

Health and Climate Resilience Plan Notes & Next Steps

MEETING #3	
Date:	Tuesday, October 6, 2015
Time:	1:00pm-3:30pm
Location:	Portland State Office Building (800 NE Oregon St) - Room#1D
Meeting Materials	
<ul style="list-style-type: none"> ▪ Planning project timeline ▪ Proposed strategy selection process ▪ Communications and dissemination overview 	
Meeting Objectives:	
Meeting Objectives:	<ul style="list-style-type: none"> ▪ Provide input on strategy selection process and selection criteria ▪ Provide input on communications strategy

Agenda Topics	Notes																		
Welcome and Intros	<p>Attendees:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #D3D3D3;">Name</th> <th style="background-color: #D3D3D3;">Affiliation</th> </tr> </thead> <tbody> <tr> <td>Julie Early Sifuentes</td> <td>OHA – Environmental Public Health Section Assessment, Planning and Policy Manager</td> </tr> <tr> <td>Emily York</td> <td>OHA– Climate and Health Program Coordinator</td> </tr> <tr> <td>Brendon Haggerty</td> <td>OHA – Technical Lead and Lead Epidemiologist</td> </tr> <tr> <td>Renee Hackenmiller-Paradis</td> <td>OHA – Environmental Public Health Section Manager</td> </tr> <tr> <td>Cat Schlenker</td> <td>OHA – Resilience Story Project Coordinator</td> </tr> <tr> <td>Curtis Cude</td> <td>OHA – Environmental Public Health Section Tracking and Surveillance Manager</td> </tr> <tr> <td>Michael Tynan</td> <td>OHA – Director’s Office – Policy Lead</td> </tr> <tr> <td>Mike Harryman,</td> <td>OHA – Health Security, Response and Preparedness Manager</td> </tr> </tbody> </table>	Name	Affiliation	Julie Early Sifuentes	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	Renee Hackenmiller-Paradis	OHA – Environmental Public Health Section Manager	Cat Schlenker	OHA – Resilience Story Project Coordinator	Curtis Cude	OHA – Environmental Public Health Section Tracking and Surveillance Manager	Michael Tynan	OHA – Director’s Office – Policy Lead	Mike Harryman,	OHA – Health Security, Response and Preparedness Manager
Name	Affiliation																		
Julie Early Sifuentes	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																		
Renee Hackenmiller-Paradis	OHA – Environmental Public Health Section Manager																		
Cat Schlenker	OHA – Resilience Story Project Coordinator																		
Curtis Cude	OHA – Environmental Public Health Section Tracking and Surveillance Manager																		
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
	Danielle Droppers	OHA – Office of Equity and Inclusion Regional Health Equity Coalitions
	Simon Williams	OHA – Addictions and Mental Health Division
	Charlie Fautin <i>(by phone)</i>	Benton County Health Dept Director
	Matt Davis	Washington County Health Dept – Environmental Health Section
	Steve Lucker	OR Dept. of Land Conservation and Development Climate Change Lead
	Geoff Crook	OR Dept. of Transportation, Climate Adaptation Lead
	Jennifer Flynt	OR Dept. of Environmental Quality, Communications Team
	Kathie Dello <i>(by phone)</i>	OR Climate Change Research Institute Deputy Director
	Ben Duncan	OR Environmental Justice Task Force Chair
	Maggie Tallmadge <i>(by phone)</i>	Coalition of Communities of Color Climate Justice Lead
	Mel Rader	Upstream Public Health Director
	Jen Coleman	Oregon Environmental Council
	Jackie Yerby	Center for Diversity and Environment
Program Updates	<p>Julie gave an update of recent program activities, including the social vulnerability assessment and local resilience planning toolkit. The program is launching a statewide climate and health network.</p> <p>Brendon gave an overview of syndromic surveillance data and a summary of this summer’s hazard queries.</p>	
Resilience plan framework	<p>Emily summarized feedback received on the proposed plan framework (based on the Public Health Modernization report). The order of the chapters was rearranged to emphasize equity and community outreach.</p> <p>Emily described the proposed process for selecting strategies for the plan and reviewed the different ways in which potential</p>	

	strategies are being identified (The plan review project, literature review, and ongoing stakeholder input).
Literature review	<p>Brendon described the collaboration between states on literature review, focusing on heat, drought, and wildfire interventions. He emphasized that there is very little research on public health interventions for climate change, as noted in this systematic review.</p> <p>The group discussed mental health and questioned the approach of disaggregating by hazard-specific interventions, which is not fully consistent with the understanding of climate change as a threat multiplier.</p> <p><u>Simon</u>: Consider mental health in the choice of language and messaging. Build on the existing resilience of communities, not fear.</p> <p><u>Mel</u>: Consider clustering by exposure (PM2.5).</p> <p><u>Ben</u>: There are many effects that may not be fully represented in literature, or formal plans... as an example, further loss of First Foods. The lack of research shouldn't preclude action.</p> <p><u>Mel</u>: We need to acknowledge the long-term discrimination that got us here in the first place... the systemic impacts that have particularly affected marginalized communities. There is a constellation of stressors/risks that these communities face. We need to recognize that climate change is not a top risk for these communities, but it is a risk multiplier.</p> <p><u>Jen</u>: Regarding drought, did the plan review include the Integrated Water Resources Plan?</p> <p><u>Emily</u>: No, we will add to the plan review component.</p>
<i>Break</i>	<i>1:55-2:00</i>
<p>Advisors provide input on proposed criteria for selecting strategies</p> <p><i>* Modified criteria below</i></p>	<p><u>Ben</u>: How do workplace issues show up in the criteria? BOLI and OSHA not at the table? Check in with them about these. Consider migrant farmworkers, perhaps one of the populations most vulnerable to climate change... Breaks, rest, shade, etc. are related to occupational safety and environmental justice. Where do they fit in this?</p>

Danielle: Consider “Appropriateness” as a criteria... is the strategy culturally appropriate for target communities?

Simon: Ask for input from the specific communities identified as vulnerable

Simon: Have we been considering transportation as part of climate action – what if a major crisis took place?

Geoff: Transportation is a greenhouse gas issue, but also a climate adaptation issue. Working on incorporating these considerations into ODOT projects.

Jen: I’d like to be able to show the draft of the story project to important stakeholders and/or have more input on the story project.

Mel: A lot of these statements are on the population health level. May also need to consider more targeted interventions, such as with outdoor workers, homeless, service industry, etc.

Ben: There’s mention of exacerbating disparities, but we’re not quite there with the wording. What about an environmental justice (EJ) criteria?

Geoff: Effectiveness and process outcomes also include some EJ-related concerns to some extent

Geoff: What is the time horizon for the plan. Does it make sense to have the 5 years timeframe?

Emily – We have not landed on a specific time frame yet... we have talked about presenting both short-term and long-term actions. The 5 year timeframe would be “can the strategy start within 5 years, not necessarily be completed within 5 years”. The 5 year timeframe aligns with other statewide public health plans which end in 2020 and there’s potential to align the update at the same time with the possibility of some alignment.

Ben: Maybe put feasibility later in the process – so you can make an argument and then push for it.

Curtis: Opposition among key stakeholders could create significant pushback for effective strategies – how do you weigh that?

Ben: Can we use this plan to set the bar high and create a reason to make things more politically feasible. Feasibility feels really internal. These are important questions to ask, but I don't know if I'd use any of these as criteria.

Jen: Agrees that there should be an aspirational aspect to this plan.

Mel: Cost effectiveness is different from effectiveness – these should be separated. We aren't expecting to get money back. Framing as “return on investment” might not be appropriate. We usually just have to spend money to improve health.

Julie: We might not be able to estimate the cost on many of these strategies

Geoff: The highly vulnerable group is a really important criteria – move cost into a separate criteria or perhaps into “feasibility”. Get rid of “bang for buck”

Steve: Low hanging fruit could be a more useful way to consider this concept, it's important to identify what's easily actionable

Renee: Levels of strength of evidence is part of effectiveness

Ben: Empower communities could work into upstream – maybe that's a process outcome. We're building the ability of communities to drive further action.

Jennifer: Is it a sustainable change?

Emily: If we add an additional EJ criteria, community empowerment could be part of that.

Ben: Increased sense of hope and connection as an outcome might have a place here. It makes it more likely to get you to some of the other outcomes. Similarly, consider increased sense of identity and sense of place... measures of self determination, adaptive capacity, social cohesion, empowerment, etc.

Simon: Sometimes that sense doesn't happen until after a disaster. I observed those kinds of changes in NYC.

Ben: We're in a long term (slow-moving) disaster

	<p><u>Jen:</u> Mental health and hope could potentially fit into the process outcomes criteria.</p> <p><u>Danielle:</u> Explore how we can take a more strengths and asset based approach that acknowledges communities’ wisdom and existing involvement</p> <p><u>Simon:</u> The state making decisions without involvement of affected communities has been a problem for a long time. Communities of color need to be empowered/included.</p> <p><u>Danielle:</u> Make space for practice-based evidence</p> <p><u>Ben:</u> If we do this right, people will look at this and see themselves reflected in the strategies.</p> <p><u>Simon:</u> We have living legends that could have useful insights. Oregon’s changing and we should make sure the plan reflects that.</p>
<p>Breakout discussions on communications and dissemination.</p> <p><u>AUDIENCES:</u> Are we on target with the audiences we’ve identified?</p> <p>How would we best reach you and your constituency?</p> <p><u>KEY MESSAGES:</u> Are we on the right track?</p> <p>What do you think will be the most important take-aways?</p> <p>What other messages should we consider?</p>	<p><u>Breakout Group A:</u></p> <p><u>Ben:</u> Climate resilience is a job for everyone (not just public health)</p> <p><u>Mel:</u> maybe something like “Building community resilience is the best way to protect against climate change”...</p> <p><u>Ben:</u> messaging is challenging... what do we mean by “community resilience”?</p> <p><u>Emily:</u> Maybe that is part of what we want to communicate through this project</p> <p><u>Julie:</u> Similarly, what do we mean by “health” – different definitions...</p> <p><u>Ben:</u> maybe something more general, for the non-public-health audience, such as “quality of life” can help others see the connection to social and environmental determinants of health.</p> <p><u>Jennifer:</u> Taking a step back, what is the purpose of the message? Is it to describe the plan? Is it to raise awareness? motivate</p>

<p><u>MATERIALS:</u> Which communication tools are most effective?</p> <p>Info-graphic, Photos, Videos, Social media messages, 2-pagers, other tools?</p> <p><u>DISSEMINATION:</u></p> <p>What are the “can’t live without ‘em” elements of a dissemination plan for this project?</p> <p>Do you have suggestions for gaining positive attention at the time of roll-out?</p>	<p>action? You may need different messages to reach different audiences.</p> <p><u>Jennifer:</u> Consider targeting kids and families through the school setting.</p> <p><u>Ben:</u> You will want to use strengths-based language. Can the communications be community-driven?</p> <p><u>Jennifer:</u> Info-graphics are good because they are visual and can often be understood, regardless of language.</p> <p><u>Mel:</u> It helps to know about the commitment behind the communications. What’s the commitment from OHA? What will happen after the plan is published... is it a nice vision document, or...?</p> <p><u>Breakout Group B:</u></p> <p><u>Renee:</u> RE: audiences, clarify “our broader public health system” – maybe drop “our”</p> <p><u>Jen:</u> The organizing framework doesn’t make a lot of sense to non-PH people. Consider two sets of communications, one for PH people and one for people not familiar with modernization (broad agreement from other participants). This could include different key messages for each audience.</p> <p><u>Renee:</u> Regarding “job for PH,” emphasize that it’s not <i>just</i> our job- it’s everyone’.</p> <p><u>Collette:</u> Climate resilience is integral to protecting health Jen: Public doesn’t know what Public Health does, which is another barrier to using the modernization frame.</p> <p><u>Collette:</u> PH professionals <i>do</i> think their work is related to climate change; they’re waiting to have that acknowledged by the climate and health program.</p> <p><u>Jen:</u> The suggested materials aren’t necessarily ideal for each audience. An infographic could be a great way to communicate that “this is essential for your job.”</p> <p><u>Danielle:</u> advance the idea of what our role is</p>
---	--

	<p><u>Geoff</u>: Climate resilience is a job for public health, but “in partnership” with other agencies</p> <p><u>Collette</u>: Distinguish between individual and community health</p> <p><u>Collette</u>: I could envision a web tool in which a user could click on a person and see/hear their story</p> <p><u>Danielle</u>: Stories are powerful for policy makers</p> <p><u>Steve</u>: There are likely ways that stories can reach legislators and the governor, who may be more likely to incorporate your program’s outputs (and inputs) into future proposals.</p> <p><u>Jen</u>: “Community-driven solutions” could be a useful frame for policy makers.</p> <p>***There was a fair amount of discussion about “opportunity” being too soft, as in, if we don’t address climate change, health will certainly be harmed. We should work on a way to incorporate the cost of inaction into our message.</p>
<p>Next Steps</p>	<ul style="list-style-type: none"> • Staff will modify criteria (<i>below</i>) • Advisors are asked to respond with comments by <u>Friday, Oct. 23rd</u>. • Staff will then use criteria to prioritize potential strategies. • Over the next two months, advisors will review a section/chapter and make recommended changes and additions based on your expertise and gut feelings • Local and tribal health leaders will do the same • In early Winter, some sections may require that we convene smaller groups of advisors to come to consensus on prioritization • A communications team will meet regularly • The story project will continue to collect case studies – advisors are invited to provide recommendations or request more briefings/opportunities to provide input • Additional meetings with specific community groups may occur to gather additional input on specific sections • In late Winter or early Spring, advisors and additional stakeholders will be asked to participate in a webinar and give input on a DRAFT plan

	<ul style="list-style-type: none"> In early Spring, staff will apply for funding to implement some of the strategies identified through this planning process.
--	---

Modified Strategy Selection Criteria

I. Demonstrated Need – <i>Does the strategy address major health concerns?</i>	
High (2)	<ol style="list-style-type: none"> Addresses a need prioritized by stakeholders (in partner plan; through specific feedback, etc.) Addresses a gap in current practice Climate impacts addressed by this strategy are very likely Projected burden of disease is large, severe, and/or exacerbates disparities
Medium (1)	<ol style="list-style-type: none"> Addresses a need identified by stakeholders Expands current practice Climate impacts addressed by this strategy are likely Projected burden of disease is moderate and has potential to exacerbate disparities
Low (0)	<ol style="list-style-type: none"> Does not meet a need identified by stakeholders Current practices are sufficient to cope with expected changes Climate impacts addressed by this strategy are uncertain Projected burden of disease is low or uncertain, and unlikely to substantially change disparities
II. Environmental Justice – <i>Does the strategy have the potential to advance or build capacity for EJ?</i>	
High (2)	<ol style="list-style-type: none"> Strategy is prioritized by EJ community (specific community) EJ community members and/or organizations will drive the decision-making and implementation Community empowerment is an explicit part of the strategy
Medium (1)	<ol style="list-style-type: none"> Strategy is identified by EJ community EJ members and orgs inform the decision-making and implementation Community empowerment is a component of the strategy
Low (0)	<ol style="list-style-type: none"> Strategy is not prioritized by EJ community EJ community members and organizations will likely not be part of the decision-making and/or implementation Community empowerment is not a clear part of the strategy
III. Effectiveness – <i>Is there evidence that the strategy will work in Oregon?</i>	
High (2)	<ol style="list-style-type: none"> Direct or proximal link to climate hazard Strategy has a demonstrated large effect size Large population or highly vulnerable group affected Minimal potential for negative impacts

Medium (1)	<ol style="list-style-type: none"> 1. Link to climate hazard is not fully established 2. Strategy has a demonstrated effect (reduction in morbidity or mortality) 3. Moderate population or vulnerable group affected 4. Potential negative impacts that require careful consideration
Low (0)	<ol style="list-style-type: none"> 1. Very indirect/distal link to climate hazard 2. Evidence of effectiveness is lacking or uncertain 3. Effected population likely has sufficient coping resources 4. Demonstrated potential for harm or negative impact
IV. Upstream – Does the strategy lead to longer term action?	
High (2)	<ol style="list-style-type: none"> 1. Strategy is a policy, system, or environmental change 2. Strategy is a necessary prerequisite for further action 3. Strategy decreases social vulnerability 4. Has both clear adaptation and mitigation benefits
Medium (1)	<ol style="list-style-type: none"> 1. Strategy is population-based 2. Strategy is likely to produce further collaboration or momentum 3. Strategy may decrease social vulnerability 4. May lead to mitigation benefits
Low (0)	<ol style="list-style-type: none"> 1. Strategy is individual-oriented 2. No clear pathway from strategy to further action 3. Does not benefit most vulnerable populations 4. Does not have mitigation benefits
V. Process Outcomes - Does the strategy help build resilience in the process of implementation?	
High (2)	<ol style="list-style-type: none"> 1. Involves a high degree of collaboration across sectors 2. Has multiple climate and health co-benefits 3. Driven by climate-effected communities 4. Increases social cohesion and/or adaptive capacity of climate-effected communities 5. Increases institutional flexibility/adaptive capacity
Medium (1)	<ol style="list-style-type: none"> 1. Involves new collaborations 2. Climate and health co-benefits are uncertain 3. Engages climate-effected communities 4. Potential to increase social cohesion and/or adaptive capacity of community 5. Increased institutional adaptive capacity is not a clear component of this strategy
Low (0)	<ol style="list-style-type: none"> 1. Does not foster new collaborations (relies on existing) 2. Climate and health co-benefits are not explicit 3. Does not meaningfully engage climate-effected communities 4. Community adaptive capacity may not increase as a result 5. Institutional adaptive capacity will likely not increase as a result

VI. Feasibility – <i>Do we have the resources and support to implement this strategy?</i>	
High (2)	<ol style="list-style-type: none"> 1. Readily identifiable leader/implementer in the public health system 2. Actions are within existing public health authority 3. Political/leadership support exists 4. Financial resources are available
Medium (1)	<ol style="list-style-type: none"> 1. Public health system is ready to implement or lead 2. Some changes in authority may need to be made to fully implement 3. Some leadership support exists 4. Financial resources could potentially be identified in 5 years
Low (0)	<ol style="list-style-type: none"> 1. Most appropriate leader/implementer is outside the public health system 2. Legislative action or other changes will likely need to be made to fully implement 3. No support and/or opposition among key stakeholders 4. No identifiable financial resources