Bridging Climate, Health, and Equity: A Growing Imperative

Climate change and its impacts jeopardize the health and well-being of people across the country. Communities most vulnerable to climate impacts tend to be the least prepared to manage and recover from the physical, economic, mental, and social devastation climate change can cause.¹ Children, the elderly, indigenous peoples, and those with preexisting health conditions are especially vulnerable to climate disruptions such as flooding, dangerous heat, drought, and poor air quality. This is particularly true if they live in low-income communities, which often are exposed to multiple environmental hazards, yet are least likely to have resources or connections to address the cumulative impacts of environmental exposures that are worsened by climate change.

Both health disparities and climate injustices must be addressed together if we are to move forward equitably in protecting all people from the harmful effects of a rapidly changing climate. Research suggests that the drivers behind climate injustice and health disparities are fundamentally the same-social inequities, institutional power, and the need for broader systems changes in our health systems, transportation infrastructure, and the production and distribution of energy.² Decisions reflecting fact-based assessments of climate change's impacts on health are

often thwarted, given the volatile political climate that has snarled science and policy discussions. Grassroots movements have worked for years to advance climate justice, a movement guided by a set of principles that demand sustainable production, the protection of Mother Earth, and that the communities most impacted play a leading role in crafting policy solutions.^{3,4}

ENGAGING COMMUNITY LEADERSHIP

Grassroots leadership has triggered most of the great movements in our country, often to influence the powers that beparticularly local leadership at the city, county, and regional level. Whereas some governmental leaders have embraced climate change mitigation and adaptation as part of their municipal or regional planning processes, others either discount climate change or operate in political climates that make thoughtful action difficult. Even progressive governmental leaders often assign and conduct the work of climate change and health equity in different departmental and programmatic silos.

Because climate, health, and equity are inextricably linked, smart public policies must integrate disciplines, perspectives, and resources. The American Public Health Association, with its vast network of professionals, researchers, and students, has a unique role. It not only works at the intersection of climate change, health, and equity, but it also helps change the narrative and infuse equitable solutions into climate-driven health challenges.

A growing number of environmental and health advocates understand the benefits of addressing climate change and health equity concurrently. Professional societies and health advocates (especially those attuned to justice and equity issues) are beginning to work more explicitly at the intersection of these disciplines. For example, several national organizations (e.g., American Public Health Association, Health Care Without Harm, Medical Society Consortium on Climate and Health, and Public Health Institute) are prompting action on climate and health, with the following tactics:

• Supporting local public health professionals to strengthen understanding and integration of climate change and health into their practices,

- Creating virtual and in-person learning opportunities to advance practitioner advocacy,
- Minimizing the environmental footprint of the health care industry, and
- Engaging health care executives as change agents and advocates.

ADOPTING A RACIAL EQUITY LENS

These are much-needed and promising developments, but at the same time, there is much room for improvement in incorporating racial equity into health-related climate change decision-making. While many social justice, environmental justice, and equity-focused groups have infused equity in climate and health work (e.g., Emerald Cities Collaborative, Environmental Health Coalition, and West Harlem Environmental Action [WE ACT] for Environmental Justice), other like-minded groups might lack the technical data, relationships with local public health organizations, and access to decisionmakers to bring a more pronounced health message to their equity and advocacy work. As a consequence, we see an imperative to connect and align

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This editorial was accepted September 6, 2017. doi: 10.2105/AJPH.2017.304133 advocates and actors across various professional societies (both health-focused and non-healthfocused), community-based organizations, and a variety of sectors (e.g., health, economic development, engineering) that can use their unique resources, perspectives, and relationships to produce climate, health, and equity cobenefits.

We all share a responsibility for accelerating action at the intersection of climate change and health. As environment and health professionals, we must be more strategic about how we contribute to solutions. As one example, the philanthropic sector, in which we work, must confront the silos between support for the environment, climate change, racial equity, and health. We need to operate more collaboratively, strategically, and collectively. We must commit to supporting equity-focused organizations with genuine roots in community. This involves funding organizations that truly represent community priorities and have authentic connections with those on the frontlines of climate change.

WALKING THE TALK

At The Kresge Foundation, we are attempting to "walk the talk." Our purpose is to advance opportunities for people with low incomes in America's cities. Increasingly, we are doing so with an explicit racial-equity lens. For past decade, we have worked to bridge "philanthropic silos" within our organization by threading considerations of equity and climate change through the work of our program teams, particularly the Health and Environment programs. Our Health Program addresses upstream conditions that lead to poor

health outcomes. Our Environment Program helps cities implement comprehensive climate resilience strategies (which includes reducing the sources of greenhouse-gas emissions, planning for the effects of climate change, and increasing social cohesion) grounded in equity. We are committed to crossprogrammatic grantmaking that lays the path for Kresge and other foundations to support organizations committed to factoring climate change into decisions about infrastructure investments, land-use planning, building codes, and public health, and into other disciplines and sectors. With the right tools, urban leaders can make their communities stronger and more

equitable. We must engage on these fronts without help from a federal administration that is backtracking from our country's commitment to combat climate change. The intended withdrawal from the Paris Climate Accords, threats to the Clean Power Plan, and assaults on the authorities of the Environmental Protection Agency and the Centers for Disease Control and Prevention have been blows to many health and environmental advocates. But these moves have also ignited a growing commitment to fill that leadership void by actors within the public and private sectors, across multiple states and cities, and within communities.⁵ We expect this momentum to continue, and to include efforts to mobilize and engage a growing segment of the American Public Health Association membership to catalyze and contribute to climate resilience efforts in their communities. Collectively, we have tremendous capacity to foster policies and practices that will achieve health equity and build more

climate-resilient futures for everyone. *A*JPH

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REFERENCES

 Luber G, Knowlton K, Balbus J, et al. Human health. In: Melillo JM, Richmond TC, Yohe GW, eds. *Climate Change Impacts in the United States: The Third National Climate Assessment*. Washington, DC: US Global Change Research Program; 2014: 220–256.

2. Climate Change, Health, and Equity: Opportunities for Action. Oakland, CA: Public Health Institute Center for Climate Change and Health; 2015.

3. Bali Principles of Climate Justice. 2002. Available at: http://www.ejnet.org/ej/ bali.pdf. Accessed August 16, 2017.

4. White-Newsome J. A policy approach toward climate justice. *Black Scholar*. 2016; 46(3):12–26.

5. Tabuchi H, Fountain H. Bucking Trump, these cities, states and companies commit to Paris Accord. *New York Times*. June 1, 2017. Available at: https://www. nytimes.com/2017/06/01/climate/ american-cities-climate-standards.html?_ r=0. Accessed July 26, 2017.