

Oregon Climate and Health Program

ANNUAL PROGRESS REPORT

Year One: 9/1/2016 - 8/31/2017



Oregon Climate and Health Collaborative (OCHC)

The OCHC is made up of the Oregon Climate and Health Program and 5 local health departments who each received a small grant to implement interventions in their respective jurisdictions.

Over 105 partnerships were built or strengthened through the OCHC work in 2017.

Communications channels successfully utilized include:

- Community workshops
- Social media campaigns
- Press releases
- Citizen alert warning systems
- Local newspaper stories
- Local radio coverage
- Convening of partners and stakeholders
- Representing climate and health in external meetings

We made 9 changes in policies, including:

- The integration of climate change into health department strategic plans
- The integration of climate adaptation strategies into natural hazard mitigation plans and comp. plans
- A new proclamation by county commissioners to address climate change
- Climate and health focused testimony on state legislation on carbon pricing and transportation
- Public health representation on regional air quality committees
- Climate and health data to inform city and county resolutions to move to 100% renewable energy

We made 28 changes in systems, including:

- A new system for sharing drinking water test results with water resource planners
- The development of a new cross-sector climate change planning group
- The development of new extreme heat guidance for large organized athletic events
- An updated severe weather operating protocol
- An updated protocol for considering climate factors in unusual communicable disease reports
- Integration of climate considerations into healthy homes programs
- New air quality information was integrated into WIC and home visiting programs
- A new online climate training module for nurses in Oregon to receive continuing education credits

Digital Story Project with the Confederated Tribes of Warm Springs

The Climate and Health Program co-hosted a digital storytelling workshop to produce a series of videos that highlight [personal stories about climate and health](#).

100% of participants agreed that the workshop was an effective way to share their thoughts about climate change and community health.

100% of participants also agreed that it was a good way for the State Program to learn from tribal partners.



The videos were shared at a community screening event at the reservation longhouse. Over 50% of the community members who attended said they now have more knowledge about actions they can take to protect their health from climate change.

The videos were shared through social media and will soon be presented on a national climate and health webinar, the upcoming OPHA meeting, NW Climate Conference, and APHA Public Health Film Festival.

Social Media Success

- Our [YouTube Playlist](#) had a total watch time of **31 hours**, with **1,230 views**.
- We had a total of 45 Tweets, with an average of 774 Twitter users reached per post.
- We had a total of 28 Facebook posts, with our most popular reaching as many as 1,512 users.

Presentations

In the last year have included:

- The National Climate Adaptation Forum
- CCO-Oregon Conference
- The Pacific NW Economic Regional Summit
- ASTHO Climate and Health Forum
- NW Center for Public Health Practice's 'Hot Topics' Webinar Series



The Oregon Climate and Health Resilience Plan

In early 2017, the Climate and Health Program released a new [Resilience Plan](#) for Oregon’s public health system. The plan outlines a set of 16 strategies including both state and local actions that align with [Oregon’s Public Health Modernization](#) priorities. Progress made on these strategies are monitored and reported on an annual basis over the next five years of implementation. The climate and health program will track state-level actions and a Resilience Strategies Survey is administered to local preparedness planners to track implementation at the local level. This is our first progress report.

Implementation Progress

In year one, **48%** of the Climate and Health Resilience Strategies have begun to be implemented. Below is a more detailed breakdown of implementation progress.

Strategy 1: Standardize the use of an equity framework

25% (State) 66% (Local)

Strategy 2: Listen to new voices and empower new leaders

33% (State) 71% (Local)

Strategy 3: Ensure meaningful engagement in planning and action

50% (State) 95% (Local)

Strategy 4: Acknowledge and support programmatic activities that strengthen social networks and social cohesion

33% (State) 61% (Local)

Strategy 5: Prioritize, track, analyze and share key climate and health data

66% (State) 57% (Local)

Strategy 6: Use mixed methods to assess resilience

0% (State) 10% (Local)

Strategy 7: Increase the number of policies and plans that include health and climate considerations

33% (State) 29% (Local)

Strategy 8: Promote and inform policies and planning that improve air quality

33% (State) 52% (Local)

Strategy 9: Promote and inform policies and planning

50% (State) 57% (Local)

Strategy 10: Integrate climate and health information into coordinate emergency preparedness plans and activities

33% (State) 81% (Local)

Strategy 11: Support emergency planners in involving diverse populations in culturally responsive ways

50% (State) 76% (Local)

Strategy 12: Partner with healthcare providers and other partners who directly educate the public, to deliver climate and health messages

66% (State) 43% (Local)

Strategy 13: Use storytelling methods, such as case studies and story maps, to engage and learn from stakeholders

50% (State) 81% (Local)

Strategy 14: Provide bold leadership on climate

66% (State) 19% (Local)

Strategy 15: Improve internal operations to lower greenhouse gas footprint

33% (State) 57% (Local)

Strategy 16: Train the public health workforce

33% (State) 19% (Local)



“We designed and implemented a program that was able to pay for nearly 50 well water quality tests for bacteria and nitrates. Through the OCHC partnership, we were also able to develop educational materials on a subject (drought health risks) that had not yet been developed by any other local or state health authorities.”

– Jeremy Hawkins, North Central Health District