Implementing Health in All Policies in the Climate Space

This document provides concrete examples of activities to address climate change through a HiAP lens. The activities are grouped by intensity of engagement, so can be selected according to individual need.

Introduction

Each year, our jurisdictions face hurricanes, floods, extreme heat events, destructive wildfires, as well as other natural disasters and homeland security threats that test the resiliency of state, territorial, and freely associated state agencies and the communities they serve. Through cross-sector collaboration and advance planning, state and territorial health agencies (S/THAs) are helping to improve the resiliency of their jurisdictions to climate threats by:

- Incorporating climate and health information into emergency preparedness planning.
- Utilizing tools to pinpoint highest risk communities and promote resources, training, and educational material related to climate action.
- Better integrating climate adaptation planning into their organizational frameworks.

Health in All Policies (HiAP) is a helpful approach that can be integrated into these climate efforts to add long-term value, increase their impact, and better achieve health equity and optimal health for all.

Background

According to ASTHO’s Climate and Health Capacity Survey, over 50% of participating agencies have a crosscutting, multi-agency initiative to address climate change (e.g., HiAP Task Force; Climate Change Commission, Resilience Initiative; U.S. Mayors’ Climate Protection agreement; or climate registries) within their jurisdiction. In addition, infectious diseases (both vector- and non-vector-borne) are the areas of highest concerns for the majority of S/THAs within the area of climate and health, followed by extreme heat events, river and lake flooding, and safe drinking water disruptions.

Implementation Phases of HiAP

By implementing HiAP strategies across all four levels of engagement demonstrated in Figure 1, ranging from least to most collaborative, S/THAs can better address climate and equity issues in their jurisdictions and leverage partnerships to mitigate adverse impacts. As you move through the phases of implementation, relationships between partners grow and more investment in time and resources leads to more fruitful engagement.
Figure 1. Implementation Phases of HiAP

**Informational**
- Relationship building
- Basic information exchange

*Example:* Engage in climate adaptation planning conversations with partners.

**Consultative**
- Single agency driver
- Participate on advisory groups

*Example:* Encourage local government to develop and/or share an existing sustainable business toolkit with local employers.

**Engaging**
- Lead agency solicits feedback from partners
- Participate in policy implementation

*Example:* Work with local planners to limit development in flood-prone areas.

**Collaborative**
- Partners share responsibility for decision-making and implementation
- Health is routinely considered in policy and program decisions

*Example:* Work with planners on development that reduces vehicle miles traveled.
Phases of HiAP in Detail

In the **Informational** phase, partners build relationships and exchange information to initiate engagement and increase awareness of links between public health and non-health sectors. New and existing partners who work on topics with clear links to health are likely early allies in the HiAP process.

In the **Consultative** phase, the lead agency—usually, the health agency—is asked to provide input and advice to other partners through direct outreach or participation in an advisory group. This consultation may be in response to community health concerns or specific to a project or policy.

In the **Engaging** phase, consulting partners are invited to work more closely with the lead agency and potentially participate in policy implementation. This fosters genuine stakeholder and community engagement, where participants connect to brainstorm solutions based on their respective expertise. Although the lead agency may still retain control over the ultimate outcome, feedback can and should be considered and incorporated into the process. Examples of engaging activities include defining common language across sectors and partners or integrating health considerations into funding mechanisms.

In the final phase of HiAP implementation, the **Collaborative** phase, there is no longer just one partner driving the activities or communication across sectors; rather, partners share responsibility for decision-making. This is the point where multi-agency task forces are set up, Memorandums of Understanding/Agreement (MOU/MOAs) are signed between agencies, and health and equity are routinely considered in policies and program decisions.

The sections below outline example activities for implementing HiAP in the climate and health space, providing tangible ways to move forward as well as the HiAP strategies (Figure 2) with which they align.
### HiAP Implementation Phase: Informational

- Host meetings with FEMA and other emergency preparedness groups to talk about extreme weather planning. (Strategy 1)
- Join partnerships and collaborations that expand use of green infrastructure practices in new design and renovations to state/county buildings. (Strategy 1)
- Engage in climate adaptation planning conversations with local jurisdictions. (Strategy 2)
- Use tools such as EnviroAtlas to see which areas in the jurisdiction could benefit from increased tree planting/canopy. (Strategy 5)
- Disseminate educational materials on food diversion, such as the EPA interactive Excess Food Opportunities map. (Strategy 6)
- Create, promote, and update community resources, training, and educational material related to climate action. (Strategy 6)

Texas has a National Disaster Operational Workgroup (NDOW) that seeks to establish an operational structure and common planning framework. The NDOW works across several agencies to help them coordinate efforts and develop standardized procedures. The workgroup has created a database of relevant documents (e.g., maps, field data sheets) that anyone can update or refer to when responding to a disaster. In addition, the workgroup conducts disaster preparedness activities each year and responds under unified command. Each year, Texas hosts a hurricane exercise in which at least five agencies are deployed into the field as if responding to a real disaster. These teams conduct daily planning, evaluate targets, assess environmental factors, and ensure appropriate internal coordination.
Climate change is a priority at the Washington State Department of Health. Their office of Emergency Preparedness and Response added climate change to its mandate to ensure the state is better able to respond to any threat to the public's health. The department works to build and sustain the public health and medical emergency preparedness system and capabilities throughout Washington. Their team focuses on "all-hazards" planning and capacity development, preparing for the types of situations expected from climate change, including natural disasters, major emergencies, and extreme weather events. Partners include other state agencies, tribal nations, educational institutions, healthcare centers, local health departments, the state Board of Health, Northwest Center for Public Health Practice, and other community groups.
HiAP Implementation Phase: Engaging

- Engage with the Department of Transportation on increasing vegetative buffers along major roads. (Strategy 1)
- Partner with local government to host Earth Day challenges and pledges for local businesses, residents, and schools. Identify specific activities for youth engagement as well. (Strategy 1)
- Work with local planners to limit development in flood-prone areas. (Strategy 2)
- Work with planners to expand the uptake of natural stormwater absorbing technologies like green stormwater infrastructure. (Strategy 2)
- Work with city planners to limit development that takes away natural landscape in urban heat islands. (Strategy 2)
- Encourage localities to implement pilot projects for organic waste collection and management via composting. (Strategy 2)
- Work with planners to increase the development of greenways in urban environments without displacing individuals. (Strategy 2)
- Work with local health departments and school districts to require the use of fragrance-free, greener certified cleaning products, such as EPA Safer Choice, UL ECOLOGO, GreenSeal, etc., in schools. (Strategy 2)
- Work with local government to make recycling easy by distributing cans for individual households and designated bins for higher density housing. (Strategy 2)
- Work with relevant state and/or local government agencies to establish a green infrastructure policy for city projects and facilities. (Strategy 2)
- Work with local government to utilize grant programs to invest in weatherization and retrofitting for schools (e.g., DOE weatherization assistance program). (Strategy 4)
- Collaborate with state and local laboratory services and encourage them to adjust to accommodate changes in climate-sensitive conditions. (Strategy 5)
- Engage with youth to work on climate justice, equity, and resilience education and programs. This could include a climate action youth intern program in the state or local health agencies. (Strategy 6)

The Wisconsin Department of Health Services’ climate and health program helped build the Wisconsin Environmental Equity Tool, a comprehensive web-based environmental justice and health equity mapping tool developed by four agencies in consultation with other organizations, community members, and local government. Collaborators include the Department of Administration, Department of Natural Resources, and Wisconsin Economic Development Corporation. The online tool combines, analyzes, and visualizes data so government and tribal agencies, community-based organizations, and the public can pinpoint Wisconsin’s most impacted communities. The goal of the tool is to help all users better understand the challenges impacted communities face from pollution, a changing climate, socioeconomic factors, and other environmental and health hazards.
HiAP Implementation Phase: Collaborative

- Work with local transportation and planners to increase transit-oriented development. (Strategy 1)
- Work with planners on development that reduces vehicle miles traveled. (Strategy 2)
- Partner with local government, planning agencies, and school districts to encourage the use of green infrastructure practices (e.g., LEED program) and air pollution mitigation best practices when updating or building new schools. (Strategy 2)
- Collaborate with local health departments and school districts to develop heat contingency plans for schools during extreme weather situations. (Strategy 5)

- Partner with local government to provide in-school education on climate action to youth in K-12 schools. (Strategy 6)
- Work with local health departments and school districts to post no-idling signs outside school entrances and where drop-off/pick-up occurs for students. (Strategy 6)
- Work with local health departments and planners to map environmental justice concerns (e.g., CDC/ATSDR Environmental Justice index) to identify areas where climate planning work, planned capital improvements, and negative environmental impacts intersect. (Strategy 7)

New Mexico has an Interagency Climate Change Task Force (CCTF) led by the Department of Energy, Minerals, and Natural Resources, and the Environment Department. This working group of partners includes nine smaller interagency Climate Action Teams responsible for proposing, planning, and implementing strategies to reduce greenhouse gas emissions and enhance New Mexico’s ability to adapt to climate change. They also have a technical advisory group whose charge is to assess the climate goals and implement actions proposed by the CCTF to help New Mexico meet its 2030 emissions reduction goal while strengthening its economy and integrating equity principles into its climate planning.

Conclusion

Climate and extreme weather threats have a severe impact on health and well-being. Many S/THAs are engaged in cross-sector partnerships and actively working to ensure that their jurisdictions can best adapt to these changes and prepare for future events. Through engaging in HiAP activities specific to climate change along all four levels of engagement, S/THAs and partners can help to reduce the health effect of these threats.