Rhode Island Department of Health
Climate Change and Health Program

Needs Assessment Summary

July 2021

Climate Change and Health Program

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Health Resources in Action
Advancing Public Health and Medical Research

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Introduction

The Rhode Island Department of Health (RIDOH) engaged Health Resources in Action, Inc. (HRiA) in the spring of 2021 to conduct a needs assessment and draft strategic priorities to support the development of their Climate Change and Health Program's next five-year grant application and work plan.

This report details the findings of the needs assessment, summarizes the information gathered from a comparative analysis of six other Climate Change and Health Programs, and outlines the overall themes that can inform the identification of strategic priorities for the RIDOH Climate Change and Health Program.

Data Gathering Overview

Purpose

The goals of the data gathering process are to develop a set of recommendations and outline potential strategic priorities that will guide and inform the next five-year grant application and work plan for the Program.

HRiA believes that it is critical to gather input from leadership, staff, and key stakeholders in order to understand their perspectives on the strengths and assets of the Program, and the vision that they have for the future. Small group discussions, individual stakeholder discussions, and online data gathering can provide valuable information to guide priority-setting and recommendations. HRiA recommended that a cross-section of key stakeholders be invited to participate in this process and that RIDOH invite participants for the individual stakeholder and small group discussions that have experience with traditionally under-served and at-risk populations in order to capture often unheard voices.

Data Gathering Methods

HRiA collected all data virtually due to the COVID-19 pandemic. HRiA facilitated small group discussions of up to five (5) participants via Zoom. Individual stakeholder discussions were conducted via telephone or Zoom, depending on the preference of each stakeholder. Both the small group and individual stakeholder discussions used semi-structured guides developed by HRiA with input from RIDOH. All participants were assured that their responses would remain anonymous.

Small Group Discussions

HRiA conducted six (6) small group discussions with a total of twenty-five (25) stakeholders identified and invited by RIDOH from community partner organizations and from within RIDOH.

Small Group Discussions	
Group	**Participants**
Air Quality/Transportation	4
Education	3
Green Infrastructure	4
RIDOH	5
Water/Infrastructure	4
Housing/Energy	5

Individual Stakeholder Discussions

HRiA conducted ten (10) individual stakeholder discussions with external collaborative partners identified by RIDOH.

Document Review

HRiA reviewed key organizational documents including: the current 5-year Workplan, the Year 4/5 Performance Report for the current grant, the 2020 Communication Strategy, the Climate Change and Health Logic Model, the Climate Change and Health Resiliency Report, and the public booklet entitled *Our Climate Change and Your Health*.

Comparative Analysis

HRiA conducted online research to gather information on the best practices, climate change initiatives, and climate change plans on the Climate Change and Health Programs of four other States and two cities that, like Rhode Island, are grant recipients from the Centers for Disease Control and Prevention (CDC) as part of their Climate-Ready States and Cities Initiative (CRSCI). CDC grantees use the five-step Building Resilience Against Climate Effects (BRACE) framework to identify likely climate impacts in their communities, potential health effects associated with these impacts, and their most at-risk populations and locations. The BRACE framework then helps states develop and implement health adaptation plans and address gaps in critical public health functions and services.[1]

RIDOH identified the states of **Maryland**, **Minnesota**, **Vermont**, and **New York**, as well as **New York City** and **San Francisco**, for HRiA's research. As part of this research, HRiA also reviewed numerous additional RI DOH Climate Change and Health Program resources as part of the Comparative Analysis.

Key Findings Overview

Climate change is a large, complex topic that poses many challenges for the state of Rhode Island as well as for the nation. One challenge that emerged across several of the data gathering questions is that addressing the issue of climate change is repeatedly being pushed aside for other more immediate concerns. Resources are diverted to deal with the latest emerging crisis, keeping focus on the short-term and the now. Raising awareness around the urgency of the need to address climate change and its impacts on health is important at the community level as well as for those in positions of power.

The Climate Change and Health Program is seen as doing great work and providing excellent resources. However, it was widely recognized that there is only so much that a program of its small size can do. A compelling case needs to be made for increased staffing and funding to continue to raise awareness, elevate and address the disproportionate impact of climate change on underserved communities, and mitigate the health impacts of climate change where RI and its residents are most vulnerable. There is a need to elevate climate change and health across the system. The environmental justice impact of this issue stems from SDOH factors that touch multiple departments in the RI DOH system. This is an opportunity for collaboration and collective impact.

The Climate Change and Health Program has been making progress on its current goals (see below) over the life of the recent grant period, even in light of the COVID-19 pandemic. Input gathered throughout discussions with individuals and small groups support these goals, with recommendations that the sense of urgency and the priority placed on climate change and its impacts on health needs to be elevated.

Goal 1: Build upon and expand current efforts and partnerships to further **integrate public health into climate change planning across sectors**.

Goal 2: **Increase the number of interventions utilized by RIDOH and our partners to protect the public** from climate change impacts and related health burdens.

Goal 3: **Increase awareness among vulnerable communities and target populations** about the risks of climate change and resources to reduce risk.

Goal 4: **Support national and local climate and health capacity building initiatives** in partnership with CDC and other BRACE grantees.
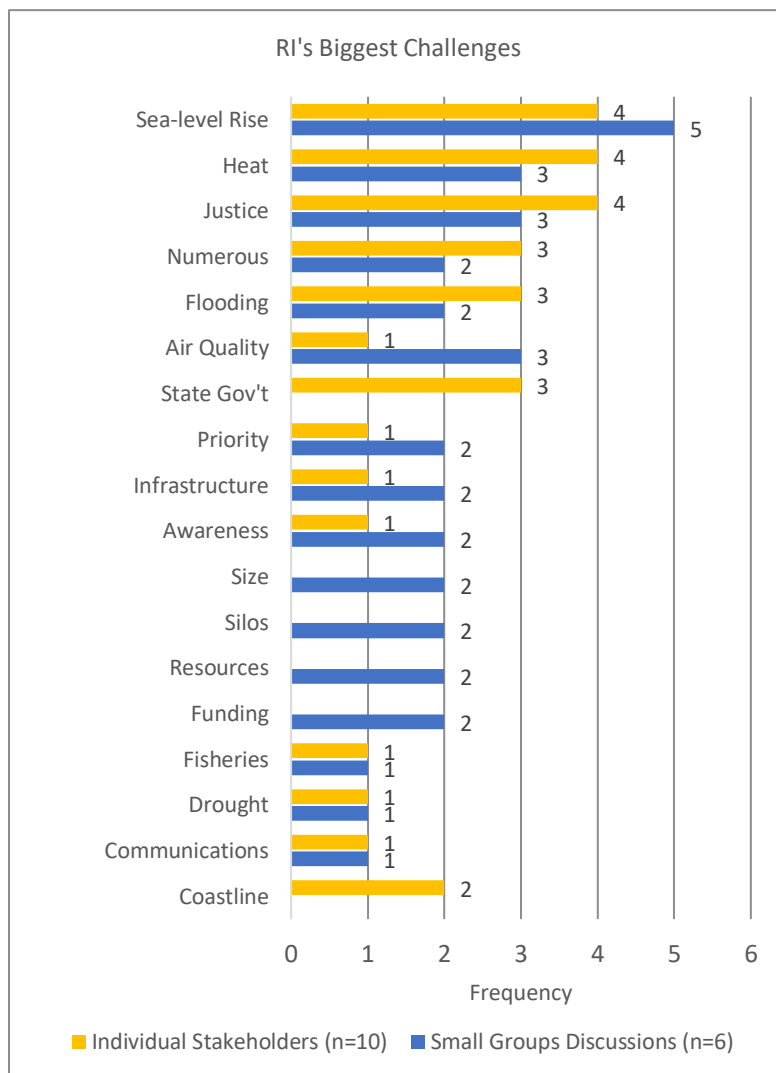
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[1] Climate and Health. (2021, April 21). Centers for Disease Control and Prevention. https://www.cdc.gov/climateandhealth/default.htm

Key Findings

HRiA synthesized the responses from across the Individual Stakeholder and Small Group Discussions. The following pages contain the key themes that emerged for each question, as well as representative quotes and unique comments that were considered noteworthy. For questions 2 and 3, where responses from Small Group Discussion participants were recorded at the individual level, the frequency count indicates the number of individuals from the group who provided a specific response. For all other questions, the frequency for Small Group Discussions is based on whether or not a topic was raised in that group, with a maximum response of n=6.

1. Biggest Challenges RI Faces

In asking the question "What do you think are the **biggest challenges** that RI faces from Climate Change?", we sought to call out the most frequently mentioned challenges, and assess the connection between climate change and health. The following topics represent climate categories mentioned along with their frequency demonstrated in the table below and descriptions of each area following.

RI's Biggest Challenges

Category	Individual Stakeholders (n=10)	Small Groups Discussions (n=6)
Sea-level Rise	4	5
Heat	4	3
Justice	4	3
Numerous	3	2
Flooding	3	2
Air Quality	1	3
State Gov't		3
Priority	1	2
Infrastructure	1	2
Awareness	1	2
Size		2
Silos		2
Resources		2
Funding		2
Fisheries	1	1
Drought	1	1
Communications	1	1
Coastline	2	

"Sea-level rise (it's not always a reason why we have flooding)."
~ Small Group Discussion Participant

"RI and where we are in the climate map... We are a super-hot zone. People don't know this."
~Individual Stakeholder

"Resilience is key. Transportation, buildings, and energy systems need overhaul and need to be seen as integral to public health. Transportation = driver of air quality, poverty. The issues are interlinked. One of the biggest challenges is continual passing of the buck we see from administration in state government. Admin points to legislature, legislature points to Admin. Admin has opportunity and moral responsibility to take leadership on this, start planning, secure funding to prioritize climate action. We need to fund positions to do this work."
~ Small Group Discussion Participant

Sea-level Rise: As the ocean state, the sea is our best asset and also one of our largest vulnerabilities. The potential for acute and chronic sea level rise can impact our housing availability, coastline industry and our coastline communities; particularly those communities that have lower incomes.

Heat: Rising temperatures impact our communities in many ways. Poor health, crime and environmental changes impact our population. Heat islands and urban heat islands lead to financial challenges with accessing air conditioning and electricity bills and disproportionately affect low-income communities. The changing climate leads to heat stress, heat related illness and death. RI is in a super-hot zone on the climate map, with increased temperatures and heat waves.

Justice: The first thing that comes to mind are the inequities associated with impacts of climate change and the disproportionate impact on various communities. How people are experiencing climate related issues, environmental racism, is an issue that has been raised by frontline community members and is not just a concern in RI. Our heat islands and higher asthma rates disproportionately affect our BIPOC population. There is a huge gap between resources available and people who need them. We need to address climate change in marginalized and underserved areas. We need to build equity and include voices that haven't been heard. Looking at Environmental Justice on the advisory board and engaging contacts through the HEZ can help.

> *"I think that a lot of the frontline community members have voiced concerned around environmental racism."*
> ~ Small Group Discussion Participant

Numerous: There are so many different areas of climate change! They are vast and complicated making it difficult to prioritize one area over another.

Flooding: Flooding of low lying areas; roads and bridges, impacts access to shelters. River flooding plains are also of concern. Frontline community members have voiced concerned around flooding.

Air Quality: Rising temperatures impact air quality and result in smog and increased particular air matter leading to asthma and ER admissions. RI has experienced two bad air quality days with high ozone levels and particulate matter this past weekend; especially in the Providence metro area.

State Government: We're making some progress with the political determinants of health through legislation passed. The laws and legislation, and the economic system that is deeply entrenched, drives all other climate related challenges that we have. Getting our state government to respond to the crisis and allocate the resources to address those who have been underserved is one of the biggest challenges.

Priority: It is challenging to focus on longer-term planning when we are in a constant state of crisis. As a large issue that impacts many systems, there is a lot of change needed. We need to offset panic that prevents a meaningful change and work toward better coordination overall to get this issue on the radar. The hierarchy of needs puts this on the back burner while we deal with more immediate issues.

Infrastructure: Our infrastructure is at risk due to vulnerabilities related to climate change. Infrastructures developed a long time ago are either undersized or oversized. It is important to site development appropriately install water storage in areas that won't be underwater soon. How do we give communities and state the tools to have better building practices and the ability to manage their building infrastructure?

Awareness: There is a need to refocus people's attention and start mobilizing around the issues of climate change. The general public is unaware that this is a growing problem. A public face could help to gather support for issues such as water problems.

Coastline: Ri has an extensive coastline, and we need to be aware of the physical and environmental impact of climate change on this important asset.

Communications: We need to communicate with populations that we don't normally connect with; vulnerable and underserved. We need to look at how information is reported and the use of data to get the message out in a way that is positive.

Fisheries: Our best asset and one of our biggest vulnerabilities are our fisheries. We have seen a change in fish count and declining populations.

Funding: Advocacy for financing is a huge component to this to support the right policy, and mitigation. There are many competing priorities and the pandemic shifted attention away from most major issues.

Resources: People don't think about the long-term impacts on day to day, but those who work on climate change often encounter lack of resources across the board to work on this issue. There is a disconnect between the development and land use process. Having more resources and information that backs up water use and availability would be good. It gets into the whole issue of what we have built and whether or not it is going to be sufficient to support our future.

Silos: The biggest challenge in RI is that so many people are trying to do things but working in silos. We have to collaborate, but this is a foreign idea in this state. The pandemic forced us to go back to collaborating more, but it remains a challenge. There is no shortage of policy solutions and strategies to get there, but we as a state struggle to get multi partners to work together. There are silos among sectors and we need to collaborate on something this big.

Size: We need more staff capacity if we are going to adapt and mitigate the effects of climate change. We need increased capacity and vision at the state level about how to tackle this. Transportation, buildings, and energy systems need an overhaul and need to be seen as integral to public health. Transportation is a driver of air quality and poverty. Administration points to legislature, legislature points to Administration. Administration has an opportunity and moral responsibility to take leadership on this, start planning, and secure funding to prioritize climate action. We need to fund positions to do this work.

Other Challenges Mentioned: Drought; Support systems on a municipal level. We need to give tools to municipalities for homeowners looking for resources for saltwater intrusion/wells; Clean energy transition - the disproportionate impact will only be exacerbated as time goes by [if things are not addressed equitably]; Working to make individuals more resilient to climate; decision making

"At the State-wide level, in terms of what the state is planning for construction, how that happens in terms of wind (having less reliance on gas and oil), being able to work with partner agencies that can make healthier alternatives. Many of these locations exist in poor neighborhoods. Their infrastructure for being able to respond to any environmental issues is limited. It impacts the lives of those who live there. As the state pursues those issues, we should have the capacity to have boots on the ground to determine emergency operations and plans for the communities. We have to be more upstream in our thinking and be willing to be better prepared and really protect those vulnerable populations."

~Individual Stakeholder

is influenced by special interest groups, Oil heat, real-estate, etc.; Ecological impacts: forestry and changing forest composition that puts pressure on wildlife; invasive species: gypsy moth, cowbirds, different bugs carrying different diseases; Emerging contaminants. How that will impact how we get our water. How and if we should be looking more carefully at storage. What does our water future look like?; food supply;. more use of ground water to keep a garden going; hurricanes; outreach outside of the EC4 sphere; political will; power outages; Systemic impact - hits every facet of our life; tick issues; decarbonizing transportation; trees - important for ground water, shade, everything; water and insect problems.
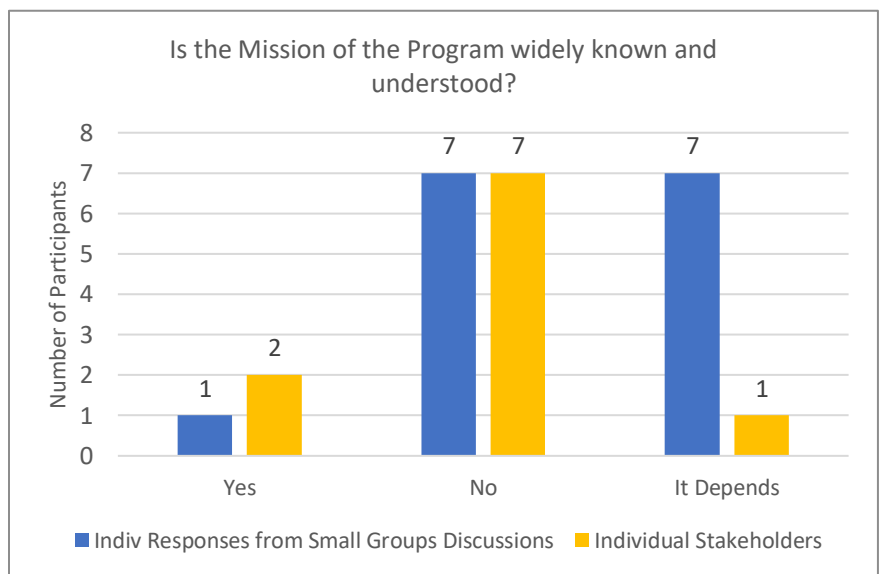
2. Mission Statement

Is the mission of Climate Change and Health Program is widely known and understood?

To prepare for the human health effects related to climate change and create a healthy, sustainable, and resilient future for all Rhode Islanders

There were far more people who indicated that the mission of the Climate Change and Health program is not widely known and understood (14) than there were those who indicated that it was (3). There were eight (8) people who indicated that it depends on who we were talking about, as people who work in areas related to climate change were much more likely to be familiar with the mission than those who do not.

"Overall, I don't think the people realize that there is a Climate Change and Health Program."
~ Small Group Discussion Participant

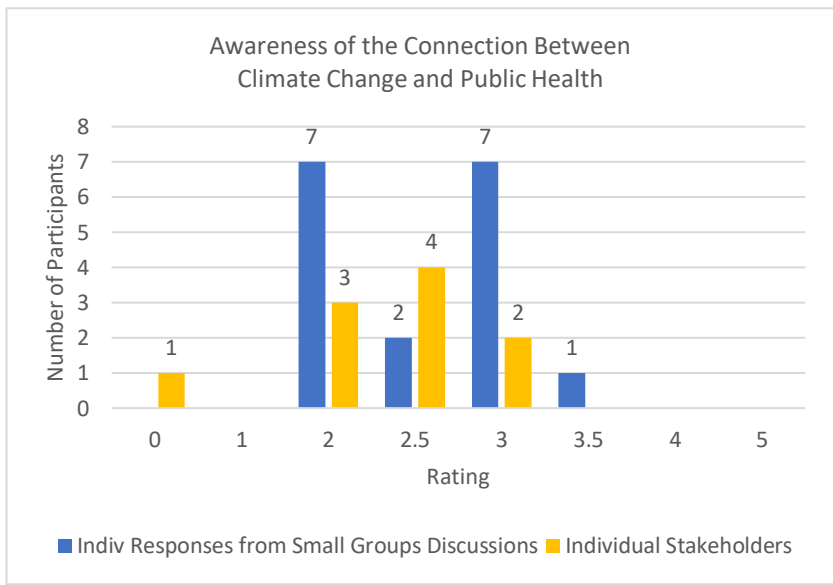*"Is it widely known amongst ALL RI residents? No, not unless they are connected to the HEZ's. Is it widely known the sphere of who is working on this? Yes."*
~Individual Stakeholder

Is the Mission of the Program widely known and understood?

Response	Indiv Responses from Small Groups Discussions	Individual Stakeholders
Yes	1	2
No	7	7
It Depends	7	1

Number of Participants

3. Awareness of the Connection Between Climate Change and Public Health

On a scale of 1-5, how would you rate the awareness of community members in RI about the **connection between climate change and public health**? (1 = no awareness, 5 = very high level of awareness)

As with the previous question, there were some people who said that a person's awareness of the connection between climate change and health "depends." If someone has lived experience, and/or a person or a member of the person's family has a health condition that is further exacerbated by extreme heat or poor air quality, they may see the connection between their health and those factors, but may still not see the connection between those factors and climate change. Several participants indicated that the awareness of the connection is on the rise for some communities, especially along the coast and for populations hardest hit by heat waves.

Awareness of the Connection Between Climate Change and Public Health — bar chart, Number of Participants by Rating. Indiv Responses from Small Groups Discussions (blue); Individual Stakeholders (yellow).

"2. That's being generous. It doesn't come up in conversations that I'm in. With the average Joe, it's not a topic of conversation."
~Individual Stakeholder

"2-3, depends on who you are talking to. People make connections between climate change and what they observe, but do not connect their observations with health. Need greater outreach and education to help people connect the dots."
~ Small Group Discussion Participant

"I would say a 2. On really hot days like today it can become more clear. Especially if you have heard the words "climate change" before. Less aware re: ticks and the exploding tick season because of climate change."
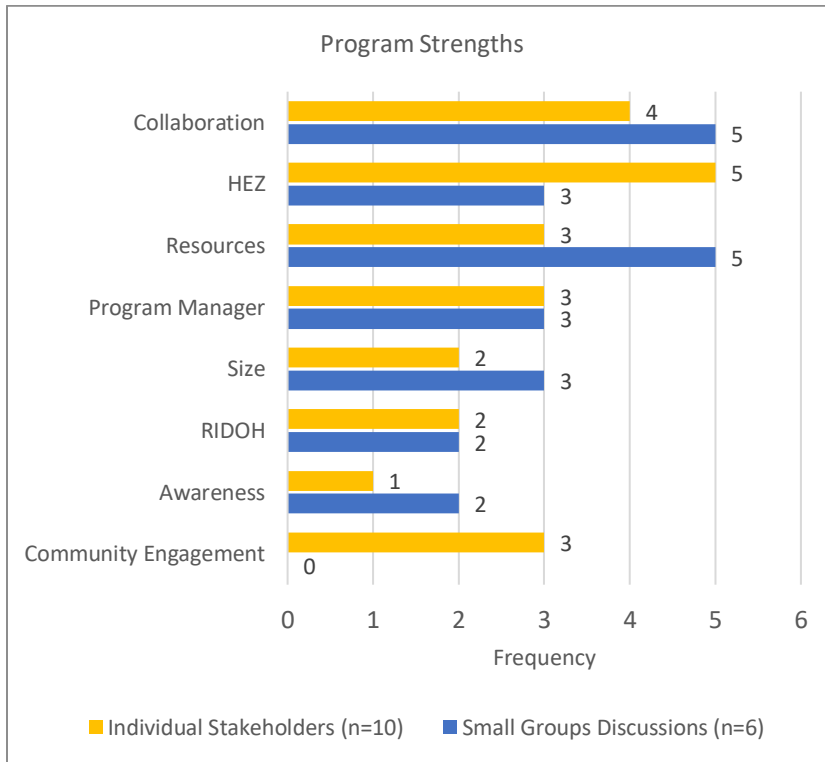~ Small Group Discussion Participant

"0. I don't think that people, in general have any idea. How many people are thinking about CC? It's not the 5 that it should be."
~Individual Stakeholder

4. Strengths

What do you believe to be the Program's top strengths that help support excellence in the work that they do and the resources that they provide? What is the Program doing well?

Program Strengths

Category	Individual Stakeholders (n=10)	Small Groups Discussions (n=6)
Collaboration	4	5
HEZ	5	3
Resources	3	5
Program Manager	3	3
Size	2	3
RIDOH	2	2
Awareness	1	2
Community Engagement	3	0

■ Individual Stakeholders (n=10) ■ Small Groups Discussions (n=6)

"They have been engaging the HEZ in pretty in-depth, thoughtful ways."
~Individual Stakeholder

"Even that there is a pocket in the DOH for this work is a strength."
~ Small Group Discussion Participant

"The health department has a pretty long standing focus on equity. It is really important. Rachel's program amplifies that focus in the program."
~Individual Stakeholder

Collaboration: The Program's collaborative approach was raised as a strength. Rachel is a good partner and team player, and others want to partner with the Program. The Program is convening people from different agencies who don't usually talk to each other. The relationship between the Program and other programs/centers/initiatives, etc. across RIDOH is a strength. Collaborations with the community are also a strength, as is the diversity of the people who are getting together.

"Rachel has been consistently reaching out, looking for input. We want to be a partner, we think that they are good partners."
~Individual Stakeholder

HEZ: The Program's engagement with and connection to the Health Equity Zones is viewed as a strength, especially in that the HEZs are spread across the state and not solely focused on the Providence/metro area.

Resources: The resources that the Program has developed and/or made easily available through the website are a strength. Resources mentioned include research, dashboards, fact sheets, pamphlets, general education, and emails. Some shared that the information from the Program is trusted. The 2018 *Resilient Rhody* report was also raised as a strength.

"Great tick information from RIDOH and how that is a climate related issue."
~Individual Stakeholder

Program Manager: The Program Manager, Rachel Calabro, was raised as a strength, as were her predecessors. People like working with Rachel. She is described as "engaging", "great", "easy to work with", "works well with outside groups", and "superb at what she does". There was recognition of her understanding of the bigger environmental issues, her appreciation of nonprofits and other groups of stakeholders, and her ability to find relevance to climate change and health in other programs.

> *"They have had a series of good program managers, the program has had good continuity."*
> ~ Small Group Discussion Participant

Size: Several stakeholders mentioned what the Program has been able to accomplish *in spite of* its size. Having a full-time position, in State government, lifting up the health impacts of climate change is a strength.

RIDOH: Strengths related to RIDOH and the Climate Change and Health Program include the support of the Program's department, the network that is created to communicate across agencies, and that RIDOH has created a place for the Program within DOH.

Awareness: People's awareness is increasing. There are a lot of organizations engaged in raising awareness. The Program is doing a good job of making it obvious that this is a problem.
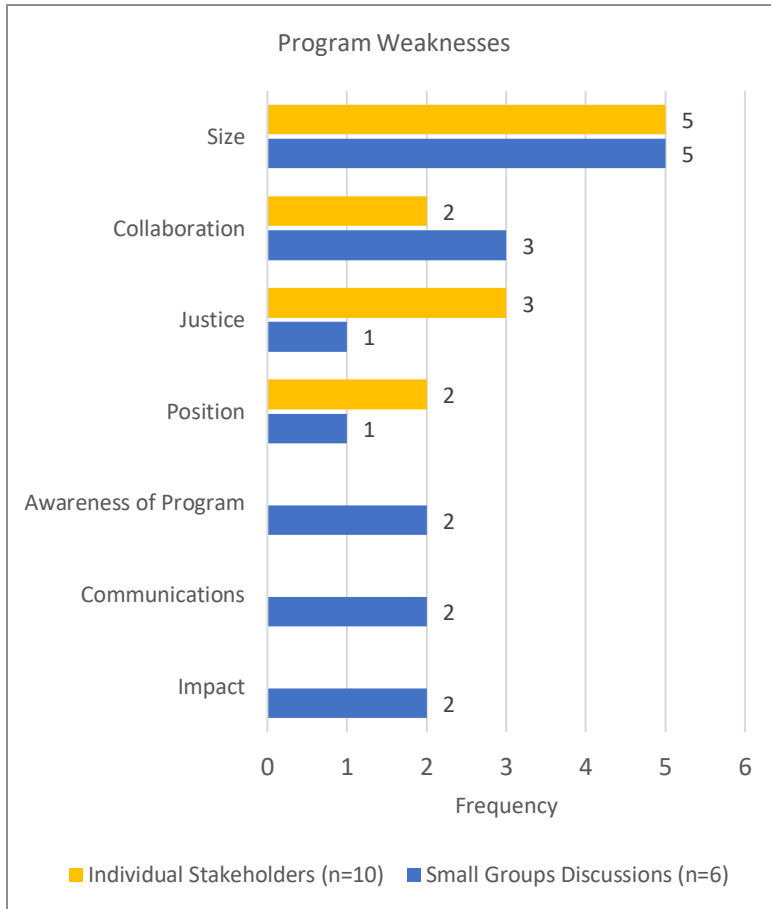
Community Engagement: Strengths in this category include the focus on vulnerable communities, outreach, getting input from the community, and engaging the community to collect data for research and mapping which has a dual effect of increasing community capacity.

Other Strengths Mentioned: Work on Air Quality; the connection to other state-wide initiatives; data (use, analysis, sharing, data-driven Program); Program Director being on the EC4; Program Director hosting the Health and Housing Group; an emphasis on environmental justice and a long standing focus on equity; the Program is mission-driven; the framing of the immediacy of climate issues; the support of Senator Whitehouse and the visibility he has brought to climate change; that RI is a small state where everyone knows everyone - making it is easy to start this conversation and share information through word of mouth; and the Tree Canopy work.

5&6. Weaknesses, Challenges and Strategies to Address Them

What do you believe to be the Program's top weaknesses that present challenges or barriers to excellence in the work that they do and the resources they provide? What key things should the Program do to address these weaknesses?

When asked about the Program's top weaknesses, the responses often included suggestions for how to address them, or were framed as a suggestion for something that the Program should increase or decrease.

Program Weaknesses

Weakness	Individual Stakeholders (n=10)	Small Groups Discussions (n=6)
Size	5	5
Collaboration	2	3
Justice	3	1
Position	2	1
Awareness of Program		2
Communications		2
Impact		2

Frequency

■ Individual Stakeholders (n=10) ■ Small Groups Discussions (n=6)

"RIDOH sets up programs to respond to issues, but staffing isn't there to support the work. If we want change we need to change the way we are doing things or we'll get the same result."
~ Small Group Discussion Participant

"They could use three Rachel's over there. There are a lot of people doing work on climate change as part of their everyday work, but it isn't their 100% focus. We need a climate czar in every agency."
~Individual Stakeholder

"These issues of climate and health are so cross-cutting among state agencies that having additional staff could be helpful."
~ Small Group Discussion Participant

Size: The size of the Program was the weakness mentioned most often. There is only so much one program can do and respondents indicated that the staffing, resources, and capacity for this program are too small. As a result, the Program has not been able to realize its true potential in terms of addressing the complexities of mobilizing partners for collective impact. Moreover, one participant described how the instability in 4 year-old grant program with 3 different program managers makes it hard to keep momentum going.

"There is no one else to lean on or brainstorm with. There is no team to work things out with. Rachel could do so much more if she had more people."
~ Small Group Discussion Participant

Collaboration: One challenge raised was around the difficulty of maintaining relationships while dealing with the nature of bureaucracy and hierarchies (programs within centers within divisions). There is a need to link agencies to create a better comprehensive picture and leverage resources. We need to think about climate change and public health as a group. You cannot have one state agency advocating for justice re: issues of environmental change that other state agencies do not have on their agendas. More collaboration is needed at the highest levels between departments. A recommendation was made to find a dedicated partner, a nonprofit counterpart doing ground level work who is saying the things that DOH cannot say publicly.

Communications: Another weakness raised was that the program doesn't have as much of an online presence as it could. An increased use of social media or links to DPH social media sites with regular posts were suggested. It is important to include things that would indicate health changes to people, similar to the pressing approach that they used for covid work. We need a campaign that has the same amount of urgency for climate change.

Awareness of the Program: There were a few small group discussion participants who were not aware of the Climate Change and Health Program.

Impact: We need to connect climate change to health impacts and discuss it in more deliberate way across all depts in RIDOH. We need a better understanding of human health endpoints. There are knowledge gaps and reports need to be updated as data is still emerging over time regarding our understanding of climate change and the impact it can have. We need to articulate to people what the impacts are.

Justice: Implicit biases: A weakness is RI being one of 6 New England states and imbedded disparity with Newport being a global hub of the slave trade. Implicit prejudice: Everyone at state agencies is white, talk about disadvantaged frontline communities. Sometimes it is really important for those in power to reflect on what privileges they take for granted as it will help us to work better in communities. There is a weakness in general across the board in climate work when it comes to embedding environmental justice work and doing work with communities of color - The focus on equality vs. equity - RI does have a focus on equity, but there is always more to do there.

> *"If we're talking about equity in public health, how close are we connecting climate change?"*
>
> ~Individual Stakeholder

Position: This category consists of feedback around where the Climate Change and Health Program is located. It must be a challenge being within such a big organization. The program is hidden in a very large bureaucracy. Some thought that the program may not be in the right place to get the right supports and gain respect from other agencies. There is a risk of being perceived as "that's just DOH and their position on climate change" which could be a potential barrier to being recognized as the experts they are. A suggestion was made that the Program should be in the health equity institute where there is more visibility.

Priority: There is a perception that climate change is not the most immediate risk - it has taken a back seat this past year. Even for those in the public who are is aware, they don't know how to prioritize what needs addressing and what the risks are.

Other Weaknesses Mentioned: The need to align initiatives better across state agencies; better coordination and cooperation in messaging and data/information sharing; the need for the Program itself to be given more authority; have the program be community driven and community led; education on climate change should be ongoing,; dated data that is small and hyper-local; not making the economic argument with economic impacts of health and the environment - A lot of state leadership thinks in terms of economics and it would strengthen their position; the lack of diversity of the people - there are lots of young, white, females doing this work; framework for making connections between knowledge and policy; Resilient Rhody is a step-by-step plan without a budget; the lost momentum with climate change being put on hold; the need for funding to support legislation; need for increased visibility of Spanish language resources, maybe have the whole website available in Spanish;

this Program may not be a focal point for RIDOH at the moment; RIDOH could help with the lack of continuity in the Program; silos within silos are a weakness - No one has authority to make state-wide policy decisions or power over an agency that might "control" a particular issue that they are working on; the need to advocate more in government for climate change (they might be doing this already); there may be structural weaknesses that impede the Program's priorities; and the need to make the website more user friendly (big buttons) - there is so much information and data on the website that it can be overwhelming.

> *"It's admittedly been a little while since I went to the website, but I remember it being a beast. So much information and data. It's a little overwhelming. The interface should be more tailored to find what you need to find (if you are a scientist, parent, community member, etc.)."*
> ~ Small Group Discussion Participant

7. Key External Change Forces (Opportunities and Threats)

What are key external "change forces" or factors that influence the Program's work and the resources they provide?

Change Forces (Opportunities & Threats)
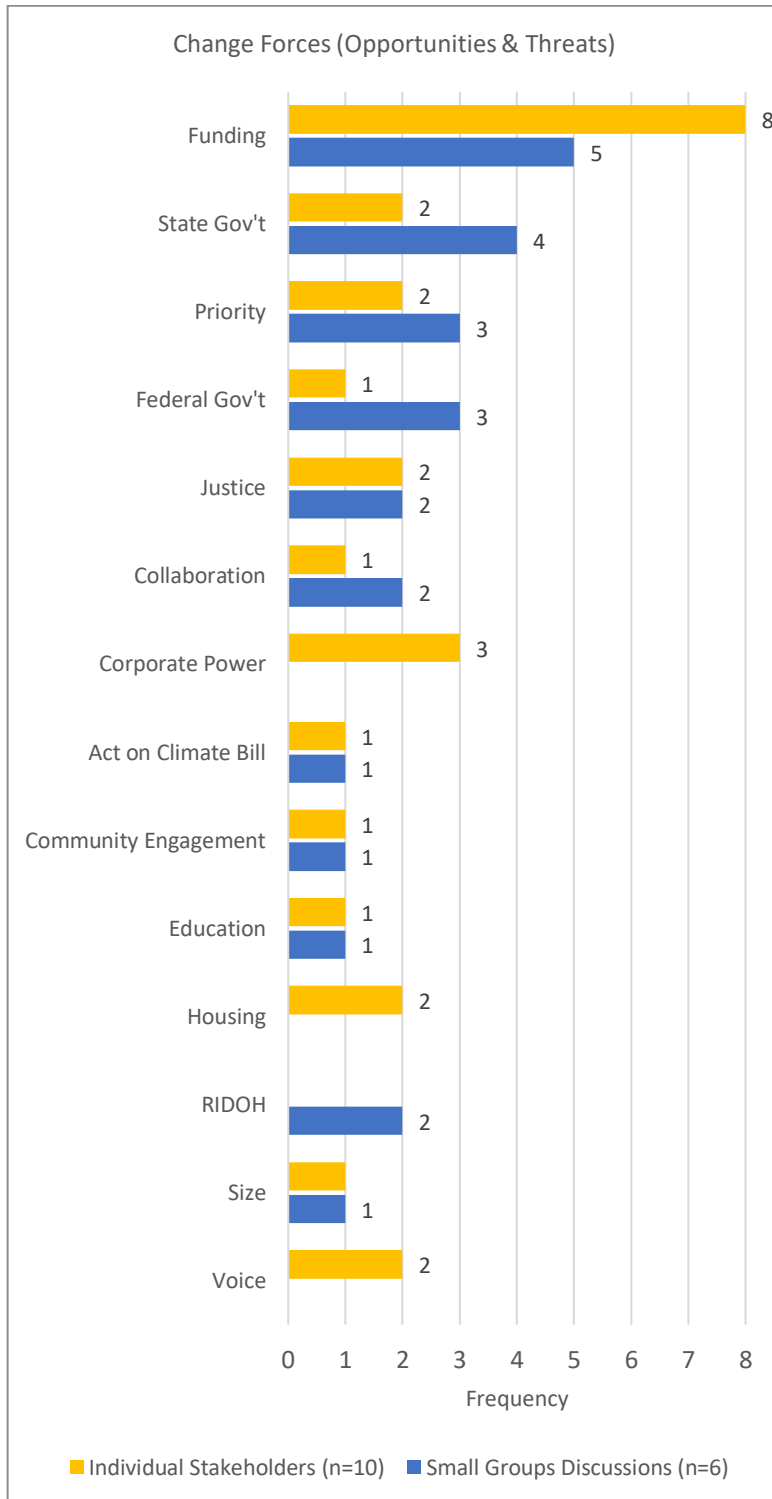
"There is a glut of federal funds heading our way - this presents opportunities and potential issues - how do funds get spent equitably? There will be a lot of once in a lifetime opportunities which can pass us by if we're not keeping an eye on it. Who is at the table? It is important that someone is keeping track of those conversations. The same system that is presenting barriers to actions around climate change could be the same people who will be deciding where the money goes. The balance of power... If it's not us getting to the table, it's important that someone is advocating on behalf of communities."

~Individual Stakeholder

"For the last year or so, the DPH has had a higher profile because of daily press conferences going on because of COVID. Take the energy and the higher profile after this huge crisis and focus on much slower moving crisis of climate change."

~ Small Group Discussion Participant

Funding (opportunities): There were many *opportunities* around funding raised by participants. There is a lot of funding going towards human services for the Care Act. RI is trying to make an adder to the Low Income Home Energy Assistance Program (LIHEAP) to improve it. Does DOH have the ability to get money to NGO's and CBO's to do the work that they do? With the budget possibly growing, there is an opportunity to become more resilient and be creative in ways we haven't in the past. There is an opportunity to connect with other funding streams in other sectors and to be creative in looking to partner with agencies/organizations that connect to climate change. There will be Federal investment in infrastructure. We should have shovel-ready projects so if the funding comes we can make the state more resilient and safer. Funding will be needed for moving up flood plains, sewers and sewer treatment plants, and protecting roads. Funding for the synergistic things like spending on community health networks, making the case that there are multiple benefits to climate resilience planning. Don't just go after new projects - let's not forget the work that is being done.

Funding (threats): There were also *threats* shared around funding. As a state-run program, with a state budget that was hard hit by COVID, we don't know what the impact will be on program planning and potential budget cuts. One threat is that the program is entirely grant funded and beholden to CDC's priorities. If we don't get the CDC grant again in five years, we have nobody because the state has not put money towards sustainability. We have had Federal leaders who don't believe in climate change, which puts the program in jeopardy. Some initiatives are funded at higher levels than others. What projects can we fund? The reluctance to dedicate funding towards cooling is a threat. Heating support in winter is great, but summers are getting hotter, especially and issue during the pandemic when cooling centers were closed.

"Favorable politics and state law have not translated to additional resources and funding to support these programs."
~ Small Group Discussion Participant

COVID-19: COVID-19 was a threat mentioned by many participants, but people saw opportunity as well. The struggle for all programs to maintain attention and stay relevant during COVID is a threat. The pandemic - people dying - those issues get raised and can back burner other issues. A lot has been sidelined by COVID and there is the challenge of recapturing people's attention. The opportunities: We can frame what we have learned from COVID, how we deal with massive, complete life-changing emergency disasters. There is an opportunity for the Program to collaborate and align with COVID communication efforts bring out the resilience and climate change and vulnerabilities in these same communities.

"Everything we talked about with health disparities pre-pandemic were only made worse. There is a lot of work to be done in that area, framing it in terms of climate change as not just a year-long disaster, but a life-long disaster."
~Individual Stakeholder

State Government: Favorable politics and state laws show that things are moving in the right direction of progress on this issue. There is an opportunity to reframe a lot of our work in alignment with the Governor's priorities and making the economic case. The upcoming Governor and state office elections create opportunities, but there is a potential threat of having new leadership that may not support this work.

"The new Gov is very business-oriented, find a pitch for him in switching energy production, rewarding companies that come to RI that are more energy-efficient in a way that will benefit the economy. Reframe a lot of our work in alignment with Governor's priorities and making the economic case."
~ Small Group Discussion Participant

Priority: Changing priorities of leadership can be an opportunity or a threat. The attitude that "it doesn't affect me until it affects me" is a threat. Climate change keeps getting pushed down the board, to the back burner, or over the cliff. Climate change and equity are interconnected. It has not maintained a strong vision in the department. The next health crisis that pulls the public in one direction is a threat. We need to be able to keep eye on longer term threats as well as the immediate issues. We need to invest in resources and people that will stay with the agency. There needs to be long-term investment in problems and the people able to bring it forward. The next thing that comes and pulls the best staff away - we need to be prepared and have climate change programming ingrained in DOH. Climate change is so important, but it's hard to get people's attention if they're facing hunger, or need to pick up their kids, or are having difficulties with their neighbor.

"It is hard to carve out time to act on climate change. It is hard to find actionable, tangible things for folks to take action on. Tree planting is important, but it takes lots of background work, planning, logistics, and maintenance."
~Individual Stakeholder

Federal Government: Federal attention on climate change is bringing new resources to the state. The change in the federal administration and the sheer number of executive orders and policy changes related to climate change; new funding, new studies. The opportunity is keeping an eye to everything that is coming out and how it might benefit their program: new funding, new opportunities for HEZ's, new funding for environmental justice, and taking advantage of those opportunities for the Program. There is a threat in that Federal information can sometimes not be our best friend. Recently there was an infrastructure report that grades everyone's infrastructure, it was very bad and that resonated with people, but the data was misleading.

"The Trump administration forced us all to move to state-oriented change - with the Biden administration, people may rely more on national agenda. We have to do both, instill as a core value that does not get picked up or put down based on political winds (don't become complacent)."
~ Small Group Discussion Participant

Justice: There is uncertainty whether the agency as a whole sees the connection of climate justice as racial justice, as economic justice. It would be great if they named that connection. We really have to change our perception of how we address this; in order to solve the problem, you need to get out of the problem mindset (Einstein). Use anti-racism as an opportunity to advance new thinking. It is amazing how many people are on the "social justice and equity" bandwagon. Do you really understand this? This could become systemic oppression under a different name. We need to make sure that we are 100% centered in the conversations that are going on now about equity and inclusion. Rachel is working with organizations who are trying to work for the people who are most impacted by climate change through the EC4 advisory board. They are talking about environmental justice and the communities impacted. Imbedding that in the work of the Program is important.

"There is a rising tide of understanding, interest, and public discourse around structural inequities in our society. That is an opportunity to broaden understanding of why climate change is not just an environmental concern. Explain what this actually means for the lives of human beings, especially those who are strongly impacted by the negative structures in our society. We need to be really cautious to be doing this work genuinely and not just slapping the word "equity" on everything… it has to be deep work, and not more committees of white people saying this is their priority."
~ Small Group Discussion Participant

Collaboration: There are ongoing opportunities to work with community partners to combine our strengths. In order to make resources that come in from regional and federal levels impactful, we need to collaborate to establish infrastructure that centralizes communities and people in general to exercise their power in determining where resources should be allocated. Collective action will empower larger work that needs to get done. There is a strong nonprofit community that can keep consistency apart from volatility of state government. Let the non-profit sector know what the Program needs. There is an opportunity to come up with a strategy for what you want to achieve, which is developed with a larger group so it is not owned by the state. There is an opportunity to create a solid set of recommendations to carry RI through for the next 30 years. There is always the threat of not working together across sectors.

Corporate Power: One threat is the possible return to a political environment where there was a concerted effort by the right and oil industries to vilify those who support the environment (tree huggers, and other "crazy people" labels). Also, the obstruction of state action by business groups.

"A huge opportunity for the state as a whole is the Bill on Climate - it highlights environmental justice, which is a weak spot for the health department. It is a huge opportunity for everyone working in climate change"

~Individual Stakeholder

Act on Climate Bill: This was seen as both an opportunity and a threat. It is a huge opportunity for the state and everyone working in climate change. The current attention on climate policy is a new window and an opportunity in that Rachel is doing great work. Being in the public eye is not always a good thing and could pose a threat, especially with the controversy and debate around the Act,

Community Engagement: If the priorities for the community change, we need to be agile and change our priorities. It would be nice to feature people who have lived experience with dealing with the reality of climate change; especially those that doubted climate change initially.

Education: Kids can make a really big difference. They don't want to feel hopeless and overwhelmed. We should do more to support teachers in getting the kids engaged.

Housing: Housing is already a massive issue in terms of the lack of affordable, shortage of stock, subpar quality, aging nature, etc. There is a real opportunity for thinking about climate change in the scale and scope of systems change that needs to happen to see mitigation. Housing being built needs to be green and affordable. Gentrification and displacement are also huge issues. A lot of thigs, if not done right, can be detrimental to the communities they are supposed to be helping. Housing and health - landlords own the property but don't want to pay for improvements. Tenants don't own the building and can't make upgrades. The Energy office has been struggling with how to work with and against that. How do we convince the landlord to do this? Renters are predominantly low income and people of color who need to be a focus and target area for efforts, specifically in urban areas.

RIDOH: RIDOH benefits from the fact that RI is a smaller state without county health depts which makes it easier to reach out to the community more quickly. Because Rachel is imbedded within DOH and there are so many people who want to work on these issues, she can infiltrate other agencies. She can work with other peers to spread this around to other agencies. Rachel works well with outside groups, too. She could get a lot of support if she did this right.

Size: Staff cuts are a threat, as is staff turnover. It is hard to make any traction with 1.5FTE.

Voice: Continue to be that voice of climate and health. Without the program, we don't have that. We've got to keep raising issues that the system doesn't want to deal with. Being able to do that in different administrations is great. Sometimes people are able to keep being troublemakers in a good way.
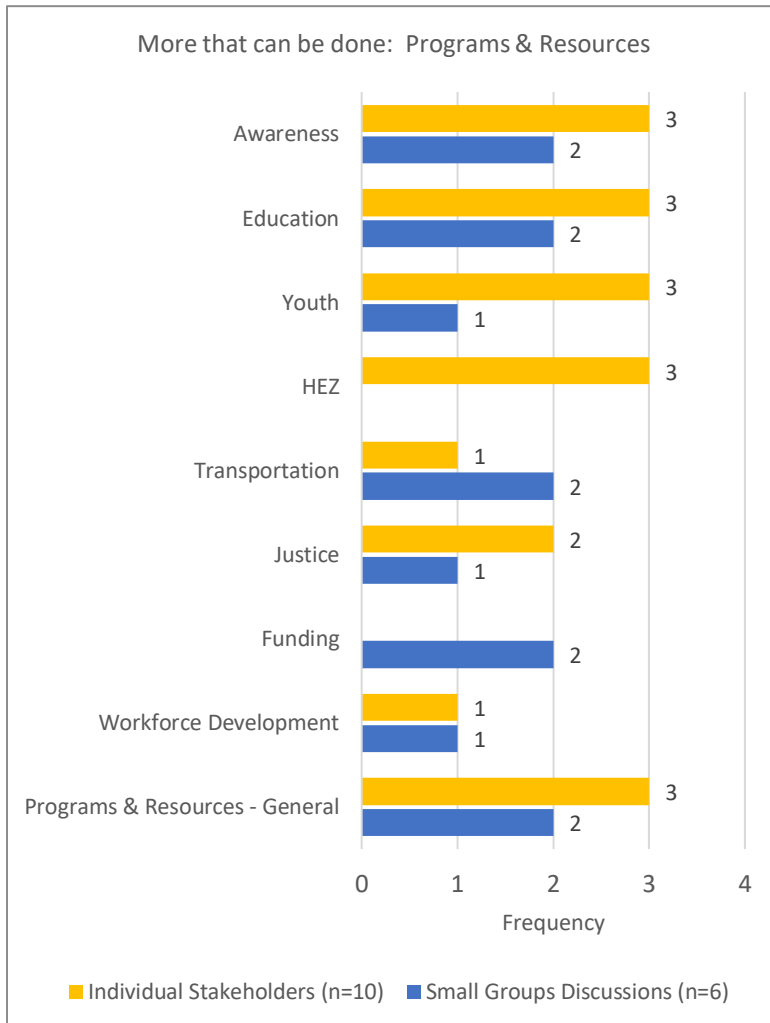
Other Change Forces Mentioned: The opportunity for every agency to look at their work through a climate change lens. There is no room for programs that don't think about climate change; it is unclear how much the Program does with city governments; relocation of communities in climate disasters (e.g., Katrina). Housing might not be in the normal framework, but housing and displacement need to be considered in terms of climate change; there is a Sea Grant network of 35 universities - there is a program that they are trying to work on about training, train the trainer, for NAACP for climate and sea level rise. We don't have community health workers like in Massachusetts, we don't have community health departments. Who are the likely people to be trained in this type of thing? What might be the opportunity in public health and climate change? What are those train-the-trainer opportunities to enhance the program state-wide?; the rapid transition of energy sector - are they opportunities or distractions? Where should the program fit?; There is an opportunity to expand the HEZ in a climate change way through the Health Department; Nonprofit organizations need to take accountability – their climate work can have effects on gentrification and make housing/jobs inaccessible. Need to understand how to solve two problems and understanding multiple facets; the press can be either damning or great. Some developers engage with the press to their advantage. We can use the momentum around press to lead to policy change; opportunity to update the Resilient Rhody report. This plan needs to be updated but it gives a good overall picture and it is nested with other state agencies; Is there a dialog between Rachel and Shaun O'Rourke and his work with the RI Infrastructure Bank (RIIB), the resilience work that they are doing in communities?; take advantage of social media as a tool to disseminate information and specifically target that demographic that spends lots of time on social media, and specific communities (e.g., via Rhode Island en espanol or Providence en espanol Facebook pages); getting kids to do PSA/TikTok/Insta - combine with social media and make things fun for them to engage. Kids help re-invigorate and re-inspire; there are so many different things/studies that they have done that come out with recommendations. Take those reports out and look at those recommendations. Be able to have that context to help fund opportunities; there is so much work that students could do to contribute to the Program's climate change work. Industry partners and community organizations can collaborate with schools and teachers to provide work-based learning opportunities for students through the Work-based Learning Navigator. Non-profits and organizations are encouraged to sign-up.

8. More That Can be Done

What more do you believe needs to be done in RI to address climate change and its impact on public health?

Programs/Resources

Are there other programs or resources that you would like the Climate Change & Health Program to provide?

More that can be done: Programs & Resources

Category	Individual Stakeholders (n=10)	Small Groups Discussions (n=6)
Awareness	3	2
Education	3	2
Youth	3	1
HEZ	3	
Transportation	1	2
Justice	2	1
Funding		2
Workforce Development	1	1
Programs & Resources - General	3	2

Frequency (x-axis: 0 to 4)

■ Individual Stakeholders (n=10) ■ Small Groups Discussions (n=6)

"The severity of these issues provides an opportunity to unite. Connect climate change to public health, economics, weather-related disasters to build solidarity. Showcase what we have in common to unite all of us. We are the problem which means we also are the solution."

~ Small Group Discussion Participant

"Making sure that all the awesome resources are accessible to everyone. Currently only available in English and Spanish. Are there other translations? Also, how to find it, where to go, what to do, where is the DOH, how would I talk to someone from there?"

~Individual Stakeholder

Awareness: It is important to have programing and resources that continue to raise awareness on climate change, the connection to health issues, and the inequities experienced by some communities. Understanding how health is interwoven with emergencies overall (environmental, weather, supply chain, economic, and health emergencies) and the disproportionate impact on certain communities is also important. Use the severity of issues to unite people (e.g., the importance of the quality of our drinking water) and let people know what they can do about it in their homes and at work.

Education: Enrich K-12 education so that we are tackling climate change as an issue in schools. What resources does the Program have to help provide meaningful content in schools? We need to have more supports for teachers to teach kids how to use GIS. In addition to outreach and education, we need to also present that there is something that they can do to help and have some form of control over it. Education for black and brown communities on, for example, the tick program. Those communities can have fear of the outside world. Make sure education materials are culturally sensitive, that data and information is accessible and presented in common language. . Explore work programs for people to be better stewards.

"Presenting issues to people, but showing people that there are steps that they can take even for something that is very big and ever changing. Having outreach and education but also presenting that there is something that they can do to help and have some form of control over it. Example: The issue of pond scum. People use to swim in random ponds back in the day and we need to explain to them how that is now dangerous. Need to demonstrate how there is something they can do to help."
~ Small Group Discussion Participant

Youth: Engage youth, especially those who are already engaged working on youth health issues (e.g., reproductive health). Help youth gain educational credit and obtain jobs and/or internships and offer grants and school programs for youth to sustain work.

HEZ: Share with the HEZ about what is happening already in the Climate Change and Health Program. Link programs to bring additional resources on climate change to the HEZ's**.**

"She worked on trees in HEZ's. Is there more that could be done? I know that it isn't fair do demand that the HEZ can do everything."
~Individual Stakeholder

Transportation: There is a lot be to done for the communities who are impacted by proximity to highways, freight routes, and shipping routes. It is important to look at the sources of emissions and where they are coming into the state (pipe, ship, truck). Electrification of transportation is good for climate change and health.

Justice: What can RI do to move forward on environmental justice? We can form partnerships, form a council, codify it, etc. It is important to elevate the voices that need to be elevated for the conversations on environmental justice. We should also create and/or update environmental justice maps.

Funding: Put a dollar amount on the climate change impact to RI. Articulate how much will it cost to deal with it now and how much more it will it cost to deal with it later. Funding for climate change needs to be braided; DOH is in a good position to do that. If we tie in financing opportunities, we could be successful.

Programs & Resources - General: Find ways to coordinate, align and leverage other work that is being done. There needs to be a fresh new initiative that creates opportunities to bring positive light on this work.
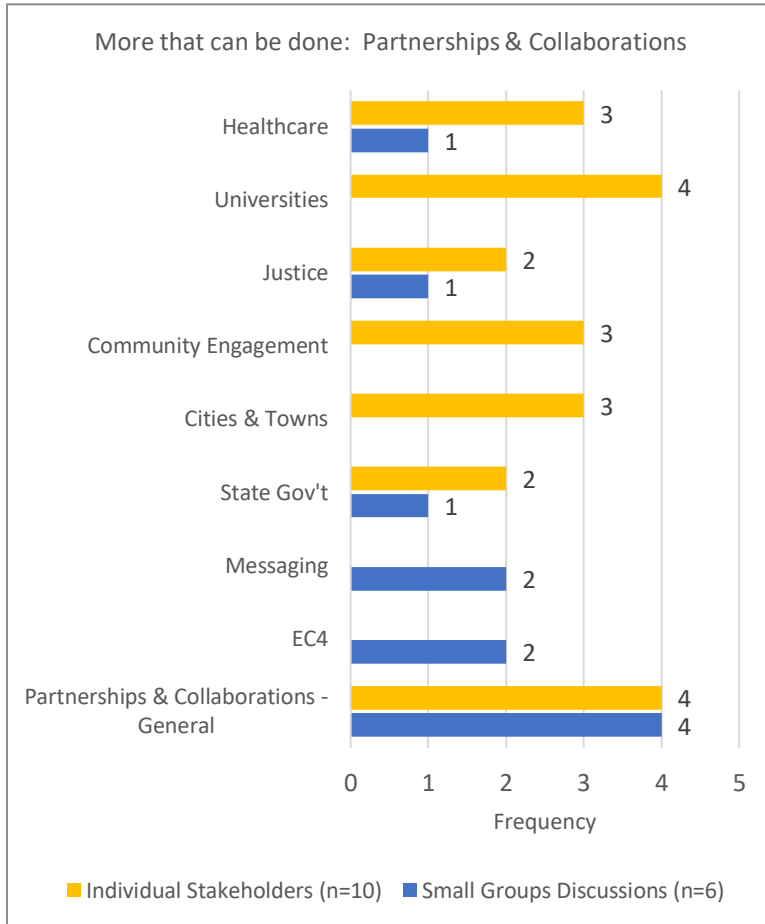
There are lots of great state plans, city plans, and studies - we just need to execute them. There needs to be an approachable tone and presentation of resources to engage people. Programs need to be culturally responsive and target building resiliency in the historically underrepresented communities. Make sure that all of the Program's awesome resources are accessible to everyone. They are currently only available in English and Spanish. We need more resources on the preparation side.

Other Programs & Resources Mentioned: Workforce Development; Need to have more data/more reliable data; Need to redo and re-release the Climate Change and Health Resiliency Report. People are more ready to hear it now; Provide info to the people who are making decisions so that their decisions are informed, and so they can make decisions to fund the important issues; Connect climate change to food insecurity, job insecurity, community economic health/development; The Healthcare Without Harm Program works in other states, but not RI. They have staff in RI, but not on climate; Support for community design in areas indicated by heat maps; Explore some kind of reverse 911, especially for heat waves. Also need system to check on the elderly; We need to expand the workforce, from state, to NGO's, to other nonprofit organizations. Other states have multiple people in their environmental agencies to move this work forward; Have staff focus on particular environmental initiatives. There is an opportunity to diversify the workforce.

Partnerships/Collaborations

Are there additional opportunities for partnerships or collaboration that the Program should be exploring?

Many of the suggestions offered were prefaced with "They may already be doing this, but if not, they should…"

More that can be done: Partnerships & Collaborations

Category	Individual Stakeholders (n=10)	Small Groups Discussions (n=6)
Healthcare	3	1
Universities	4	
Justice	2	1
Community Engagement	3	
Cities & Towns	3	
State Gov't	2	1
Messaging		2
EC4		2
Partnerships & Collaborations - General	4	4

"Be aware of when programs are submitting new funding proposals for their respective areas and bring climate change projects to them (diabetes and climate change, for example)."
~ Small Group Discussion Participant

"Strongly recommend that Rachel take advantage of the fact that other agencies want to work on this too. Just ask… other agencies can devote some staff time to help. You can grow a virtual team. But you have to ask and have your boss support the ask."
~Individual Stakeholder

State Government: Take advantage of the "warmer" State legislature. Engage with the Commerce and Treasurer's Office to make the economic argument for climate and health. Find champions in the General Assembly. The General Assembly needs to be better informed.

Universities: Bring university programs in more for research, data, briefs and to create a next generation of champions. Work with Brown and URI. There are always students and professors who want to connect on real world things. The university is a great opportunity to link up with (land grant and sea grant institution).

Healthcare: Work with healthcare systems and hospital systems. Find champions in healthcare to connect climate change to health impact. Explore prevention incentives for health issues connected to climate change within the healthcare system. Work with hospitals (merger of Lifespan and Care New England) as allies of climate change and as major contributors to the problems (massive parking lots, commuters, power plant for their power).

Cities & Towns: Make connections with city staff. Work with the people who are the equity & diversity person for their city or town. Partner with the people developing municipal plans (e.g., municipal hazard mitigation).

Community Engagement: Engage the people on the ground with a people-, neighborhood-, community-centered focus. Hold meetings in communities and provide incentives for people to participate. Go out into the community to disseminate information.

Justice: Be an important voice in the conversation around environmental justice and climate change. Align Program efforts with environmental justice efforts. Work with the Racial and Environmental Justice Committee

EC4: RIDE needs to be represented on the EC4. is legislation needed to tell people to obey the law? Work to strengthen the existing collaborations in the EC4.

Messaging: The program is moving in the right direction by bringing on a communications specialist. Messaging should start with grassroots education on the risks and dangers of climate change. Communications need to paint a picture of what life will be - "Do it for the next generation". Consider directing messaging towards the doubters as well.
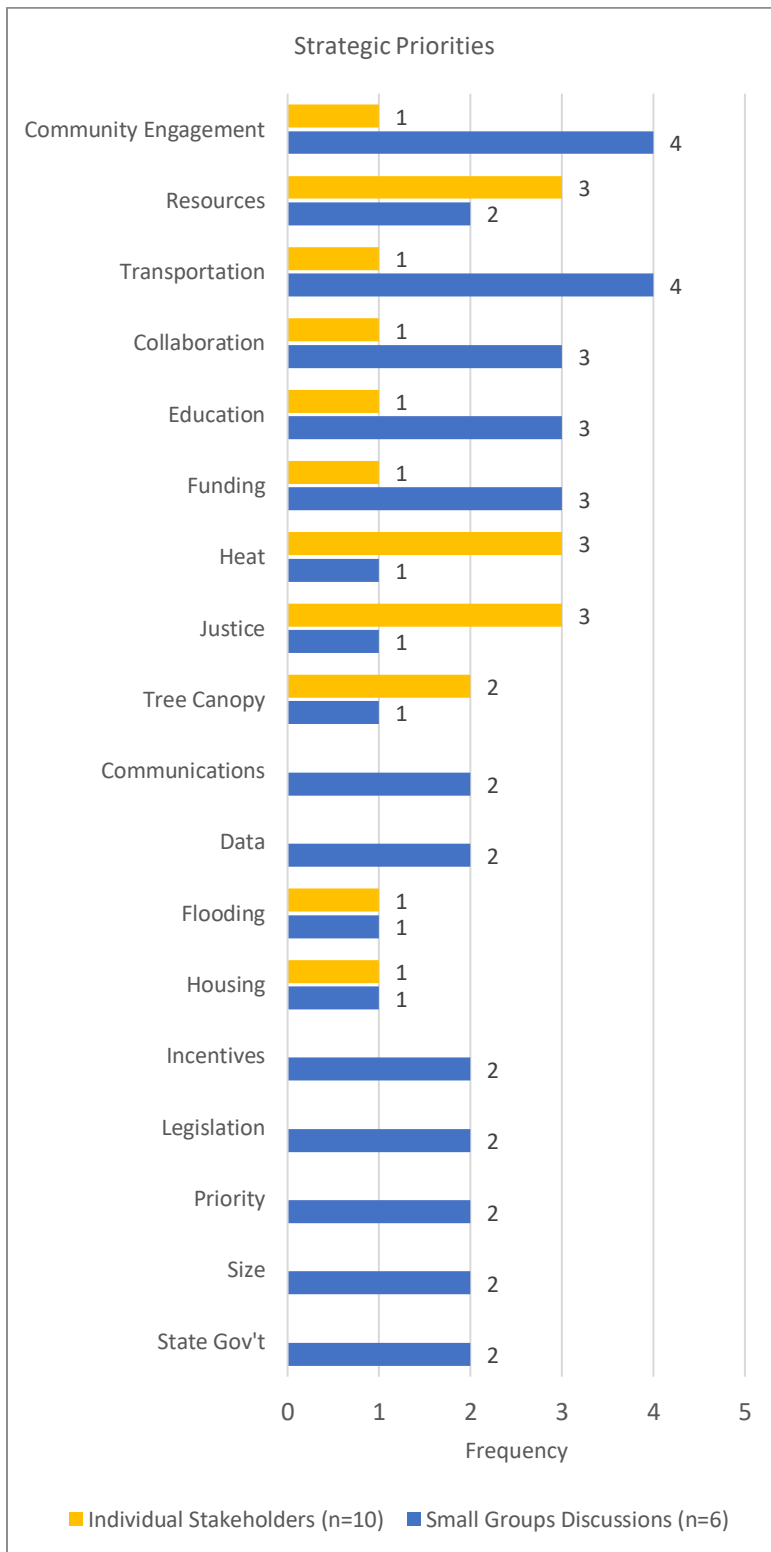
Partnerships & Collaborations - General: The more partners, the better; Have one central commission to spearhead everything related to climate; Hold an annual Climate Summit; Connect with other programs and approach strategies together; Build better coalitions between housing and energy and climate; Connect with other partners who have a voice; Alignment with other programs and plans across the state; Support interagency/cross-dept work (break down silos); form regional coalitions with neighboring states; Collaborate on other programs' funding proposals to build in funding for climate change; Find champions in vulnerable communities, maybe through mayor's association; Be at the table for infrastructure conversations (e.g., transportation, building, energy); Make connections to places where people can be physically active.

Other Potential Partnerships & Collaborations Mentioned:

Attorney General's Office

Cancer Programs

Center for Emergency Preparedness and Response (CEPR) (round tables)

Diversity, Equity & Inclusion (DEI) Departments/Coordinators (in organizations to engage POC)

Department of Emergency Management (DEM)

Department of Transportation (DOT)

Emergency Medical Services (EMS)

Extensions (need county extensions)

Faith-based Communities

Farm Fresh

Groundworks

Health Equity Institute (HEI)

Home visiting programs

Johnson and Wells Tree Canopy project

Media Partner- Barbara Morris, Health Check Reporter

Real Estate Developers

Rhode Island Department of Education (RIDE)

Southside Community Land Trust

Tribes

WIC

Wind Industry and Wave Power

9. Strategic Priorities

What would you pick as the top 3 strategic priorities for addressing climate change and reducing its impact on public health?

Strategic Priorities

Priority	Individual Stakeholders (n=10)	Small Groups Discussions (n=6)
Community Engagement	1	4
Resources	3	2
Transportation	1	4
Collaboration	1	3
Education	1	3
Funding	1	3
Heat	3	1
Justice	3	1
Tree Canopy	2	1
Communications		2
Data		2
Flooding	1	1
Housing	1	1
Incentives		2
Legislation		2
Priority		2
Size		2
State Gov't		2

Frequency (x-axis: 0 to 5)

■ Individual Stakeholders (n=10) ■ Small Groups Discussions (n=6)

"Partnering with frontline communities of color across the state is really important, getting their input on priorities to frame the big picture."
~ Small Group Discussion Participant

"Heat and the impacts on human health - really make that connection. People remember the hot summers, lying awake at night because it is too hot to sleep."
~Individual Stakeholder

"Rethinking transportation (biking, walking, improving public transportation) will be huge for the future. Stop expanding and creating new roads. This benefits people from all backgrounds, and reduces emissions."
~ Small Group Discussion Participant

Community Engagement: Improving community engagement and making sure we are moving towards deferring to communities instead of telling them what to do should be a priority. Have priorities come from the ground, with community engagement part of framework for how decisions are made at DOH. Focus on people-centered or community-driven outcomes. Think about HEZ communities and where different communities are at -focus there and on what communities really need from us as a Health Dept.

Resources: Creating targeted programs has a benefit all around. We need a multi-year approach for the mitigation steps we want to take. We are not going to solve this in a year. Update the *2015 Climate Change and Health Resiliency Report* and the *Resilient Rhode-I* strategic plan. Programming needs to be accessible, with clear pathways to engagement with the communities or individuals who are interested in learning what steps can they take to move forward. Provide resources to the cities and towns who are dealing with issues, like flooding, that are impacting them now.

Transportation: We should focus on clean transportation: make it easier, educate the public that hydrogen is safe again; make it easier for people to walk and bike places; harness solar and wind without compromising existing land, forests, and water. Rethink how we approach transportation. Biking, walking, and improving public transportation will reduces emissions and will benefit people from all backgrounds. Make an infrastructure broad enough to impact the whole state and the environment. From a mitigation perspective, make sure that transportation and climate initiative funding reduces health impacts in most vulnerable communities.

> *"I assume that they are doing something with transportation - feels like we're on the precipice of being able to do our transportation better, but it is hard to make that shift. How do we make it so people can move from place to place and not have an impact on the environment?."*
>
> ~Individual Stakeholder

Collaboration: Having a coalition is powerful in a grant-funded world - it brings sectors together and enables strong advocacy power and backing when navigating politics. Engage in cross-agency infiltration. Work with tribes and making those connections. Collaborative partnering *with* communities, not from the top down. Coordinate with municipalities so we are aware of zoning decisions.

Education: Climate education is a priority. Partner with communities who are most impacted to do education and outreach, and to build relationships to inform the work of the program. We have the opportunity to say it is not just about health and the environment, but also about mental health and economics. DOH is best poised to tie all these things together.

> *"Environmental climate education for K-12/younger students. Communications/education - work more with schools. It's amazing what kids absorb and tell their parents."*
>
> ~Individual Stakeholder

Funding: Diversify the funding portfolio to fund climate change in a meaningful way. Sit down with politicians for other ways in addition to grants to expand our fiscal portfolio: budgeting, financing, connecting programs and budgets commensurate with risks.

Heat: Heat and heat waves need to be a priority. This includes warning systems, a tracking system for elderly and other vulnerable populations, especially in minorities, and making the connection between heat and its impacts on human health Planning for heat waves should be a big part, especially for the large number of people who are working and recreating. Vulnerability to increased heat extends from heat islands to being at the beach.

"The City of Providence is doing ok, but there is no state-wide approach to managing heat waves and ensuring people have access to cool spaces."
~ Small Group Discussion Participant

Justice: Environmental justice, environmental justice issues, and prioritizing equity should be priorities. Work on building bridges and connections between urban communities and the rest of the state. Look at the multiple effects and cascading impacts of climate change on the more vulnerable communities - not only black and brown communities, but also elderly and children.

Tree Canopy: The tree canopy is especially important to those urban communities that are cement heavy. A lack of shade accelerates the disparities.

Communications: Invest more in communications campaigns and community engagement that aligns issues. Communicate to the public through both comprehensive and targeted messaging that will resonate and land with residents.

Data: Another priority is producing the data foundation we need to support and drive decisions. We need to scale up data and move the data and evaluations into other sectors.

Flooding: Flooding and mosquitoes are a safety issue. We have more ponding of water, leading to more mosquitoes, which leads to more vector borne diseases. It is one of those things that we don't really think about. Flood preparedness and access to community resources to prepare and respond are also important.

Housing: Housing and affordable housing should be a priority.

Incentives: We need to create incentives for individuals and organizations to make different choices at both the Federal and State levels: Incentivizing sustainable and non-destructive power sources through policy.

Legislation: There needs to be policy change around the major causes of climate change. Figure out how to lift this up and support legislative and regulatory changes. Perhaps consider developing alliances with private funders.

Priority: The topic of climate change and health needs to be a priority. One completely different idea is a focus on healthcare cost security. - Look at where people's healthcare costs are coming from to help set priorities.

Size: Staff support is a clear priority. Advocate for additional staff to focus on climate change, along with nonprofit partners.

State Government: Find a way to make it palatable for the Governor to support companies that are energy efficient and to welcome these companies to RI. Demonstrate the cost of INACTION with projections of economic harm and lives impacted. Try to demonstrate to policymakers WHY it is important. Getting policy makers on board is the biggest priority.

Other Strategic Priorities Mentioned: Air Quality (asthma & fossil fuels); Connecting individual behavior to larger issues and vice-versa; Understanding magnitudes and uncertainties associated with each risk factor; Conversation about cumulative impact, and assessing pollution sources when making decisions that could increase environmental harm; have DOH be a voice in energy efficiency conversations or general affordable housing conversations, new or updated building convos (heating, cooling, use of natural gas, etc.); Drinking water; Economic Development; Electrification; Energy Efficiency; look at funding and support for third party evaluation work and economic analysis to bolster position and credibility; Focus on 3 top health impacts and let everything flow from there (air quality, temp extremes); increasing storage for water; Build infrastructure to respond to heat, coastal flooding and erosion. It is inevitable at this point; Mapping out what is needed - fisheries, ponds, parks, our bay - keeping our waters clean; Find an empathetic media partner that really cares about this issue and get something going where we could keep the message at the forefront of the public; pick 3 key things, run with it, and communicate the plan and progress! Lay down a position to organize around; Regulatory Coordination; Renewable energy and less carbon-intensive energy sources; Looking at list of programs within RIDOH, identify those that can justify how they are related to climate change and write a few sentences about the connection/impact of climate change; Look at program deliverables and goals set by funders to align language for climate change projects; find vocal champions; Work life: we have all learned that teleworking is good for the environment. Continue commitment to that at the state level; Engaging local youth and young people in careers and opportunities that support this effort. We put so much effort into people who come to RI to study and then leave. Put the focus on local youth. How are we connecting the people who live here, to here?
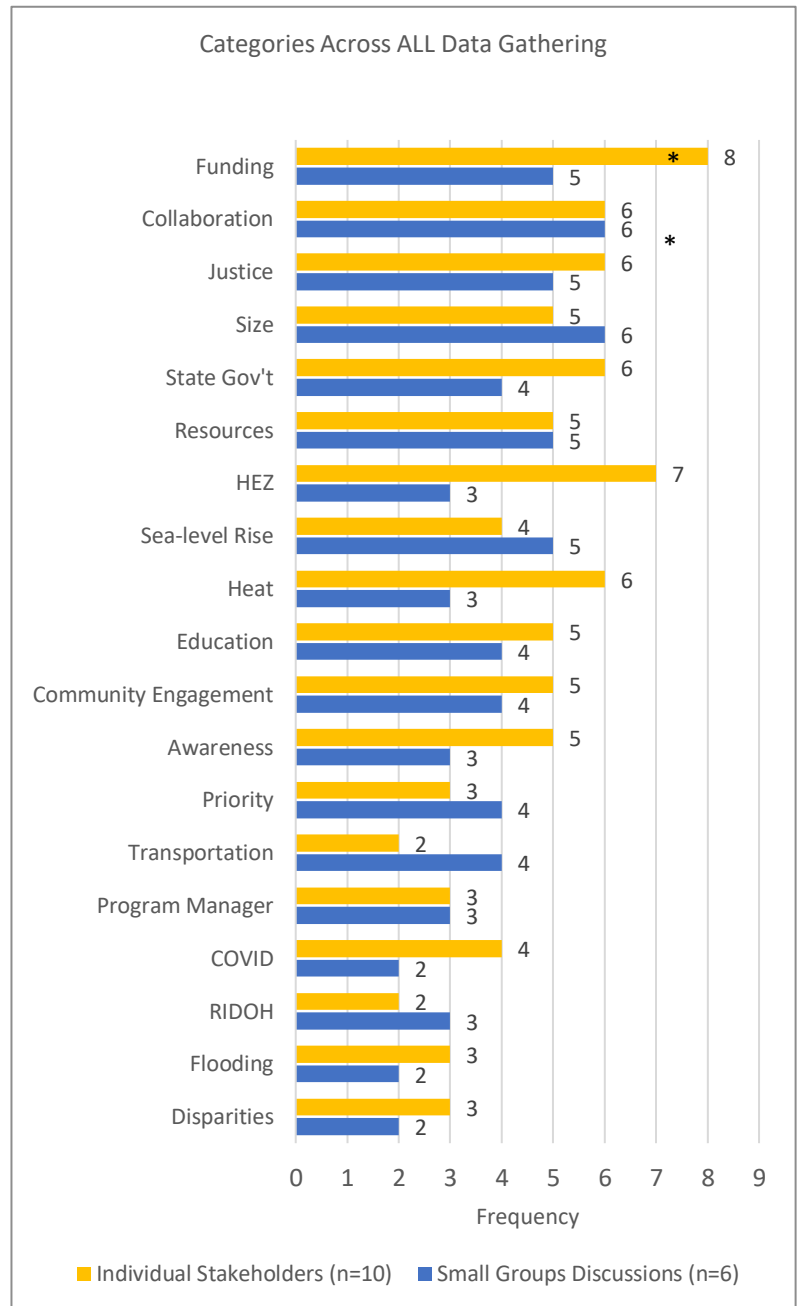
In Conclusion

Those engaged in the small group and individual stakeholder discussions came from diverse backgrounds and brought their own personal experiences and areas of expertise to bear in their responses. It is likely due to that diversity, as well as the numerous challenges to be faced with climate change and its impacts on health, that there was no one theme that came up in all ten individual discussions, and only two overall themes that came up in all six small group discussions (Size and Collaboration).

Many of the people who HRiA spoke with indicated a strong desire to help move efforts forward and offered countless suggestions and recommendations. While the need for funding beyond the CDC grant to fuel efforts was the most frequently mentioned theme throughout the discussions, most participants quickly moved on to focus on what needed to be done and how it could be done if the funding were in place, and/or offered suggestions for securing funding.

In summary, the top overall themes emerged across all questions regarding climate change and health in RI were:

- Funding
- Collaboration
- Justice
- The Size of the Program
- State Government
- Resources
- HEZ

Categories Across ALL Data Gathering

Category	Individual Stakeholders (n=10)	Small Groups Discussions (n=6)
Funding	8 *	5
Collaboration	6	6
Justice	6 *	5
Size	5	6
State Gov't	6	4
Resources	5	5
HEZ	7	3
Sea-level Rise	4	5
Heat	6	3
Education	5	4
Community Engagement	5	4
Awareness	5	3
Priority	3	4
Transportation	2	4
Program Manager	3	3
COVID	4	2
RIDOH	2	3
Flooding	3	2
Disparities	3	2

Frequency (0–9)

*NOTE: "Collaboration" and "Size" were the only two themes that came up in all six (6) Small Group Discussions

Comparative Analysis

HRiA performed a comparative analysis of six other CDC Climate Ready States and Cities Initiative (CRSCI) awardees: the states of **Maryland**, **Minnesota**, **Vermont**, and **New York**, as well as **New York City** and **San Francisco.** Information was gathered from program webpages, CDC program information, and a review of pertinent reports in instances where information was not available on a program's webpages. In each instance, the RIDOH Climate Change and Health Program information is included along with the information on the six other programs. All links, where provided, were active as of the date of this report. Funding amounts for CRSCI programs was not publicly available.

Mission & Goals (What We Do)	**Rhode Island:** <u>RI Climate Change & Health Program</u>
	Mission: To prepare for the human health effects related to climate change and create a healthy, sustainable, and resilient future for all Rhode Islanders. **Goals/What We Do:** • Educate the public to raise awareness about the connection between climate change and health. • Work with community partners/agencies to develop a unified and equitable adaptation plan. • Advocate for policy and behavioral changes that reduce/prevent emission of greenhouse gases. • Focus on holistic solutions, community cohesiveness, and equity. • Coordinate with local, state, and regional partners to leverage efforts to mitigate public health impacts. • Offer a variety of programs to mitigate public health impacts among vulnerable populations.

Vermont: <u>Vermont Climate and Health Program</u>	**New York State:** <u>NYS DOH Climate, Weather & Health</u>	**New York City:** <u>NYC Climate and Health Program</u>
Mission: Taking action to minimize the impacts of climate change can improve the health of Vermonters today and in the future. **Goals/What We Do:** • Raise Climate & Health Awareness • Support Healthy Climate Mitigation Actions • Strengthen Community Resilience • Build Health Department Capacity • Reduce Environmental Hazards Strengthen Individual Resilience	**Mission:** None listed. **Goals/What We Do:** (not specified explicitly on their website) • Provide informational resources • Climate and health data and research • Resiliency planning	**Mission:** None listed. **Goals/What We Do** (from the NYC Climate and Health Profile Report): • Risk assessment to inform climate health policies, strategies and resiliency initiatives • Identify vulnerable populations • Sustainability planning • <u>Environment and Health Data Portal</u> • Participate in multi-agency planning efforts • Conduct surveillance and research • Partner with academic researchers and experts to better understand climate and health in NYC

Maryland: <u>MD Climate Change Health Adaptation Prog</u>	**Minnesota:** <u>Minnesota Climate and Health Program</u>	**San Francisco:** <u>SF DPH Climate and Health Program</u>
Mission: Unclear what is unique to the MD Climate Change Health Adaptation Program and what is part of the State's comprehensive strategy to reduce vulnerability to a changing climate (Maryland Commission on Climate Change (MCCC) **Goals/What We Do:** The **Public Health Strategy for Climate Change** is part of the State's comprehensive strategy to reduce vulnerability to a changing climate. The program achieves these goals by providing tools, resources, and technical assistance for citizens, communities, non-governmental organizations, schools, local governments, planners, and State agencies to help them think about health and use health data as they develop climate change plans.	**Mission:** Our mission is to foster healthier, more equitable and resilient communities. **Goals/What We Do:** • **Education**: Resonate with the hearts and minds of the public, influencers and decision-makers to build a culture of health and climate action. • **Research**: Conduct credible, rigorous and innovative research to facilitate health and climate in all policies. • **Capacity Building**: Provide technical assistance, tools and products to expand and accelerate health and climate solutions.	**Mission:** Our Climate and Health Program is working to develop solutions to support healthy and climate-ready communities. **Goals/What We Do:** • Research and Planning • Climate Health Vulnerability Assessments • Education and Outreach Materials • Resource Sheets • Open Data and Indicators • Media, Press and Articles This program also has Guiding Principles, which are included in the <u>San Francisco's Climate and Health Adaptation Framework 2017</u>

Organization Structure & Staff Contacts

Only two of the programs list their Program Managers on their webpage, RI and MD. Others listed a program email address for a contact, or, in the case of NY, no contact information was provided. Staff information for San Francisco and Minnesota's programs were found in other areas of their departments' website. The table below shows the contact information available for each program as well as where it is located in their respective Departments of Health.

Organization Structure & Staff Contacts	Rhode Island: RI Climate Change & Health Program
	Rachel Calabro, Climate Change Program Manager rachel.calabro@health.ri.gov (401) 222-7757 **Caroline Hoffman**, Communications Specialist Under the Center for Healthy Homes and Environment, Rhode Island Department of Health

Vermont: Vermont Climate and Health Program	New York State: NYS DOH Climate, Weather & Health	New York City: NYC Climate and Health Program
ClimateHealth@vermont.gov **Phone:** 802-863-7220 or 800-439-8550 (toll-free in Vermont) **Fax:** 802-863-7483 Under the Environmental Health Division (AHS.VDHEnvHealth@vermont.gov), Vermont Department of Health	climatehealth@health.ny.gov Under the New York State Department of Public Health (NYSDOH)	- Under the New York City Department of Health and Mental Hygiene

Maryland: MD Climate Change Health Adaptation Prog	Minnesota: Minnesota Climate and Health Program	San Francisco: SF DPH Climate and Health Program
Nick Adams, Program Manager nadams@umd.edu 6097721739 Under Environmental Health of the Maryland Department of Health (MDH)	health.climatechange@state.mn.us 651-201-4899 **Nissa Tupper,** Program manager **Brenda Hoppe,** Research Scientist **Emmy Waldhart, Program Planner** From the Climate & Health Stories page (featuring stories of 13 staff (called Climate and Health Champions) Under the Environmental Health Division of the Minnesota Department of Health	ClimateandHealth@sfdph.org **Cyndy Comerford,** Manager of Policy and Planning Director, Climate and Health Program cyndy.comerford@sfdph.org 415.554.2626 **Matt Wolff** Health Data and Geosystems Analyst matt.wolff@sfdph.org 415.252.3978 Under the Office of Policy and Planning of the San Francisco Department of Public Health (SFDPH). **This program has its own .org website.**

Program Website Home Pages

The information contained on each program's homepage varied greatly from program to program. A brief description is provided below for each home page. The **San Francisco Climate & Health Program** is the only program of those researched that has its own program website separate and apart from the SFDPH.

Program Website Home Pages	**Rhode Island:** RI Climate Change & Health Program
	- Subscribe to newsletter and links to past newsletters - Links to Climate Change and Health programs: Community Resilience - Links to publications, reports and other resources - Links to other climate change topics: Air Quality, Climate Literacy, Extreme Heat - Contact info for Program Manager

Vermont: Vermont Climate and Health Program	**New York State:** NYS DOH Climate, Weather & Health	**New York City:** NYC Climate and Health Program
- What do I need to know about climate change and health? - Climate change is already happening, and is expected to continue. - Climate change is increasing health risks in Vermont - Certain people and places are at greater risk for climate-related health impacts. - Responding to climate change can benefit health now and in the future. - Climate and Health Resources (drop down) - Human Health Effects of Climate Change Training - Contact Information (drop down) - In This Section (drop down with links to multiple climate change issues)	- Links to information for each of these questions: How can climate and weather impact my health?, How can I protect my health in a changing climate?, What should I do before, during and after a storm?, What can my community do to become resilient to a changing climate?, What are New York State agencies doing to protect health in a changing climate?, What data and research are available to track and understand climate impacts? - Contact email address	- Links to access publications, reports and other resources - Links to climate change topics: Extreme heat, Extreme cold, Coastal storms, Power outages, Polluted air, Mosquitoes and ticks

Maryland: MD Climate Change Health Adaptation Prog	**Minnesota:** Minnesota Climate and Health Program	**San Francisco:** SF DPH Climate and Health Program
- Links to: Environmental Public Health Climate Adaptation Tracker (EPHCAT), Climate Change and Health Profile Report (2016), Maryland Dept of Health's Environmental Public Health Tracking Portal (EPHT), References and Resources Toolkit, Environmental Public Health & Climate Events Calendar, Maryland Commission on Climate Change, CDC CRSCI. - Contact info for Program Manager	- Links to webpages (each includes a brief promo video, information on the specific climate change element, and links to resources and training videos/presentations): Climate & Health Overview, Agriculture & Food Security, Air Quality, Diseases Spread by Ticks & Mosquitoes, Extreme Heat Events. Water Changes, Wellbeing, About Us (the Climate & Health Program and agency activities) - Links directly to promo videos for each topic above.	This program has its own website - Tabs on: Climate Projections, Health Impacts, Neighborhoods, Indicator Maps - Multiple links to "products" under each of the following categories: Research and Planning, Climate Health Vulnerability Assessments, Education and Outreach Materials, Resource Sheets, Open Data and Indicators, Media, Press and Articles - Nicely organized, but some dead links

Communications

The table below outlines the various ways each of the programs share information in addition to what is included on their program webpages. Social Media posts on the topic of climate change are through the respective health departments' social media pages.

Communications	Rhode Island	Vermont	New York State	New York City	Maryland	Minnesota	San Francisco
Newsletter	Links on website to past issues of the newsletter. Button to subscribe to future issues.	-	-	-	-	Subscribe to our Climate & Health e-newsletter to receive email updates	-
Email	-	-	-	-	-	Get Email Updates (same link as above)	-
Facebook	Posts about climate change on the RIDOH page, with link to State of RI Climate Change	Posts about climate change on the VT DOH page.	Posts about climate change on the NYSDOH page.	Posts about climate change on the NYC Dept of Health page	Posts about climate change on the Maryland Dept of Health page. Climate Change Maryland	Posts about climate change on the Minnesota Dept of Health page. (Has "share" button, but no link to Facebook from program webpages)	Posts about climate change on the SF Dept of Health page and City and County of San Francisco page. (Has no link to Facebook from program webpages)
Twitter	*Rhode Island Department of Health* @RIHEALTH	*Vermont Dept of health* @healthvermont	NYSDOH @HealthNYGov	*NYC DOH* @nychealthy	MD Dept of Health @MDHealthDept @MDEnvironment (MD Dept of the Environment)	*Minnesota Department of Health* @mnhealth (Has "share" button, but no link to Twitter from program webpages)	*SF Climate* Health @sfclimatehealth (Has no link to Twitter from program webpages) San Francisco Department of Health @SF_DPH
YouTube	ridohealth	HealthVermont	NYSDOH	nychealth	-	MNDeptofHealth	-
Pinterest	-	-	NYSDOH	-	-	-	-
Instagram	-	-	nysdoh	nychealthy	mdhealthdept	-	-
Calendar of Events	-	-	-	-	Environmental Public Health & Climate Events	-	-

Program & Initiatives

Not all states/cities list specific programs or initiatives on their webpages. Where none were found on the Program webpage, other State climate change initiatives may be listed.

Programs & Initiatives	**Rhode Island:** RI Climate Change & Health Program	

	• Community Resilience
	  − Health Equity Zones Resilience Project
	  − Urban Forests for Climate and Health
	  − Senior Resilience Project	

Vermont: Vermont Climate and Health Program	**New York State:** NYS DOH Climate, Weather & Health	**New York City:** NYC Climate and Health Program

• The Vermont Climate and Health Program does not list any specific programs or initiatives.
• The state also has a Climate Change page, that lists goals, tools, programs, etc., that do not appear to be part of the Climate Change and Health Program. These include:
  − Better Buildings
  − Cleaner Energy (Agencies Move to Renewable Energy)
  − Low Carbon Travel (Cleaner Vehicles, More Transportation Choices)
  − Nature-Based Solutions (Floodplains and Wetlands, Healthy Forests)
  − Composting & Recycling (Avoiding Food Waste, Recycling and Climate Change)
  − New Climate Preparation (Disaster Readiness, Protecting our Health, Remove Vulnerabilities)
	From NYS DOH Building Resilience Against Climate Effects (BRACE) in New York State: Climate and Health Profile, June 2015 (p.68-71):
	• Protect and improve health related to climate
	  − Storms, prolonged rain and flooding climate impact team
	  − Heat climate impact team
	  − Vector-borne disease climate impact team
	  − Food and water-borne disease climate impact team
	• Create effective partnerships and develop coordinating infrastructure
	• Implement integrated educational strategies
		The program focuses on the following priority climate hazards, which pose significant risks to health in NYC (strong evidence from the NPCC indicates these risks will worsen in the future).
		• Heat waves and rising average summer temperatures
		• Increased severity of flooding from coastal storms and power outages due to extreme weather
		The program also works on other hazards such as cold weather, pollen and air pollution

Maryland: MD Climate Change Health Adaptation Prog	**Minnesota:** Minnesota Climate and Health Program	**San Francisco:** SF DPH Climate and Health Program
• Environmental Public Health Climate Adaptation Tracker(EPHCAT): EPHCAT • The Maryland Department of Health's Environmental Public Health Tracking Portal (EPHT)	• Minnesota Climate Data Community of Practice (CoP) - build capacity for using climate projection data to increase climate resiliency for Minnesotans • Metropolitan Council's resilience work, which encourages communities to integrate climate change adaptation and mitigation strategies as part of their comprehensive plan update	• **Climate Projections**: San Francisco Climate Projections, the full report (also saved to folder) • **Health Impacts**: Health Impacts of Climate Change (Many broken links on this page) • **Neighborhoods**: Neighborhood Summary. Information about our Community Resiliency Indicator System and the Community Resiliency Index, click here. Download data here. • **Indicator Maps** Community Resiliency Indicator Maps (see also Maps) (Many broken links on this page)

Plans & Reports

The table below lists the plans and reports listed on each programs' webpages. Where plans were not found linked to the program, state level plans on climate change have been included.

Plans & Reports	**Rhode Island:** RI Climate Change & Health Program
	Climate Change and Health • RI Climate Change Health Adaptation • Climate Change and Health Resiliency (2015) • Future Health Impacts from Climate Change in Rhode Island: Evidence from Climate Models (2013) • Future Social and Economic Loss and Health Impacts Due to Extreme Weather Events and Sea-Level Rise (2013) **Community Resilience** • Rhode Island Resiliency Shelter-in-Place Template

Vermont: Vermont Climate and Health Program	**New York State:** NYS DOH Climate, Weather & Health	**New York City:** NYC Climate and Health Program
• Climate and Health Profile Report • Climate Change and Health in Vermont White Paper	• Building Resilience Against Climate Effects in New York State Climate and Health Profile June 2015 • New York State Energy Research and Development Authority - Report 11-18 Response to Climate Change in New York State (ClimAID) • Sea Level Rise: What is Expected for New York	• NYC Department of Health Climate and Health Profile Report (PDF) • NYC Hazard Mitigation Plan • New York City Panel on Climate Change 2015 Report — Chapter 5: Public Health Impacts and Resiliency (2015)

Maryland: MD Climate Change Health Adaptation Prog	**Minnesota:** Minnesota Climate and Health Program	**San Francisco:** SF DPH Climate and Health Program
• Maryland Climate and Health Profile Report (2016) • The 2030 Greenhouse Gas Reduction Act Plan (Feb 2021) • Maryland Department of the Environment Annual Climate Change Report (Dec 2020) • Maryland Commission on Climate Change 2020 Annual Report	• Minnesota Climate & Health Strategic Plan • Progress Report • Minnesota Climate and Health Profile Summary (PDF) • Minnesota Climate and Health Profile Report (PDF) • Minnesota Climate Change Vulnerability Assessment Summary (PDF)	• Climate and Health Adaptation Framework, 2017 • Climate and Health Adaptation Online Summary, 2017 • Co-Health Benefits of SF's Climate Action Plan, 2013 • Resilient San Francisco published by Office of Resilience and Recovery • SF Climate Action Plan published by San Francisco Department of the Environment

Toolkits & Trainings

Only some of the program specifically call out resources as tools, toolkits or trainings. Minnesota's Climate Change & Health Training Module Series is a very comprehensive training series. Minnesota also has an extensive library of trainings and resources, including many YouTube videos (both mini videos (<2 min) for each climate topic and webinar videos as part of their Health and Climate Change 101 Training Module). Maryland has its Resources organized in a way that is very easy to find what you are looking for (found via the References and Resources Toolkit button on their homepage.

Toolkits & Trainings (Includes training presentations, videos, maps, and other tools)	**Rhode Island:** RI Climate Change & Health Program
	• Resilience Tools from the University of Rhode Island's Coastal Resources Center/Sea Grant • Summer 2020 CAPA Heatmapping Report • Health Equity Zones Heat Risk Maps • Urban Heat and Air Temperature Maps • Climate Change and Health Continuing Medical Education • Multiple Community Resilience Guides, Presentations & Tools

Vermont: Vermont Climate and Health Program	**New York State:** NYS DOH Climate, Weather & Health	**New York City:** NYC Climate and Health Program
• Vermont's program references a course called the **Human Health Effects of Climate Change Training**, a free, self-paced course offered by the New England Public Health Training Center.	• Environmental Public Health Tracking • County Heat and Health Profile Reports	• Resources for Teachers (Environment & Health Data Portal) • ****New!**** Heat Health Training Materials for Professionals and Community Leaders • ****New!**** Collecting and Sharing your own Data Template for Community Groups

Maryland: MD Climate Change Health Adaptation Prog	**Minnesota:** Minnesota Climate and Health Program	**San Francisco:** SF DPH Climate and Health Program
Environmental Public Health Climate Adaptation Tracker (EPHCAT) The Maryland Public Health Strategy for Climate Change program has compiled a starter toolkit to provide you with fact sheets, reports, infographics, literature and presentations related to climate and health in Maryland: References and Resources Toolkit • Events, Health Education Materials, Mini-grants, Other, Presentations, Press Releases, Publications, Reports, Response Plans • Training – Adaptive Strategies in MD: Training for Allegany County, PA Climate and Health Meeting (2014) – Climate Change and Health Care in MD (2014 Wicomico County Public Health Grand Rounds) – MD Public Health Strategy for Climate Change (2015 Training to DE Climate Change Program)	• Climate Change & Health Training Module Series: seven-part series developed to help educate public health professionals, planners, emergency managers, and others about the climate changes we're experiencing in Minnesota, the impact those changes have on health, and what actions we can take to help reduce and prevent negative health outcomes associated with climate change. Each module includes a webinar recording and fully scripted presentation for use as a "train the trainer" resource. • Heat Vulnerability in Minnesota Tool • Extreme Heat Toolkit • Health and Climate Film Produced by the Minnesota Climate & Health Program, the Minnesota Environmental Health Tracking Program and *tpt Minnesota*, 2014.	**Education and Outreach Materials** • Clinician Climate Change and Health Training Modules, 2019 • Heat Training Presentation, 2019 • Public Information for Heat Events (Multilingual), 2016 • Health Impacts of Flooding/Mold, 2017 • Flood/Extreme Storm Training Presentation, 2018 • Public Information for Extreme Storms/Flooding, 2016 • Health Impacts of Flooding and Extreme Storms, 2016 • Children's Environmental Health Promotion: 'Take Action Against Mold' Info Sheets, 2018: English, Spanish, Chinese Community Resiliency Indicator Maps (page link), view interactive map (dead link) - neighborhood-level community resiliency data. Aggregate and raw data can be found on San Francisco open data portal, DataSF.org.

Other Resources

Resources (brochures, Fact/Info Sheets, Guides)	**Rhode Island:** RI Climate Change & Health Program
	• Climate Change and Health Teaching Resources • Climate Change and Your Health: A Guide for Rhode Islanders (English) (Spanish) (Portuguese) • Sustainability Pledge and Guide • Rhode Island Urban Forests for Climate and Health Initiative • Climate Change and Air Quality (English) (Spanish) • Climate Change and Food (English) (Spanish) • Climate Change and Heat (English) (Spanish) • Climate Change and Mosquitoes (English) (Spanish) • Climate Change and Storms / Flooding (English) (Spanish) • Climate Change and Ticks (English) (Spanish) - Note: English link is broken • Climate Change and Water (English) (Spanish)

Vermont: Vermont Climate and Health Program	**New York State:** NYS DOH Climate, Weather & Health	**New York City:** NYC Climate and Health Program
• Weatherization & Health in VT • Improving Health Through Transportation • Climate Change + Your Health Climate and Health Resources • Climate Change and Your Health • Heat Impacts on Health in Vermont • Vermont Heat Vulnerability Index • Weatherization + Health • Weatherization + Health Technical Report Climate Change and Vulnerable Populations | Vermont Department of Health (healthvermont.gov)	• Introduction • Impacts on My Health • Protecting My Health • Before, During and After a Storm • Building Community Resilience to a Changing Climate • Strategies to Protect New Yorkers' Health in a Changing Climate • Climate-Related Data & Research • Learn about Climate Change	• Extreme heat • Extreme cold • Coastal storms • Power outages • Polluted air • Mosquitoes and ticks

Maryland: MD Climate Change Health Adaptation Prog	**Minnesota:** Minnesota Climate and Health Program	**San Francisco:** SF DPH Climate and Health Program
MCCC has the following fact sheets (available in English and Spanish - links are for English versions): • Addressing Climate Change in Maryland: An Overview • Maryland is planning for sea-level rise • Maryland's Greenhouse Gas Emissions Reduction Act • Responding to the health impacts of climate change • Increasing resilience to climate change • Buying local and climate change • 2017 Annual Report Summary • Tackling Climate Change in Maryland	Climate Change & Health Info sheets Climate & Health 101 (PDF) • Agriculture & Food Security (PDF) • Air Quality (PDF) • Extreme Heat Events (PDF) • Water Changes (PDF) • Wellbeing (PDF) Extreme Heat Tips • Extreme Heat Tips Sheet - English (PDF) also in (Spanish) (Hmong) (Karen) (Oromo) (Somali)	Resource Sheets • Multi-Hazard Extreme Heat, Wildfire Smoke, COVID-19 Resource Sheet • Mold Health Guidance Document (Resource to Aid the Identification and Remediation of Mold, 2018 Open Data and Indicators • Community Resiliency Index • DataSF – Community Resilience Indicators • DataSF – Flood Vulnerability Data • DataSF- Extreme Heat Data (*Coming Soon!*)

Resources for Targeted Audiences

Resources for Targeted Audiences	Rhode Island: RI Climate Change & Health Program	
	Existing publications cross-referenced and linked by target audience on Climate Change Publications and Resources: • Businesses • Community Partners • Facility Managers • Healthcare Administrators • Healthcare Providers • Long Term or Residential Care Managers	• Parents • Public Health Professionals • Public Housing Authorities • Residents • School Administrators • School Nurses • Teens
Vermont: Vermont Climate and Health Program	**New York State:** NYS DOH Climate, Weather & Health	**New York City:** NYC Climate and Health Program
• Local Officials • Health Educators • Public health workforce • A wide range of community and partner organizations	•	
Maryland: MD Climate Change Health Adaptation Prog	**Minnesota:** Minnesota Climate and Health Program	**San Francisco:** SF DPH Climate and Health Program
• Science Beat 8th Grade Journalism Module on Climate and Health • Science Beat 8th Grade Teaching Module on Climate and Health • Vibrio Infections Handout (Spanish) • Video for Prevention of Pediatric Hot Car Injuries and Deaths • Vibrio Skin Wound Precautions (Spanish)	Climate Change & Wellbeing Resources • Public Health Professionals • Health Care Professionals • Parents/Caregivers • Educators Responding to Youth Emotional Distress Due to Climate Change: A Guide for Parents and Caregivers (PDF)	• Extreme Heat Preparedness Resources for Clinicians, 2019 • Flooding and Extreme Storm Preparedness Resources for Clinicians, 2019 • Air Quality Preparedness Resources for Clinicians, 2019

Partners

Each program takes a slightly different approach in highlighting the partners that they work with both within their department and across the state.

Partners (as indicated by the respective programs)	**Rhode Island:** RI Climate Change & Health Program
	• CDC Climate & Health Program • Climate Change Rhode Island • Resilient Rhody • Rhode Island Office of Energy Resources • Rhode Island DEM Climate Change • RIPTA Green Initiatives

Vermont: Vermont Climate and Health Program	**New York State:** NYS DOH Climate, Weather & Health	**New York City:** NYC Climate and Health Program

• Urban & Community Forestry Programs (VT ENV CH White Paper, p.20)
• From the VT ENV CH Profile Report:
  – Community partners
  – Climatologists and other academics at University of Vermont
  – State entities
  – NGOs
  – Private sector
	• Office of Climate Change (through the Dept. of Environmental Conservation)
	• **Climate Action Council** (The Gov signed into law the Climate Leadership & Community Protection Act in 2018, which created a Climate Action Council charged with developing a scoping plan of recommendations to meet targets)
	• The Dept. of Transportation also has information on its site related to climate change programs.
		• Housing
		• Infrastructure
		• Social Services
		• Emergency Management
		• Academic Researchers and Experts
		• The Mayor's Office of Climate Policy and Programs

Maryland: MD Climate Change Health Adaptation Prog	**Minnesota:** Minnesota Climate and Health Program	**San Francisco:** SF DPH Climate and Health Program
• The Maryland Commission on Climate Change	• Metropolitan Council's resilience work	• San Francisco Municipal Transportation Agency • San Francisco Department of the Environment who published the SF Climate Action Plan • Office of Resilience and Recovery - who published Resilient San Francisco • San Francisco Public Works • San Francisco International Airport (SFO) • San Francisco Public Utilities Commission • San Francisco Planning Department • San Francisco Adaptation Efforts • San Francisco Port • San Francisco Mayor's Office

Other Councils/Coalitions & Legislation

Other Climate Change Councils/Coalitions & Legislation	Rhode Island: RI Climate Change & Health Program
	• RI Executive Climate Change Coordinating Council (**EC4**) • The Resilient Rhode Island Act established the Executive Climate Change Coordinating Council (EC4) in 2014. • The 2021 **Act on Climate** was signed into law in April of 2021.

Vermont: Vermont Climate and Health Program	New York State: NYS DOH Climate, Weather & Health	New York City: NYC Climate and Health Program
• Vermont Climate Council was established in 2020 as a result of the Vermont Global Warming Solutions Act of 2020. • **Vermont Global Warming Solutions Act of 2020**	• New York State Climate Action Council, formed in 2019. • The **Climate Leadership and Community Protection Act** (Climate Act) was signed in 2019.	• New York City Panel on Climate Change (NPCC). • NPCC started in 2009 and was codified in Local Law 42 of 2012 with a mandate to provide an authoritative and actionable source of scientific information on future climate change and its potential impacts.

Maryland: MD Climate Change Health Adaptation Prog	Minnesota: Minnesota Climate and Health Program	San Francisco: SF DPH Climate and Health Program
• The Maryland Commission on Climate Change (MCCC). • Greenhouse Gas Emissions Reduction Act (GGRA) of 2009. • A second Executive Order (01.01.2014.14) in 2014 expanded the scope of the MCCC and its membership to include non-state government participants. • During its 2015 session, the Maryland General Assembly codified the • MCCC was codified into law in 2015	• The Climate Change Executive Order established the Climate Change Subcabinet, comprised of state agency and department leadership, as well as the Governor's Advisory Council on Climate Change, a citizen board appointed to advise the Subcabinet. • The Climate Change Executive Order (19-37) was signed in 2019.	• There are several organizations in San Francisco, working on climate change. The City's Climate and Health Adaptation Framework, 2017 was developed by the San Francisco Department of Public Health and its partners. • Related legislation (numerous)

Involvement in Other Climate Initiatives

Involvement in Other Climate Initiatives	Rhode Island	Vermont	New York State	New York City	Maryland	Minnesota	San Francisco
100 Percent Clean Policies by state (Source: Center for American Progress - Energy and Environment)	**State Action:** 100% clean energy executive order	**State Action:** n/a	**State Action:** 100% clean energy legislation & economy-wide climate program		**State Action:** n/a	**State Action:** n/a	California **State Action:** 100% clean energy legislation & economy-wide climate program
	City/County Action: Committed to 100% clean energy: n/a	**City/County Action:** Committed to 100% clean energy: n/a	**City/County Action:** Committed to 100% clean energy: • East Hampton • Southampton		**City/County Action:** Committed to 100% clean energy: n/a	**City/County Action:** Committed to 100% clean energy: • Minneapolis • St. Louis Park • St. Paul	**City/County Action:** Committed to 100% clean energy: • 31 (including San Francisco)
	Powered by 100% clean energy: n/a	Powered by 100% clean energy: • Burlington	Powered by 100% clean energy: n/a		Powered by 100% clean energy: n/a	Powered by 100% clean energy: n/a	Powered by 100% clean energy: n/a
Regional Greenhouse Gas Initiative (RGGI). (Source: Center for American Progress - Energy and Environment) In 2009, 10 states - CT, DE, ME, MD, MA, NH, NJ, NY, RI, AND VT - banded together to create the **Regional Greenhouse Gas Initiative (RGGI).**	Member of the Regional Greenhouse Gas Initiative (RAGGI)	Member of the Regional Greenhouse Gas Initiative (RAGGI)	Member of the Regional Greenhouse Gas Initiative (RGGI)		Member of the Regional Greenhouse Gas Initiative (RGGI)		

Climate Ready States and Cities Initiative (CRSCI)

	Rhode Island: RI Climate Change & Health Program
Climate Ready States and Cities Initiative (CRSCI) Source: CDC > Climate and Health > Climate Effects on Health > Regional Health Effects	CRSCI Recipient, funded by CDC since 2012 Rhode Island Department of Health The Rhode Island Climate Change and Health Program primarily addresses community resilience, extreme heat, air quality and respiratory illnesses, flooding, sea level rise, and vector-borne diseases. Vulnerable populations such as seniors, youth, outdoor workers, and residents in the urban core are the focus of the program's work. The program's adaptation activities include extreme heat messaging to outdoor workers, Lyme disease outreach to local communities, climate resiliency in the urban core communities, and climate preparedness in long-term care and assisted living senior housing.

Vermont: Vermont Climate and Health Program	**New York State:** NYS DOH Climate, Weather & Health	**New York City:** NYC Climate and Health Program
CRSCI Recipient and NEHA mini-grant recipient, funded by CDC since 2012 Vermont Department of Health The Vermont Climate and Health Program addresses key climate-related health risks including heat illnesses, poor air quality and allergenic pollen, vector-borne diseases, water-borne diseases, cyanobacteria, mental health impacts, and extreme weather events, such as flooding and storms. The high-risk populations include older adults, low income households, and residents with pre-existing health conditions. Some of the program's main adaptation activities include increasing hot weather preparedness, promoting home weatherization, and providing energy-saving shade trees. Many of the program's activities help to provide health co-benefits as part of statewide climate mitigation efforts focused on the transportation, housing, forestry, and energy sectors. Vermont also received an additional mini-grant grant to implement two new Health in All Policies (HiAP) strategies: 1) Integrate heat-related climate, health, vulnerability, and adaptive capacity data into Vermont's Environmental Public Health Tracking Data Explorer. 2) Implement accountability structures for hot weather preparedness and response through a "Hot Weather Workgroup" of multi-sectoral partners.	CRSCI Recipient, funded by CDC since 2010 New York State Department of Health New York State (NYS) has primarily focused on the health impacts of heat, flooding, and heavy precipitation events. These climate hazards are being addressed through the development and implementation of adaptation activities in coordination with program partners. These adaptations include development of Heat and Health county profile reports, working with the National Weather Service to revise the thresholds for issuing heat advisories, providing air conditioners to vulnerable populations, creating a mapping application to display cooling center locations, tracking heat stress hospitalization and emergency department visits annually, publishing lessons learned from the response to Hurricane Sandy, and helping local governments take action to reduce greenhouse gas emissions and adapt to a changing climate. Seneca Nation of Indians The Seneca Nation of Indians (located in what is now called New York) is working to address impacts from flooding and storm water, including prevention of vector-borne disease, by incorporating health into existing collaborative climate work. The mini-grant project focuses on health communication.	CRSCI Recipient, funded by CDC since 2010 New York City Department of Health and Mental Hygiene The **New York City Climate and Health Program (NYC CHP)** focuses on the health impacts of current and future climate-related hazards, primarily, extreme heat, extreme cold, and power outages. The program relies on several approaches to analyze the magnitude of these impacts and which populations and communities are most at risk to these impacts, develop, promote, or evaluate climate resilient policies and interventions, and communicate climate-health risk messages. In addition, the program works to ensure that health is a consideration in larger, multi-sectoral planning or resiliency initiatives by helping to prioritize local communities for climate mitigation and adaptation investments. To achieve program success, the program relies heavily on partnerships with internal sister agency programs.

Climate Ready States and Cities Initiative (CRSCI) Source: CDC > Climate and Health > Climate Effects on Health > Regional Health Effects	**Rhode Island:** RI Climate Change & Health Program
	CRSCI Recipient, funded by CDC since 2012 Rhode Island Department of Health The Rhode Island Climate Change and Health Program primarily addresses community resilience, extreme heat, air quality and respiratory illnesses, flooding, sea level rise, and vector-borne diseases. Vulnerable populations such as seniors, youth, outdoor workers, and residents in the urban core are the focus of the program's work. The program's adaptation activities include extreme heat messaging to outdoor workers, Lyme disease outreach to local communities, climate resiliency in the urban core communities, and climate preparedness in long-term care and assisted living senior housing.

Maryland: MD Climate Change Health Adaptation Prog	**Minnesota:** Minnesota Climate and Health Program	**San Francisco:** SF DPH Climate and Health Program
CRSCI Recipient, funded by CDC since 2012 Maryland Department of Health The **Maryland Climate Change Health Adaptation Program** provides a health focus to climate response efforts across the state, through technical assistance, development of epidemiologic tools and data products, and education and outreach. The program primarily addresses extreme heat, air quality and respiratory illness, water-borne diseases, and extreme weather events, such as hurricanes and tornadoes. The program includes education and outreach for school age youth (K-12), minority groups, community health workers, and informal healthcare networks, as well as a climate change training curriculum for community health workers and extension workers.	CRSCI Recipient and NEHA Mini-Grant recipient, funded by CDC since 2010 Minnesota Department of Health The **Minnesota Climate and Health Program** protects public health by engaging, informing, and guiding health and climate champions throughout the state to create healthy, equitable, and resilient communities. The program works with partners and stakeholders to educate about the health impacts of a changing climate through trainings and communication materials. For example, the program released a seven-part training and companion materials to educate on climate and health in Minnesota, including agriculture and food security, air quality, extreme heat, water changes, well-being, and vector-borne diseases. To help planners and decision-makers in emergency management understand regional climate trends, the program co-developed climate and health data profiles in 2019. The profiles are tailored to each of the six Homeland Security and Emergency Management (HSEM) regions across the state, acting as a framework for discussing projected local risks related to our changing climate and supporting the development of climate adaptation strategies that protect community health and safety. Minnesota also received a mini-grant in 2019 from CDC and the National Environmental Health Association (NEHA) to develop an online climate and health vulnerability assessment tool to allow communities across the state to visualize and analyze health, climate, and environmental data to aid planning and adaptation.	CRSCI recipient, funded by CDC since 2010 San Francisco Department of Health The San Francisco Department of Public Health's **Climate and Health Program** works to address the local health impacts of extreme heat, flooding and extreme storms, drought and wildfire, and allergies and air pollution through the development of vulnerability assessments, literature reviews and emergency plans, data analysis and mapping, outreach and engagement to community based organizations and other stakeholders, and working interdepartmentally to bring a health perspective to citywide climate action and preparedness efforts. San Francisco is particularly vulnerable to the health impacts of extreme heat. A study of a 2006 California heat wave found that during extreme heat events, San Francisco's emergency department visits increased more than almost anywhere else in the state. The Climate and Health Program has helped San Francisco prepare for future extreme heat events by informing the city's extreme heat emergency response plan, developing and deploying extreme heat preparedness trainings specifically for older adults, and engaging local clinicians about how to discuss extreme heat preparedness with their patients.

Best Practices

Best Practices Source: CDC's [Preparing for the Regional Health Impacts of Climate Change in the United States](#) (July 2020).	**Rhode Island:** [RI Climate Change & Health Program](#)
	The Rhode Island Climate Change and Health Program primarily addresses community resilience, extreme heat, air quality and respiratory illnesses, flooding, sea level rise, and vector-borne diseases. Vulnerable populations such as seniors, youth, outdoor workers, and residents in the urban core are the focus of the program's work. The program's main adaptation activities include extreme heat messaging to outdoor workers, Lyme disease outreach to local communities, and climate resiliency in the urban core communities. Strategic plans for both vector-borne disease and extreme heat have been developed. Communications campaigns have also been used to spread awareness and provide guidance on personal protection against Lyme disease and other tick-borne illnesses, and extreme heat. The program has developed a climate change and health guide for Rhode Island residents in English, Spanish, and Portuguese. A focus of the program has been on community resiliency and supporting Rhode Island Health Equity Zones to adapt to climate change. The Health Equity Zones have focused their work on emergency preparedness and neighborhood flooding. The Senior Resiliency project focused on preparing long-term care and assisted living senior housing for possible climate-related health effects. The project conducted resiliency audits and developed plans for emergency situations. A facility self-assessment tool was also developed to allow individual facilities to evaluate their resiliency and emergency preparedness.

Best Practices

Source: CDC's [Preparing for the Regional Health Impacts of Climate Change in the United States](#) (July 2020).

Vermont: [Vermont Climate and Health Program](#)	New York State: [NYS DOH Climate, Weather & Health](#)	New York City: [NYC Climate and Health Program](#)
While all Vermonters are at risk for climate-related health impacts, the program focuses on mitigating health impacts for especially high-risk populations including older adults, low income households, and residents with pre-existing health conditions. Some of the program's main adaptation activities include increasing hot weather preparedness, promoting home weatherization, and providing energy-saving shade trees. Many of the program's activities help to provide health co-benefits as part of statewide climate mitigation efforts focused on the transportation, housing, forestry, and energy sectors. Vermont also received an additional grant from the National Environmental Health Association (NEHA) focused on Health in All Policies (HiAP). This grant will be used to implement two new HiAP strategies: 1) Integrate heat-related climate, health, vulnerability, and adaptive capacity data into Vermont's Environmental Public Health Tracking Data Explorer. These data will be used to raise awareness about heat risks and inequities, communicate with the public about adaptation resources, and identify gaps in adaptive capacity. 2) Implement accountability structures for hot weather preparedness and response through a "Hot Weather Workgroup" of multi-sectoral partners, including representatives from emergency management, hospital preparedness, human services, senior services, education, occupational safety, and regional planning agencies	New York State (NYS) has primarily focused on the health impacts of heat, as well as flooding and heavy precipitation events. These climate hazards are being addressed through the development and implementation of adaptation activities in coordination with program partners. These adaptations include development of Heat and Health profile reports that summarize extreme heat exposure, sensitivity, vulnerability, and adaptive capacity for NYS counties, and working with the National Weather Service to revise the thresholds for issuing heat advisories in NYS. A partnership with the NYS Office of Temporary and Disability Assistance increases utilization of their program to provide air conditioners to vulnerable populations. Staff also worked with the NYS Environmental Public Health Tracking Program to create a mapping application to display cooling center locations across the state and track heat stress hospitalization and emergency department visits annually, and published in peer-reviewed public health journals on lessons learned from the response to Hurricane Sandy. The program also partners with the NYS Department of Environmental Conservation Climate Smart Communities (CSC) program, which helps local governments take action to reduce greenhouse gas emissions and adapt to a changing climate.	The New York City Climate and Health Program (NYC CHP) focuses on the health impacts of current and future climate-related hazards, primarily, extreme heat, extreme cold, and power outages. The program relies on several approaches to analyze the magnitude of these impacts and which populations and communities are most at risk to these impacts, develop, promote, or evaluate climate resilient policies and interventions, and communicate climate-health risk messages. In addition, the program works to ensure that health is a consideration in larger, multi-sectoral planning or resiliency initiatives. The program does this by helping to prioritize local communities for climate mitigation and adaption investments. One example of this is the NYC Heat Vulnerability Index, developed by NYC CHP and Columbia University, which provides an understanding of how the risk for dying during a heat emergency varies across neighborhoods. To achieve program success, the program relies heavily on partnerships with internal sister agency programs including, the Air Quality Program, the Environmental Public Health Tracking Program, Healthy Homes, Office of Emergency Preparedness and Response, and the Center for Health Equity.

Best Practices

Source: CDC's [Preparing for the Regional Health Impacts of Climate Change in the United States](#) (July 2020).

Maryland: [MD Climate Change Health Adaptation Prog](#)	Minnesota: [Minnesota Climate and Health Program](#)	San Francisco: [SF DPH Climate and Health Program](#)
The Maryland Climate Change Health Adaptation Program is the lead for integration of health adaptation into the state's response to a changing climate. Located in the Maryland Department of Health, the program provides a health focus to climate response efforts across the state, through technical assistance, development of epidemiologic tools and data products, and education and outreach. The program primarily addresses extreme heat, air quality and respiratory illness, water-borne diseases, and extreme weather events, such as hurricanes and tornadoes. The program, which is closely integrated with the **Maryland Commission on Climate Change**, includes education and outreach for school age youth (K-12), minority groups, community health workers, and informal healthcare networks. Among the products of the program is a climate change training curriculum for community health workers and extension workers. The training increases competency among informal healthcare networks in order to advise patients and community members on how to understand climate impact on themselves and their health. The program's Climate Ambassador program, which is a program targeted at school age youth in Maryland, provides students with tools and information to educate and empower themselves and their communities to respond to the impacts of a changing climate.	The program released a seven-part training and companion materials to educate on climate and health in Minnesota, including agriculture and food security, air quality, extreme heat, water changes, well-being, and vector-borne diseases. To help planners and decision-makers in emergency management understand regional climate trends, the program co-developed climate and health data profiles in 2019. The profiles are tailored to each of the six Homeland Security and Emergency Management (HSEM) regions across the state, acting as a framework for discussing projected local risks related to our changing climate and supporting the development of climate adaptation strategies that protect community health and safety

Minnesota also received a mini-grant in 2019 from CDC and the National Environmental Health Association (NEHA) to develop an online climate and health vulnerability assessment tool to allow communities across the state to visualize and analyze health, climate, and environmental data to aid planning and adaptation. | The San Francisco Department of Public Health's Climate and Health Program works to address the local health impacts of extreme heat, flooding and extreme storms, drought and wildfire, and allergies and air pollution through the development of vulnerability assessments, literature reviews and emergency plans, data analysis and mapping, outreach and engagement to community-based organizations and other stakeholders, and working interdepartmentally to bring a health perspective to citywide climate action and preparedness efforts. San Francisco is particularly vulnerable to the health impacts of extreme heat. A study of a 2006 California heat wave found that during extreme heat events, San Francisco's emergency department visits increased more than almost anywhere else in the state. The Climate and Health Program has helped San Francisco prepare for future extreme heat events by informing the city's extreme heat emergency response plan, developing and deploying extreme heat preparedness trainings specifically for older adults, and engaging local clinicians about how to discuss extreme heat preparedness with their patients. |

Links to Other Web Pages

Links to Other Web Pages (most outside of DPH/DOH)	Rhode Island: RI Climate Change & Health Program
	• Climate Effects on Health • US Global Change Research Program

Vermont: Vermont Climate and Health Program	New York State: NYS DOH Climate, Weather & Health	New York City: NYC Climate and Health Program
More Climate Change Resources: • Climate Change—Vermont Agency of Natural Resources • Vermont Climate Summary from the National Oceanic and Atmospheric Administration (NOAA) • Northeast Regional Climate Center at Cornell University • U.S. Geological Survey (USGS) Regional Climate Change Viewer • Climate Monitoring data from NOAA • Recent carbon dioxide observations at NOAA's Mauna Loa Observatory • Assessment Reports from the Intergovernmental Panel on Climate Change • 2014 U.S. National Climate Assessment	• National Climate Assessment, US Global Change Research Program • Climate Change Indicators, Environmental Protection Agency • Climate Change 2013: The Physical Science Basis, Intergovernmental Panel on Climate Change • Climate and Health Program, Centers for Disease Control and Prevention	• NYC Department of Health Climate and Health Profile Report (PDF) • Cool Neighborhoods NYC — Keeping Communities Safe in Extreme Heat (PDF) • NYC Hazard Mitigation Plan • New York City Panel on Climate Change • CDC: Climate and Health Program • White House Report on the Health Impacts of Climate Change on Americans (PDF)

Maryland: MD Climate Change Health Adaptation Prog	Minnesota: Minnesota Climate and Health Program	San Francisco: SF DPH Climate and Health Program
• Maryland Commission on Climate Change • CDC Climate Ready States and Cities Initiative	Related Topics: • Comprehensive Plans • Emergency Preparedness • Environmental Review • Natural Disasters and Severe Weather Each climate & Health Impacts area lists additional resources at the bottom of the page: • Agriculture & Food Security • Air Quality • Diseases Spread by Ticks & Mosquitoes • Extreme Heat Events • Water Changes • Wellbeing External Resources also listed: • Minnesota Resources • Tribal Resources • National Resources • International Resources	• See "Partners"

Appendix A: Individual Stakeholder Discussion Guide

RI Climate Change and Health Program
Individual Stakeholder Discussion Guide

Welcome

- Hi, my name is _____ and I am with Health Resources in Action, or HRiA, a public health consulting group out of Boston, MA. Thank you for taking the time to talk with me today. This interview will take about 45 minutes. Is this still a good time for us to talk?

- The RI Department of Health is working with HRiA to conduct an assessment and draft strategic priorities to support the development of the Program's next five-year grant application and work plan. As part of the assessment process, we are gathering data by conducting individual discussions with key stakeholders and small group discussions with **Community Partner Organizations** and **Internal State Agency Stakeholders** to understand your perspectives on the strengths and assets of the Climate Change and Health Program, and to gather thoughts on opportunities moving forward.

- Upon completion of the data gathering efforts, HRiA will be developing a summary which will include the **common themes** that have emerged. Those themes will be used to draft strategic priorities and inform the development of the Program's next five-year grant application and work plan. The summary will not include any personal identifying information. Your responses from our conversation today will be strictly confidential.

- Do you have any questions for me before we begin?

Demographic Information

Please tell me about yourself and your current position/role. How long have you been in this role? What is your involvement/relationship with the RI DOH's Climate Change & Health Program, or climate change in general?

Mission & Awareness

1. What do you think are the **biggest challenges** that RI faces from Climate Change?

   Facilitator Note: To see if they mention health connections at all

2. Is the **mission** of Climate Change and Health Program is widely known and understood?

   Mission: To prepare for the human health effects related to climate change and create a healthy, sustainable, and resilient future for all Rhode Islanders.

3. On a scale of 1-5, how would you rate the **awareness of community members** in RI about the **connection between climate change and public health**? (1 = no awareness, 5 = very high level of awareness)

Strengths

4. What do you believe to be the Program's top **strengths** that help support excellence in the work that they do and the resources that they provide? What is the Program doing well?

   Prompts/Background Information (for Strengths and Weaknesses):

Programs	*What They Do*	*Publications/Resources*
• *Health Equity Zones Resilience Project* • *Urban Forests for Climate and Health* • *Tick & Mosquito Education*	• *Educate the public (connection between CC and Health)* • *Partner to develop adaptation plans* • *Advocate for policy and behavioral changes (GHG)* • *Focus on holistic solutions, community cohesiveness, and equity.* • *Coordinate with partners to leverage efforts to mitigate PH impacts.* • *Offer programs to mitigate PH impacts among vulnerable pops.*	• *Reports* • *Plans* • *Website* • *Newsletter* • *Brochures* • *Fact Sheets* • *Forms* • *Guides* • *Presentations* • *Articles* • *Maps* • *Toolkits*

Weaknesses (within the Program's control)

5. What do you believe to the Program's top **weaknesses** that present **challenges** or **barriers** to excellence in the work that they do and the resources they provide? How do these weaknesses impact delivery of programs and resources?

6. What key things should the Program do to **address these weaknesses**?

External Change Forces (outside of the Program's control)

Consider the environment in which the Program operates -- local, regional, national

7. What are **key external "change forces"** or factors that influence the Program's work and the resources they provide (consider current and emerging/future factors)? Please consider change forces that could be opportunities and/or threats.

Moving Forward/Priorities

8. What more do you believe needs to be done in RI to address climate change and its impact on public health?

    a. Are there other **programs** or **resources** that you would like the Climate Change & Health Program to provide?

    b. Are there additional opportunities for **partnerships** or **collaboration** that the Program should be exploring?

9. After hearing the ideas everyone has shared here today, what would you pick as the **top 3 strategic priorities** for addressing climate change and reducing its impact on public health? Why?

CLOSING

Thank you so much for your time. That's it for my questions. Is there anything else that you would like to mention that we didn't discuss today?

Thank you again!

Appendix B: Small Group Discussion Guide

RI Climate Change and Health Program
Small Group Discussion Guide

Welcome

- Hi, my name is _____ and I am with Health Resources in Action, or HRiA, a public health consulting group out of Boston, MA. I am here today with my colleague, _____, who will be taking notes. Thank you for taking the time to join us for this discussion.

- The RI Department of Health is working with HRiA to conduct an assessment and draft strategic priorities to support the development of the Climate Change and Health Program's next five-year grant application and work plan. As part of the assessment process, we are gathering data by conducting individual discussions with key stakeholders and small group discussions with Community Partner Organizations and Internal State Agency Stakeholders to understand your perspectives on the strengths and assets of the Climate Change and Health Program, and to gather thoughts on opportunities moving forward.

- You are here today because we want to know your opinions on the Program's strengths, challenges, and suggestions for future opportunities. The opinions shared today might differ. That's okay. We want you to feel free to share your opinions. We want you to know there are no right or wrong answers.

- Upon completion of the data gathering efforts, HRiA will be developing a summary which will include the general **themes** that have emerged. Those themes will be used to draft strategic priorities and inform the development of the Program's next five-year grant application and work plan.

- We will not include any names or identifying information in the summary report. Nothing that you say here will be connected directly to you in any way - your responses today will remain completely confidential. *We also ask that you respect each other by not sharing what you hear today outside of this session.* If you have something that you would like to share, but are not comfortable sharing it with the group, you can do a direct private message to me or _____ in the Zoom Chat.

- We are recording today's session for HRiA's use only to insure the accuracy of our notes. The recording will not be shared with anyone outside of HRiA. We will begin recording after we have completed introductions.

- We're scheduled to talk for 90-minutes today. Does anyone have any questions before we begin?

Introductions

Let's go around and introduce ourselves. Please share your name and the organization or agency you are with. [Facilitator & note taker introduces themselves]

Mission & Awareness

1. What do you think are the **biggest challenges** that RI faces from Climate Change?

   Facilitator Note: To see if they mention health connections at all

2. Is the **mission** of Climate Change and Health Program is widely known and understood?

   Mission: To prepare for the human health effects related to climate change and create a healthy, sustainable, and resilient future for all Rhode Islanders.

3. On a scale of 1-5, how would you rate the **awareness of community members** in RI about the **connection between climate change and public health**? (1 = no awareness, 5 = very high level of awareness)

Strengths

4. What do you believe to be the Program's top **strengths** that help support excellence in the work that they do and the resources that they provide? What is the Program doing well?

   Prompts/Background Information (for Strengths <u>and</u> Weaknesses):

Programs	*What They Do*	*Publications/Resources*
• *Health Equity Zones Resilience Project* • *Urban Forests for Climate and Health* • *Tick & Mosquito Education*	• *Educate the public (connection between CC and Health)* • *Partner to develop adaptation plans* • *Advocate for policy and behavioral changes (GHG)* • *Focus on holistic solutions, community cohesiveness, and equity.* • *Coordinate with partners to leverage efforts to mitigate PH impacts.* • *Offer programs to mitigate PH impacts among vulnerable pops.*	• *Reports* • *Plans* • *Website* • *Newsletter* • *Brochures* • *Fact Sheets* • *Forms* • *Guides* • *Presentations* • *Articles* • *Maps* • *Toolkits*

Weaknesses (within the Program's control)

5. What do you believe to the Program's top **weaknesses** that present **challenges** or **barriers** to excellence in the work that they do and the resources they provide? How do these weaknesses impact delivery of programs and resources?

6. What key things should the Program do to **address these weaknesses**?

External Change Forces (outside of the Program's control)

Consider the environment in which the Program operates -- local, regional, national

7. What are **key external "change forces"** or factors that influence the Program's work and the resources they provide (consider current and emerging/future factors)? Please consider change forces that could be opportunities and/or threats.

Moving Forward/Priorities

8. What more do you believe needs to be done in RI to address climate change and its impact on public health?

    a. Are there other **programs** or **resources** that you would like the Climate Change & Health Program to provide?

    b. Are there additional opportunities for **partnerships** or **collaboration** that the Program should be exploring?

9. After hearing the ideas everyone has shared here today, what would you pick as the **top 3 strategic priorities** for addressing climate change and reducing its impact on public health? Why?

CLOSING

Thank you so much for your time. That's it for my questions. Is there anything else that you would like to mention that we didn't discuss today?

Thank you again!