California's extreme heat season with a Bay Area Equity Officer learning session regarding how Equity Officers can play a supportive role in resilience efforts.

**Equity Officers are having an impact on the field:** The Sonoma County's Equity Officer recently transformed their county's planning process to allocate nearly \$100M in American Rescue Plan Act (ARPA) funds to center equity.

of their work, and that hiring dedicated staff or consultants has been critical to their progress. One CCHE grantee noted that being intentional and committed to racial equity and equity principles overall can take time but is critical to the work.

**“Equity shows up in our work when community organizations tell us what they are working on, and we can bring health systems to the table to support existing community priorities. This helps change the power dynamics away from situations where hospitals decide what they can do for the community without talking to them.” – HCWH**

**“In every activity from planning to implementation try to be clear on the equity piece. Make sure community level groups, communities of color, frontline communities are taking the lead on work and being provided with resources to do this. Understand that you need to meet them where they are and that requires flexibility in time and space (i.e., meeting after typical work hours or on the weekend).” – APHA**

**“We recognized that we couldn't get into the conversation of environmental justice and health equity without a commitment to racial equity that was established during the selection process of this year's nursing fellows. The search was an important journey in itself as it helped me learn about this very specific niche within environmental health.” – ANHE**

Another example comes from The Consortium, as they have implemented a requirement for members to integrate equity into their work and established DEI-A principles related to the Consortium's activities. The Consortium updated their Memorandum of Understanding to include a clear focus on equity and collaborated with health equity experts to develop DEI-A strategies for internal and external dissemination.

**By strengthening internal-facing equity practices and policies, Institutions and Practitioners demonstrate an ongoing commitment to deepen connection between organizational values and actions.** These actions relate to the [initiative theory of change](#) at the strategy level, which names two strategy-specific outcomes related to operationalizing equity: Institutions, Outcome 1: Deepen their understanding of what it takes to advance equitable climate resilience. Practitioners, Outcome 1: Know what actions to take to incorporate climate-related health issues and community-level impacts into their work and do so. By integrating principles related to DEI-A, Institutions and Practitioners are setting themselves up for meaningful collaboration with communities and equipping themselves to better address the impacts of climate change. This continued strengthening and deepening of organizational equity practices and principles within grantee organizations is a continuation of progress seen during the [CCHE Developmental Evaluation \(2018-2021\)](#), during which we found that “some grantees [had] developed more clarity around their equity practices since the initiative launch, while others already had clear definitions and practices, but all

see the need to continue to deepen and advance equity in their work.”

### Strengths and Limitations: Integrating Health and Racial Justice into the Call for Climate Action

In the transition from the developmental evaluation (2018-2021) to the current outcome evaluation (June 2021 – May 2024), Kresge desired a deeper understanding of how the health and racial justice frames were influencing CCHE grantees' work to advance climate resilience. Understanding these elements could help create better, more strategic tools, resources, and technical assistance to grow the network and develop new partners and collaborations. In Learning Cycle 2, we dug into these questions with Institutions and Practitioners and learned the following:

**The health impacts from climate change are no longer abstract and unrelatable; they are personal and tangible. This makes connecting the dots for climate and health stakeholders (and the public) that much easier and speeds up the work.** It's an unfortunate truth that more and more Americans' lives have been touched or permanently altered by climate-related events, contributing to a growing awareness and baseline understanding that corrective and urgent action is needed. The media undoubtedly played a key role in this phenomenon. Coverage of health and climate change in the media reached a new record high in 2021, with a 27 percent increase from 2020.<sup>3</sup> Multiple Institutions and Practitioners said this heightened understanding has been an important facilitator of mobilization efforts.

“Framing climate from a health perspective is a game changer... when folks struggling with asthma and chronic respiratory illnesses can reduce those triggers, climate issues become less abstract, it makes sense to everyone.”

– ECC

“While the climate crisis intensifies, it gets more relatable to people.” – APHA

“Organizations that were previously hesitant are getting on board are coming to us to ask about how to get the message out, that they're hearing from their members with these question about climate and health.” – ANHE

**While Institutions and Practitioners reported that drawing connections between climate change and health impacts is universally relatable, linking racial justice as an explicit outcome of work at the intersection of climate change, health, and equity appears more nuanced and context specific depending on who grantees are working with and their understanding of racial justice issues.** Several Institutions and Practitioners shared successes in building awareness and mobilizing action around climate with a racial justice focus. For example, HEFN's Executive Director and three national affinity group partners led a United Philanthropy Forum 2022 session on “Preparing Our Institutions, Funders, and Communities for a Rapidly Changing World: A Skill-Building Session for Climate Preparedness, Racial Justice, and Equitable Resilience” with participants from national and

regional grantmaker associations. ANHE's skill building workshop on health equity and anti-racism garnered feedback from fellows that the content helped practitioners recognize the need to "actively acknowledge [current systems and policies] as racist and colonial" in their work.

Some Institutions and Practitioners reported that focusing on racial justice and EJ resulted in increased credibility with some partners. However, they also shared that focusing explicitly on racial justice or racial equity can be alienating for some partners or constituents (e.g., White-led constituent- or peer-based institutions or funders or those working in primarily in White low-income communities). In some cases, Practitioners and Institutions have found building the case for a holistic approach to climate, health, and equity issues has also been challenging when working with partners or in conservative contexts where "climate change" or "racial justice" are politicized. While Metropolitan Group's technical assistance, [CCHE Messaging Framework](#), and [Toolkit](#) were purposely designed to help address some of these communication challenges, some Institutions and Practitioners were unfamiliar with the Toolkit; there may be an opportunity to further socialize and roll out these materials across the network.

CCHE grantees noted that highlighting the public health angle of climate change and its impacts on people of color and other underrepresented groups is critical to help leaders understand the importance of making changes.

**"[We're working with partners] that come with different [awareness] of racial justice issues and they've made progress but they're still not there yet... It's limiting and opening (for new ideas and trust building) at the same time." – HEFN**

**"The focus on EJ has helped legitimize climate and health work, so that's helped us bring more organizations to the table. They're thinking about how to engage in policy." – ANHE**

**"The same polarization that we see across the country exists in our healthcare workforce." – ANHE**

**While dots are connecting for some, more work is needed to promote an integrated vision for health and equity related to climate action.** To some extent, racism continues to be seen as a siloed issue, even among leading health funders, some of whom have only recently begun connecting health outcomes to the influence of systemic racist policies. Institutions and Practitioners we spoke with pointed to several leaders and decision-makers outside the CCHE network who are missing the opportunity to integrate health, equity, and climate in new or existing work – whether out of ignorance of the interplay of these issues, reluctance to change, or a sense that these systemic issues are too complex to surmount.

To continue educating and building awareness of the interrelated issues and solutions across sectors and silos, Institutions and Practitioners see

their work to mobilize constituents and peers as critical ingredients. Some noted the level of effort and skill sets needed to help shift the narrative at the institutional level can be sensitive work that requires strategic engagement from senior leaders.

**"The work has a lot of land-mines and pitfalls, but also great possibilities—which means engaging the appropriate senior level managers and leaders in these health systems." – ECC**

**"[In healthcare] there is increasing positive peer pressure for climate action that incorporates racial justice in its design and execution [...] but many hospitals systems see racial justice as the complex, structural problem that it is, and therefore recognize they need to partner with other institutions in the community to create systemic solutions." – HCWH**

**"Essential hospitals work with their community partners to address homelessness, transportation, education, employment, and other social determinants of health (SDoH). The impact of climate change and climate resilience being considered SDoH is still a nascent idea. Essential hospitals are thinking about resilience in terms of survival of building, carbon footprint, and how best to provide care to the vulnerable members of the community during a disaster." – EHI**

## Seeing the Community Power Spectrum in a New Light: Institution and Practitioner Contributions

According to the [CCHE initiative theory of change](#), the initiative aims to contribute to the adoption and implementation of equitable climate and health policies, programs, or investments that are driven by communities and responsive and accountable to the priorities of low-wealth communities and communities of color. Undergirding this aim is community power. In the Learning Cycle 1 memo, [Reflections on Cross-strategy Activities and Process Notes for Strategy 3 Partners](#), we found that one of the ways CCHE grantees are mobilizing for community driven climate and

health policies, programs, or investments is by building community capacity for policy advocacy. CBOs are building residents’ capacity for policy advocacy by strengthening community leadership and empowering resident leaders for systematic change. To date, the Emergent Community Power Spectrum ([See Figure 3 in the Learning Cycle 1 Memo](#))<sup>4</sup> has depicted how CBOs are advancing change by building community leadership pathways to achieve community power, justice, and liberation. The spectrum includes eight types of activity that range from programmatic to transformative efforts. This memo begins to explore the role Institutions and Practitioners are playing in advancing community leadership and power (See Figure 2).

In the spectrum below, community residents and advocates are the primary audience for CBO activity and hospitals, healthcare systems, public health institutions, funders, healthcare, and public health practitioners are the primary audience for Institution and Practitioner grantee partners. In the first half of the spectrum, we see CCHE grantees as the primary actor creating space for community power. The second half of the spectrum shows community as the primary actor in deploying their own power.

Earlier in this memo we describe how Institutions and Practitioners are increasing their knowledge and understanding of climate, health, and equity issues; promoting implementation and funding for solutions; advocating for adoption and

FIGURE 2. EMERGENT COMMUNITY POWER SPECTRUM

Creating space for community power...				Deploying community power...			
Community Relief	Knowledge/ Understanding	Capacity	Empowerment	Informal Inclusion	Formal Influence	Political Power	Justice and Liberation
CBOs learn about crises affecting community and provide relief.	CBOs connect climate resilience to lived experience of community. <b>Institutions and Practitioners</b> raise awareness within their constituencies about the nexus of climate change, health, and equity.	CBOs build knowledge, shared vocabulary, and skills to engage in policy advocacy among community advocates. <b>Institutions and Practitioners</b> build capacity to collaborate with communities on policy advocacy.	CBOs support community in identifying key issues and raising their voices in policy advocacy. <b>Institutions and Practitioners</b> provide training, funding, other resources for community led policy advocacy; use their networks, expertise, and power to build public and political support for CCHE-related solutions led by CBOs; and amplify community voices.	<b>Community</b> is procedurally included in decision-making processes; true value is not recognized.	<b>Community</b> is meaningfully included in decision-making processes; value is recognized.	<b>Community</b> is in positions of decision-making power in city agencies or government. Policymakers held accountable for implementation of equitable solutions and centering equity.	Creation of a just economy that resolves inequities from historic and current community disinvestment. <b>Community</b> members gain freedom from fear of climate crisis.

implementation of equitable climate resilience policies; and broadening/deepening partnerships and collaboration. We find that these activities fall within the first half of the spectrum where we see CCHE grantee partners across the initiative creating space for community power. Institutions and Practitioners are contributing to community leadership and power through institution-, practitioner-, and funder-facing activities to increase knowledge and understanding of climate, health, and equity issues; building capacity for policy advocacy at this nexus; and building knowledge and understanding of how to partner with CBOs to pursue change. Institutions and Practitioners are contributing to community empowerment by using their own power to build public and political support to advance equitable climate resilience policies.

Institutions and Practitioners are finding that aligning corporate culture with community processes often requires significant effort as they work to shift the way their own and other institutions engage with and are accountable to the communities they serve. The spectrum provides one way of understanding how Institutions and Practitioners are contributing to the advancement of community power.

## SPOTLIGHT

# Alliance of Nurses for Healthy Environments Fellowship

The Alliance of Nurses for Healthy Environments trains nurses to work with communities in tackling serious environmental health issues, with an emphasis on climate and health equity. Funding through the CCHE initiative supports ANHE's Environmental Health Nurse Fellowship Program (fellowship) in which nurses collaborate with communities on projects related to climate change, health, and equity.

**Training nurses to support climate vulnerable communities:** Over the past two years, ANHE fellows collaborated with CBOs to develop health screening tools, policy advocacy toolkits, and educational resources to address health inequities related to climate change; they also continue to provide educational trainings within their healthcare institutions. In partnership with HCWH, ANHE achieved their goal of educating 50,000 health professionals through the Nurse Climate Champions initiative. ANHE reports a growing number of professional organizations seeking ANHE's support with educating practitioners on climate change and health equity,

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

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

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

**Incorporating the health frame improves the utility of resources for communities:**

The health frame is compelling for educating practitioners and developing tools and resources for vulnerable communities. For example, a fellow developed a surveillance tool to assess health outcomes among residents living near a major airport since they were at increased risk for cardiac and respiratory illnesses in comparison to other communities. The fellow intended to inform policy advocacy efforts with the health data collected by their surveillance tool. Another fellow collaborated with Eastside Community Network to create resources for translating medical jargon related to environmental impacts and educating residents on the utility of resilience hubs. Lastly, one fellow developed an environmental health toolkit for Latinx communities to learn how to advocate for their health when interacting with practitioners.

**Navigating challenges with institutions and communities:** The healthcare sector is still learning to recognize connections between climate change and health and what steps it can take to reduce greenhouse gas emissions. Fellows understand that this cultural shift is challenging to advance, and they are eager to collect data on the economic, health, and climate co-benefits since institutional change in the healthcare sector skews heavily toward return on investment. Throughout the fellowship application process, ANHE aimed to recruit fellows who had existing partnerships with traditional CBOs (e.g., community-led, faith-based, EJ, labor, and community development organizations) in specific cities across the U.S. However, ANHE struggled to identify fellows who met those criteria and consequently shifted their definition of a “traditional CBO” to accommodate new partnerships between fellows and local organizations in other communities.

**Impacts beyond the fellowship:** After completing the fellowship, nurses say they are passionate about continuing their work on climate change, health, and equity issues, educating other practitioners, staying connected with other fellows, and supporting new fellows. One clear example came from a former ANHE fellow, now Executive Director of an organization working on clean air issues, who was invited to speak at the 2022 United Nations Climate Change Conference (COP 27) in Egypt. The former fellow highlighted the impactful work ANHE had done here in the U.S.

**“I’ve been loving this so much that I really want to engage in the environmental justice and environmental health space more. I actually applied for a position with the National Environmental Education Foundation. The Love My Air grant is ending this month for my regular day job and I really enjoy being able to operate in this space.”** – ANHE Nurse Fellow

## APPENDIX A: INITIATIVE ACTIVITIES, DATA SOURCES, EVALUATION QUESTIONS FOR LEARNING CYCLE 2

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### Initiative Activities and Data Sources

During this Learning Cycle, the Kresge Foundation (Kresge) supported capacity building, peer learning, and network building opportunities among the CCHE grantees in service of the overall [CCHE initiative theory of change](#). Technical assistance providers supported capacity development for evaluation and metrics (Jael Solutions) and narrative and messaging (Metropolitan Group). Kresge requested feedback from CCHE grantees to understand what tools and resources would be most useful through formal mechanisms (e.g., a Kresge-hosted communications survey) and informal mechanisms (e.g., during check-in calls) and addressed these requests through technical assistance, peer learning opportunities, and other resources shared through the CCHE listserv and online ([CCHE Peer Learning Resources web page](#)). Kresge and ISC also held a peer learning session in December 2022 that focused on successes among CCHE grantees over the past year. Kresge supported CCHE grantees by promoting their work across different platforms and by engaging in many field-building activities throughout 2022. Examples include:

- Kresge and ISC facilitated discussions with practitioner organizations, funders, and federal agencies (Collective Energy, Capital Link, Capital Fund, and Center for Climate, Health, and Global Environment (C-CHANGE)).
- Kresge facilitated introductions to connect the Commonwealth Fund and HEFN.

- ISC facilitated an introduction between ANHE and the Strong, Prosperous, And Resilient Communities Challenge (SPARCC) to support community placement of nurse fellows.
- Kresge promoted CCHE grantees' work at conferences hosted by Grantmakers in Health, HEFN, and APHA.
- Kresge sponsored a Climate Change Luncheon at America's Essential Hospital 2022 VITAL Conference.
- Kresge attended CCHE grantees' webinars and panels and shared funding opportunity announcements through the CCHE grantee network.

Data sources for this Learning Cycle included key informant interviews with Institutions and Practitioners, meeting observations, and a review of Institutions and Practitioners' interim and final reports, as seen in Figure 1. Meeting observations included Advisory Committee meetings, CCHE Core Team meetings, peer learning calls, and Institutions and Practitioners' meetings with Kresge Program Officers. We also tracked CCHE listserv email announcements, CCHE dashboard updates, and media coverage of CCHE grantees' activities for signals of progress.

## Outcome Evaluation Questions Explored in Learning Cycle 2

### Initiative-level Evaluation Questions

1. In what ways has collaboration at the CCHE intersection changed/what role is cross-sector collaboration playing in advancing CCHE outcomes?

2. What role is mobilization playing (including increased political will and public support) in advancing CCHE outcomes?
3. What has been CCHE's contribution to building/strengthening a national field of practice?
4. In what ways and to what extent [is a] stronger cadre of organizations emerging with increased capacity, skills, and resources to act on climate change, health, and equity more effectively?

### Strategy 1 (Hospitals, Health Care Systems and Public Health Institutions, or "Institutions") Evaluation Questions

1. In what ways has CCHE helped grantees deepen their knowledge and skillsets to advance equitable climate resilience?
2. To what extent are hospital/health care system/public health institutions increasing funding and financing for climate resilience practices, projects, and programs within their organizations/systems?
3. To what extent has the hospital/health care system/public health institution sector been able to implement strategies and programs that reduce their carbon footprint and help them prepare for the impacts of climate change?
4. How and to what extent are hospital/health care system/public health institutions changing the way they engage with low-wealth communities and communities of color?

### Strategy 2 (Health Care and Public Health Practitioners, or "Practitioners") Evaluation Questions

1. How have practitioners deepened and sustained relationships that increase opportunities to support and reinforce cross-sector equitable strategies that improve climate-resilience and health outcomes?
2. To what extent have practitioners and their constituents succeeded or been challenged by promoting health implications of climate change drivers and impacts within their professional societies and networks?
3. What are the key drivers that support health practitioners in promoting or advancing climate resilience practice within institutions/organizations? What are barriers?

## ENDNOTES

- 1 Not Always Movements: Multiple Approaches to Advance Large-Scale Social Change. ORS Impact Brief. [https://www.orsimpact.com/DirectoryAttachments/6242020\\_41543\\_949\\_Not\\_Always\\_Movements\\_Field\\_Building.pdf](https://www.orsimpact.com/DirectoryAttachments/6242020_41543_949_Not_Always_Movements_Field_Building.pdf). Accessed February 14, 2023.
- 2 About the Office of Climate Change and Health Equity (OCCHE). <https://www.hhs.gov/ash/ocche/about/index.html>. Accessed on February 14, 2023.
- 3 [Lancet Countdown 2021](#).
- 4 The Emergent Community Power Spectrum has its roots in the experience of grantee partners in an earlier Kresge initiative that aimed to advance equitable climate resilience, the Climate Resilience and Urban Opportunity Initiative (CRUO). Based on CRUO work and engagement with community-based grantee partners in Phase 1 of the CCHE initiative, we created the Emergent Community Power Spectrum to depict what community-driven change looks like in practice.