

Climate and Health Resilience Plan
Advisory Group Meeting Minutes
 March 9, 2015

Attendees:

Name	Affiliation
Julie Early-Alberts	OHA – Environmental Public Health Section Assessment, Planning and Policy Manager
Emily York	OHA – Climate and Health Program Coordinator
Brendon Haggerty	OHA – Technical Lead and Lead Epidemiologist
Curtis Cude	OHA – Environmental Public Health Section Interim Manager
Renee Hackenmiller-Paradis	OHA – Director’s Office – Policy Team
Michael Tynan	OHA – Director’s Office – Policy Lead
Mike Harryman,	OHA – Health Security, Response and Preparedness Manager
Collette Young	OHA – Acute and Communicable Disease Manager
Jon Kawaguchi	WA County Health Dept – Environmental Health Section
Matt Davis	WA County Health Dept – Environmental Health Section
Jeff Weber	OR Dept. of Land Conservation and Development Climate Change Lead
Geoff Crook	OR Dept. of Transportation, Climate Adaptation Lead
Aida Biberich	OR Dept. of Environmental Quality, Air Quality Team
Kathie Dello	OR Climate Change Research Institute Deputy Director
Angus Duncan	OR Global Warming Commission Chair
Jeff Bethel	Oregon State University – School of Public Health
Mel Rader	Upstream Public Health Director
Jen Coleman	Oregon Environmental Council
Jackie Yerby	Center for Diversity and Environment

Welcome:

Lillian Shirley, Director of Oregon’s Public Health Division welcomed the advisory group

Background and Context:

Curtis Cude, Environmental Public Health Section Interim Manager, gave some background on Environmental Public Health funding, links between programs

Julie Early-Alberts, Program Manager, provided a history of the Climate & Health Program and outlined the project summary

Mel asked about using the term “resilience”, Julie responded that we’re seeking a positive frame and that we will revisit the decision to use the “Resilience” frame later in the meeting

Introductions:

Group members introduced themselves and shared their perspective on climate change

Presentation:

Emily presented an overview of climate and health resilience plans

Discussion:

The Director of the Public Health Division will ultimately approve the plan. Julie proposed that the group operate on loose consensus, inviting members to voice concerns.

Project Summary, Scope, Title

The group discussed the scope outlined in the Project Summary handout.

Q: Will we be able to recommend actions led by other agencies?

A: We will not be giving recommendations to other agencies, but could recommend that public health partner with those agencies to advance a strategy, etc.

- Let's add "Tribal health" in audiences
- People generally like the term "Resilience"... not so much "positive", but provides a more "social systems" frame that includes looking at historical injustices ... rather than risk reduction

Q: Are you planning to do a robust risk assessment?

A: We are in the process of doing a more in-depth social vulnerability assessment and will be projecting the burden of disease for a limited number of disease/injury pathways – this will be discussed more in Brendon's presentation and the discussion that follows.

- The more specific you can get on describing the "risks" the better traction you can get with solutions "what are you building resilience to?"
- Climate can be seen as an added layer, or "threat multiplier", to existing non-climate risks.
- We are not vulnerable to "climate change", but the way in which it exasperates existing vulnerabilities

Q: Will the plan provide resources/tools for communities to use?

A: We will be able to do some of that within the plan. We are also working on a practitioner toolkit for local health jurisdictions that will provide more detailed tools. We hope that we will be able to secure future funding for local health jurisdictions to do some of the work outlined in the new toolkits.

Inputs Matrix

Input	Methods / Stakeholder Involvement	Informs / Identifies	Capacity / Timeframe	Questions
<u>Climate and Health Profile Report</u>	<ul style="list-style-type: none">• Over 20 reviewers• Close to 40 'Story Project' participants• Presented to over 20 audiences and collected feedback/comments	<ul style="list-style-type: none">• Which health risks are we planning for• Which communities are at higher risk• How we organize information in the plan	The report is completed and serves as a resource for this planning effort.	

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Social Vulnerability Assessments	<p>We are calculating an index of social vulnerability to specific climate impacts at the census tract level for all of Oregon.</p> <p>This method combines 19 social, demographic, and environmental variables into a single index of vulnerability.</p>	<p>Outputs from this analysis will include tabular data and maps that can inform the plan and be included in the plan.</p>	<p>Outputs were presented to the Advisory Group in June.</p>	
<p>Projecting the Burden of Disease Projects</p>	<p>Based on available literature, projection data, and health outcome data, we will quantify morbidity and mortality for at least two health outcomes.</p>		<p>Initial outputs will be presented to the Advisory Group in October.</p>	<p>Request: Explain how this project is an input into the plan.</p> <p>Response: This is a step within the CDC's BRACE framework – we are still determining how this will inform the plan</p>
<p>PHD Climate Change Work Group</p>	<p>Internal staff partners from various programs</p>	<ul style="list-style-type: none"> • Guidance on overall process and projects • Relevance and applicability of strategies • Guidance on dissemination and implementation 	<p>Ongoing monthly meetings – February '16 meeting will focus on gathering specific input on draft plan</p>	

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Literature Review	<ul style="list-style-type: none"> Review current research literature on climate adaptations and interventions 	<ul style="list-style-type: none"> Identify and assess evidence-based interventions 	Present summary of findings at the October meeting.	Q: Where should we look? <i>OSU has some new research on air quality projections</i>
Public Events	<p>Presentations, meetings, community events, conferences, etc.</p> <p>Various audiences, as scheduled or invited</p>	<ul style="list-style-type: none"> We will continue to capture open-ended feedback on community health concerns and solutions that can help to inform the planning process 	One-time events, workshops, and forums 2014-16	Q: What other venues or forums should we consider presenting in? (<i>ongoing</i>)
<p>Review of existing plans and community priorities in Oregon to:</p> <p>(1) Identify a pool of strategies for potential inclusion in the plan</p> <p>(2) Do a ‘gap analysis’ to identify which communities we need to hear more from</p>	<p>These plans may include:</p> <ul style="list-style-type: none"> Local Health Dept. Climate Adaptation Plans Health Equity Policy Priorities Regional Health Equity Coalition Strategic Plans Regional Solutions Centers (RSCs) – projects & priorities State Health Improvement Plan & CHIPs Oregon Climate Adaptation Framework and the new 2015 Appendix Cascadia Resilience Report DLCD’s alignment project Climate Justice Plan Others, as recommended 	<p>Strategies that we may want to include in the Climate and Health Resilience Plan</p> <p>Opportunities to align, highlight and promote existing efforts</p> <p>Understand gaps in who is represented – which vulnerable communities do we need more input from?</p>	<p>We will review at least one plan suggested by each advisory group member.</p> <p>Initial review completed by June.</p>	<p>Q: What existing plans or community priorities should we include in our initial review?</p> <p><i>Hazard Mitigation Plans</i></p> <p><i>Hazard Vulnerability Assessment</i></p> <p><i>Health Equity Alliance</i></p> <p><i>Local Climate Action Plans (Portland, Eugene, etc.)</i></p> <p><i>Clatsop & Tillamook Regional Alignment</i></p> <p>Q: What should we keep in mind as we analyze existing plans?</p> <p><i>Healthcare resilience? Performance measures do not connect w/ environmental health.</i></p>

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Community Listening Sessions	<ul style="list-style-type: none"> Communities that may not be well represented in plans that we reviewed (based on gap analysis) Communities identified as more vulnerable to climate and health risks (based on vulnerability assessment) 	<ul style="list-style-type: none"> Better understand the concerns of the community Identify community solutions that have already been prioritized or are already in progress Better understand which kinds of strategies resonate most with the community 	<p>We have the capacity to facilitate about 3 listening sessions by Spring 2016. We can potentially co-facilitate with existing public health partners, coalitions, etc.</p> <p>We can also conduct an online forum or webinar</p>	<p><i>Maybe instead of listening sessions... have it be more part of the vulnerability assessment project?</i></p> <p><i>Look at existing plans in vulnerable communities</i></p> <p><i>CCOs... where do they land...How do we engage them?</i></p>
Technical Advisors	<p>Content experts from partner agencies and organizations</p>	<ul style="list-style-type: none"> Analysis and development of specific interventions and strategies 	<p>One-on-one meetings if needed, most correspondence through e-mail, phone</p>	<p>Q: Who may be interested in serving as a technical advisor?</p> <p><i>Also, what other existing tech analysis are already out there?</i></p>
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Project Advisory Group	<ul style="list-style-type: none"> PHD leaders OHA partners Local jurisdictions Partner state agencies Statewide commissions Research partners NGO partners 	<ul style="list-style-type: none"> Overall scope and planning process Organization of the plan Stakeholder engagement 	<p>3-6 formal meetings, spanning 2015-2016</p>	<p><i>Where is the tribal perspective?</i></p> <p><i>NW Indian Health Board, Columbia River Inter-Tribal Fish Commission, and PSU's Indigenous</i></p>

		<ul style="list-style-type: none"> • Gaps and opportunities • Criteria for prioritization of strategies • Review of plan before publication 	Smaller workgroups or “champions” may form depending on each member’s capacity	<i>Nations Studies program were invited to participate</i>
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Discussion of the plan’s scope and title

- Maybe interchange the words “climate” and “health”? = Oregon Health and Climate Resilience Plan?
- Let’s wait to confirm title until we are farther along – group agreed this makes sense... we will continue to use Oregon Climate and Health Resilience Plan as a working title.

Meeting Process and Logistics

- Request to send out Questions/Decisions ahead of time – WILL DO.
- Proposed schedule aligns well w/ the Oregon Global Warming Commission
- Doodle Poll will be sent for next meeting – we will not propose another Monday morning meeting!
- Advisory Group Members were asked to submit their Questionnaire if they haven’t already
- We will likely be asking for your input between now and our next meeting, please be prepared to share more of your thoughts between now and then 😊
- THANK YOU FOR COMING!