

## Lessons Learned

### Summer 2013

An evaluation of a 2-year planning effort with 5 different local health jurisdictions in Oregon helped us better understand the needs of local health jurisdictions when it comes to planning for climate-related health effects. Participants were asked to discuss the partners with whom they worked and the responses created a list of partners and stakeholders, including:

- community-based organizations
- hospital liaisons
- the local university
- first responders
- other government agencies, and
- various health department staff from epidemiology, chronic disease, emergency preparedness, mental health, and others.

*"We have a lot of people that support work on climate change. It was a matter of finding those people and once the right people fell into place it just was like dominoes... we are now moving forward to the Board of Commissioners..."*

Several noted the importance of having wide representation to ensure different perspectives and interests are considered.

*"I cold called the CEO of (a local company)... At first he said that he doesn't believe in climate change at all...I said that I thought it would be really irresponsible of us not to look at it when all the insurance companies are looking at it and when the pentagon is looking at it and all the armed forces are making climate change plans... he said, 'Ok, you're right'. We had a wonderful conversation and... he agreed to be one of our advisors."*

For some, community partners and organizations were missing because of their general skepticism of a government-initiated process or skepticism of climate change.

Progress was made through the willingness of staff to have uncomfortable conversations with community stakeholders. Through this process, many learned new ways to talk about the work that resonated with different audiences and community perspectives.

The planning process varied by jurisdiction. Most convened sessions with stakeholders and presented local data to collectively identify priority concerns. Some drew upon the [10 essential services of public health](#) to fit priorities into existing activities of the health department.

*"It's very political... It is a terrible political risk to talk about it and yet here we are. So I think it's going to take some kind of willingness to stand our ground on this one and insist on having the conversation."*

Others found that by using “*clicker technology*” they were able to actively and concretely engage people in identifying local priorities.

*“We can carry these concepts forward... into what we already do but we can’t take on as a project something that is unfunded.... the only way it’s moving forward is in those subtle ways of incorporating the philosophies and strategies into our everyday work.”*

Because climate adaptation planning is still a relatively new field, limited funding is available. Local participants acknowledged the challenges of advancing this work with limited capacity.

*“We are also talking with other agencies about the possibility of incorporating some awareness of health risks into their climate change planning...I think it is strategies like that, figuring out where we can sneak it in and add to the work that is being done.”*

## **Lessons Learned**

### ***From early efforts to develop climate and health adaptation plans in local health jurisdictions***

- Designate a lead who can coordinate efforts
- Identify existing teams, committees and efforts already connected to this work
- Identify leverage points in county or community
- Seek the support of county health leadership
- Emphasize association between emergency preparedness and climate change
- Encourage collaboration among multiple bureaus, agencies, departments
- Address skepticism around the realities of climate change early in the process
- Include experts and community partners
- Involve leaders/elected officials a little later in the process
- Work closely with other health department staff and share information
- Connect to topics that are already of interest or of concern to the community
- Consider mental health outcomes in health assessments
- Recognize the political differences between urban and rural communities
- Start with what the community values – good stuff about their community that they want to preserve
- Build on what we’re good at – risk communication, etc.
- Collaborate with adjacent counties

## Lessons Learned

*Spring 2014*

### ***What is your advice for other LHJs interested in engaging in climate change work?***

- Take time to familiarize yourself with the science - Show that you know the subject and don't let politics guide your decisions
- Have the data to back up what you are saying
- Find commonality with staff and programs within health department Find other groups in the community who can help you with outreach (example: university partner)
- Engage stakeholders early
- Identify a core group of colleagues who can also champion the effort and serve as a sounding board
- Build an internal team/workgroup to ensure continuity
- Work with partners to build evidence
- Conduct a true community assessment
- Understand your capacity (\$, political support, etc.)
- Get leaders on board – advocate for climate work within dept.
- Help supervisors and leaders see climate change as a priority
- Engage internal decision-makers from the get-go
- Integrate into 10 essential services or other widely accepted Public Health framework
- Integrate into current practices and programs
- Have adaptation plan “live” within another plan, such as an All Hazards Response Plan, so that it will be regularly revisited
- Get creative with existing resources, partners – talk about it in a way that relates to what they do and what they are concerned about

### ***Have you identified new opportunities or next steps? What is needed to support these efforts?***

- Data that ties health outcomes to climate change
- Using data to inform changes within health department
- More outreach materials (like brochure, website, etc.)
- Interested in reaching general public
- Emergency response planning
- Clean air quality campaign
- State workgroup on Essence?
- Data – air quality, indicators/indexes, mapping, syndromic surveillance
- Evaluation – demonstrate success, tell the story with evidence
- Connecting to existing services and partner organizations
- Making information available to partners

## **Q&A w/ Oregon Health Authority's Climate and Health Program:**

- *How do we gather and utilize more data?*
  - OHA can help to make sure counties have access to most recent and relevant data
  - OHA can provide training/assistance with accessing data resources, such as through new Essence database
  
- *How do we identify new funding opportunities?*
  - OHA and LHJs can compile list of funding opportunities and explore potential joint proposals
  - OHA can serve as a convener to discuss joint proposals, once identified
  
- *How can OHA continue to connect State-level programs so that climate change action funnels down to various LHJ programs?*
  - OHA has worked with the State's Disaster Epidemiology Workgroup to begin incorporating climate change considerations into risk communication toolkits
  - OHA has an internal Public Health Division Climate Change workgroup that meets monthly and includes members from the following programs:
    - Environmental Public Health Tracking Program
    - Health Impact Assessment Program
    - Preparedness, Surveillance, and Epidemiology Team
    - Occupational Public Health Program
    - Health Security, Preparedness and Response program
    - Health Promotion and Chronic Disease Prevention
    - Injury and Violence Prevention
  - OHA plans to incorporate climate change considerations into the next round of updates to the State's Hazard Vulnerability Assessment template used by LHJ preparedness programs