Building a Culture of Health in Our Changing Climate

At the Robert Wood Johnson Foundation (RWJF), our focus is on improving population health and the well-being of everyone in the United States. We are working with a broad range of grantees and partners across sectors and disciplines to build a culture of health in which health services and systems are better integrated to deliver high-quality care, communities create the conditions that promote health and equity, and collaborations across sectors are focused on improving well-being. 1,2 Our focus on improving population health requires us to include the multiple effects of climate change on

In an effort to guide national work toward a culture of health, we developed an action framework and a set of national measures with our colleagues at RAND. Included in this set is a measure of "climate adaptation and mitigation," which identifies the number of states that have climate action plans. Thirty-four states and the District of Columbia currently have a plan in place. This is just one example of how we are supporting work related to health and climate. We have also supported state-level work to incorporate measures of climate change into health impact assessments and have been inspired by innovative surveillance in other countries

and how this might be adapted in the US context.

IDENTIFYING OPPORTUNITIES

At RWIF, we are currently developing a strategy to guide future investments focused on health and climate change, and we are committing resources for programming, research, evaluation, and communications. We commissioned a report that summarizes interviews with thought leaders in business, government, philanthropies, and nongovernmental organizations about their work in health and climate change and the contributions that RWJF might make. Key findings from the report are organized into three categories: funding approaches, research gaps, and communications.

Financial support for initiatives in health and climate change is limited, with many health projects tangentially addressing issues of climate change. The majority of respondents described efforts in this space as lacking a coordinated strategy that uses existing investments. Two potential funding approaches focus on populations that are disproportionately affected by climate change and on innovative ideas from early career researchers and practitioners. Communities need support in

developing local innovations that address climate change and its effects on populations that are especially vulnerable: children, the elderly, those with chronic health conditions, the economically marginalized, and, often, communities of color. Funders should also invest in human capital and support programmatic strategies that prepare and support the cross-sector leadership required to address the challenges of health and climate change.

Extensive research has established the threat of climate change to health, but there are gaps. Work at the local level is needed to quantify the influence of a changing climate on common health conditions, such as asthma, and the broader health benefits of addressing climate change, or health cobenefits. Research done in collaboration with local health departments and community-based organizations to support communityspecific policies, programs, and interventions is especially important.

The connection with health is rarely made in public discussions of climate change. This leads to missed opportunities for collaborative efforts in research and policymaking. Finding ways to effectively communicate the health risks of climate change, to those working in the health and the climate change fields and to the general public, is critical. There is a need for more communications science research to provide the evidence base for initiatives that bring effective communications and outreach strategies to scale.

MOVING FORWARD

The Health and Climate Change Landscape Assessment provides more detailed information on these findings. We hope that others take advantage of the report as they consider future related work. This is a critically important time to add a health lens to the challenges of climate change; we want to inspire, encourage, and support innovations that ensure that everyone is ready for and resilient to the changing climate. Look for targeted funding opportunities from RWJF to be released asking for just this—your best and most innovative ideas of research, evaluation, communications, and programming. We hope that these will further advance our collective understanding of the myriad ways climate change affects health, well-being, and

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equity and the different ways individuals, groups, and organizations can be part of lasting positive change.

As we move forward, we invite you to engage with us. Connect with us on social media, check out our blog, or stop by our booth at the 2018 American Public Health Association annual meeting in San Diego, California. We will remain committed to sharing what we learn about what works to broaden the shared understanding of the importance of health and climate change, highlighting where innovative actions are occurring across systems and within different sectors and promoting efforts to address climate change that benefit and extend other health promotion efforts. AJPH

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REFERENCES

- 1. Plough AL. 2017. Knowledge to Action: Accelerating Progress in Health, Well-Being, and Equity. New York, NY: Oxford University Press.
- 2. Weil AR. Building a culture of health. 2016. Available at: https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.0913. Accessed February 17, 2018.