

**Advancing Shared Solutions to Intersect Climate Action and Health Equity:  
*Opportunities for NJ to advance health equity-informed climate solutions***

*Prepared by the New Jersey Climate Change Alliance Public Health Workgroup  
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The American Public Health Association has declared climate change a public health emergency and, nationally, climate change experts, public health practitioners, and leaders of communities at the frontline of climate impacts point to how climate change exacerbates unjust health disparities that certain populations and communities – namely people of color, indigenous peoples and low-income communities - suffer as a result of historic discriminatory policies, community underinvestment, and disenfranchisement from political power and decision-making processes. Nationally, the U.S. sees constant reminders of how these realities manifest in health outcomes - disproportionately high rates of cancer, asthma, COPD, premature death, low birthweight infants, and depression. As a nation, we have witnessed how these realities are amplified by changing climate conditions: with high temperatures increasing ground level ozone and worsening existing respiratory conditions, heat waves giving no relief to people living without benefit of air conditioners or escape to cooler green spaces, extreme weather events leaving communities vulnerable to recovery that drives gentrification, and flooding that drives people from their homes with poorer chances of returning compared to their white, more affluent counterparts.

Across the United States and with leadership in locations including New York, California, Washington and Massachusetts, states are leading the way with:

- Building climate solutions that are inherently designed to also deliver measurable public health benefits, especially to those populations and communities that are disproportionately affected by changing climate conditions;
- Developing public health strategies, interventions and policies that not only consider future climate conditions in their design and implementation, but that also seek to deploy community-based climate solutions as opportunities to address underlying inequities in social determinants of health that drive disproportionate impact of climate change on certain populations and communities; and
- Promoting cross-sectoral policies, in sectors such as transportation and housing, that deliver measurable public health and climate change benefits.

Underlying these leadership efforts is a commitment to:

- Advancing authentic engagement of those populations and communities disproportionately affected by climate change to not only “add seats to the table” for voices from frontline communities and disproportionately affected residents, but to also ensure that those communities get to set the table as well;
- Designing climate change, public health and cross-sectoral policies to ensure that benefits are proactively directed to disproportionately affected communities and populations;
- Building funding processes that seek to support capacity building in frontline communities rather than ‘one size fits all’ approaches that historically benefit communities with more significant existing capacity;
- Expanding data about community health at a micro level;
- Groundtruthing strategies with the people who know their communities the best and, in doing so, compensating community-based experts; and
- Conducting upfront assessments of potential policies and strategies to ensure that health benefits are directed to those populations and communities disproportionately affected by climate change.

In New Jersey, the New Jersey Climate Change Alliance has led the way on promoting a climate change and health agenda. As far back as 2017, the Alliance issued a [Climate and Health Profile Report](#), using U.S. Centers for Disease Control and Prevention technical guidance, that outlines major anticipated impacts of climate change on public health in New Jersey and that outlined strategy directions; the Alliance has organized public health leaders to discuss strategies needed to better intersect efforts to improve public health and address climate change and it has maintained a Public Health Workgroup for almost a decade; the Alliance convened a [cross-sector convening](#) of public health, social justice, environmental, health care and other leaders to outline climate change and public health strategies that more systematically connect health equity and climate; and, in 2021, the Alliance issued a [white paper](#) that outlines an actionable framework for a Climate and Health Framework for New Jersey. The white paper outlined 10 underlying themes for action in New Jersey:

- ✓ Act Now
  - ✓ Make Equity a Priority
    - ✓ Address Root Causes
- ✓ Engage Communities and Involve Diverse Voices
  - ✓ Expand the Role of Public Health
    - ✓ Advance Integrated Solutions
- ✓ Rely on, but Enhance, Current Planning Systems
  - ✓ Assess Impacts
- ✓ Undertake Pilot and Demonstration Projects
- ✓ Lead with Health Equity to Benefit Everyone

Throughout the past decade of work, the Alliance has consistently identified areas of action that can be undertaken in New Jersey to advance policies, programs and systemic change that can be led by a variety of actors, including state and local government, academic institutions, boundary spanning organizations such as the Alliance itself, community based organizations and leaders, health care institutions, and public health leadership organizations.

With the ten themes outlined above in mind, the Alliance has identified the following short-term opportunities for action in New Jersey:

### **Community-based planning**

In New Jersey, communities conduct many different types of planning related to health, land use, environmental quality, housing, transportation, open space, and more. These planning efforts present prime opportunities to advance strategies that intersect climate change solutions with health improvement. Developing guidance needs to be coupled with technical assistance and documentation of replicable case studies. Strategies can include:

- Develop fully-funded programs to advance community-led climate and air quality improvement planning, such as programs in Washington where the state’s climate law requires the establishment of an expanded air quality monitoring network in overburdened communities around the state, and periodic review of whether air pollution is being reduced in those disproportionately affected communities, or in New York the state identified 10 communities with high air pollution burden and launched a collaborative effort with community-based organizations to monitor local air quality through mobile air quality screening and citizen data collection.
- Build capacity among local Board of Health as well as local health agencies to more fully consider how changing climate conditions and the causes of climate change may exacerbate health outcomes in order to identify specific strategies that will result in health improvement through climate action.
- Guidance can be developed to position hospitals and health systems as leaders in addressing climate change. Guidance can support efforts in health systems to develop replicable prototypes that:
  - Enhance systems own adaptation to and preparedness for changing climate conditions;
  - Reduce their own contributions to the pollution that causes climate change, consistent with the efforts underway at the [federal level](#) which is advancing efforts of hospitals, health systems, suppliers, pharmaceutical companies and other health sector stakeholder to reduce greenhouse gas emissions.
  - Engage health systems in developing replicable models for preparing for health impacts from climate change impacts in the communities they serve through community health needs assessments.

## Measurement and assessment

Fully integrating consideration of public health impacts and benefits into climate change policies and actions in New Jersey necessitates measurement and documentation.

- Efforts in other states seek to assess and measure the extent to which climate change policies and actions will lead to improved health outcomes of disproportionately affected populations and communities. The NJ Climate Change Alliance has already demonstrated the feasibility of rapid, low-cost strategies to assess health equity benefits of climate action by conducting rapid health impact assessments on the state's draft [Energy Master Plan](#) and a [proposed clean truck rule](#). There is ample opportunity to prioritize a set of upcoming state and local climate policies and actions to assess and document anticipated health equity outcomes, such as the forthcoming NJDEP Protecting Against Climate Threats (PACT) rules.
- New Jersey Executive Order 89 directs an Interagency Council to “develop consistent statewide policies and actions and establish both short and long-term action plans by which Executive Branch departments and agencies will work both individually and collectively to accomplish the goals of this Order.” Development of such statewide policies and actions presents valuable opportunities to document anticipated health outcomes.
- Several states, such as New York and Massachusetts, have undertaken comprehensive analysis to document the health-related financial savings anticipated as a result of state climate action, including implementation of policies intended to meet aggressive climate change emissions targets. In addition to cost savings, these analyses also document targeted health benefits, such as outcomes of actions designed to improve local air quality. For example, New York documented \$50-\$120 billion in health cost savings and with benefits being higher in urban areas and annual benefits growing over time as pollution rates decrease. New York's analysis also pointed to \$40 billion in savings associated with benefits from active transportation and an additional \$9 billion in health benefits from energy efficiency in low-and-moderate income homes.
- Public health and health equity impacts can be factored into filings under consideration of the Board of Public Utilities, including filings related to natural gas, electricity, renewable energy and including petitions filed by utilities, ratepayers, other interested parties or the Board itself.

## Health and worker protections

Other states are undertaking efforts that are specifically designed to provide protections to consumers as part of efforts to promote climate action, develop workforce opportunities especially for residents of frontline communities and to develop workplace health protections related to climate hazards. New Jersey is well-positioned to consider similar actions such as:

- Efforts in Illinois in which hubs with trusted community-based organizations are created which conduct outreach to residents to make sure they are aware of workforce development programs and to ensure that the residents enrolled have the support they need to complete the career pipeline for clean energy jobs. Illinois also has established programs in which those hubs recruit, prescreen, and provide pre- apprenticeship training to residents of frontline communities and the state earmarks a certain amount of funds in

the state's market rate solar program for businesses owned and operated by residents of frontline communities, individuals who have participated in job training programs, foster care graduates and formerly incarcerated individuals.

- Recognizing the disproportionate impact that high temperatures have on outdoor workers, California has adopted a heat illness prevention standard that requires employers to administer high-heat procedures when temperatures equals or exceeds a certain temperature. Examples of high-heat procedures include providing workers with water, rest, and shade, as well as training on the signs of heat illness and what to do in case of a heat illness emergency.

### **State-level action**

- New Jersey's State Health Improvement Plan (SHIP) is intended to: outline ways in which the state health department, local health agencies and stakeholders will collaborate to address shared health priorities; facilitate the deployment of state and local capacity to implement priority health initiatives; and create a framework of planned action steps for achieving measurable health objectives. Given its role in advancing state and local health policy, the SHIP presents a valuable opportunity to recognize the ways in which climate change exacerbates existing health disparities in New Jersey and to outline action steps and actors to implement strategies designed to address health and health equity outcomes of climate change.
- New Jersey is poised to begin its implementation of a groundbreaking Environmental Justice Law. There are ample opportunities in its implementation for state agencies to develop guidance for regulated entities to consider the ways in which climate change may affect environmental burden in overburdened communities as well as to consider the ways that changing climate conditions exacerbate existing health stressors in communities. Additionally, New Jersey's Environmental Justice law identifies criteria for overburdened communities which have been geospatially mapped in New Jersey. Some states are beginning to ensure that localized efforts to improve air quality are prioritized in such locations, such as in New York where the state's climate law prioritizes actions that reduce greenhouse gas emissions and criteria pollutants in disadvantaged communities, and Washington where the state's climate law requires fossil fuel power plants to assess the potential impacts of their operations on frontline communities that they serve.
- New Jersey is leading efforts to develop guidance to support state and local climate resilience planning. Opportunities exist to integrate community-based data on health outcomes and social determinants of health into resilience planning tools and guidance, including the Resilient NJ local planning toolkit, similar to efforts underway in Massachusetts. Other opportunities can include providing guidance and tools to support the integration of health impacts into natural hazards assessments of municipal local land use plans as well as prioritization of strategies to mitigate climate-related hazards in county and municipal hazard planning.
- Several other states, such as New York and Washington, commit to allocate 35-40% of climate and clean energy resources to frontline communities. In Washington, its community-based planning program as well as its resource allocations are tied to the state health department's development of an

environmental health disparities map that documents environmental exposures, effects, sensitive populations and socioeconomic factors.

The underlying design of these short-term opportunities for New Jersey are to:

- Integrate consideration of health impacts into state and local climate change policy and undertaking strategies to ensure that health benefits of climate change actions are directed to those communities disproportionately affected by changing climate conditions;
- Systematically instill consideration of changing climate conditions and climate futures into state and local public health policies, as well as efforts of health care systems, to ensure that today's public health strategies fully account for the exacerbating impact of climate change on existing health disparities and the factors that drive them; and
- Fundamentally link climate change and health and health equity objectives as measurable goals and necessary outcomes of other sectoral policies such as transportation, housing, and workforce development.

In doing so, New Jersey has the opportunity to advance outcomes in keeping with the findings of the 2019 Alliance convening: *“intersecting climate change and health equity goals generates synergistic outcomes that create a society that is not only healthier, more resilient and environmentally sustainable, but a society that is just, in which opportunity is available to all, and risks are equitably shared.”*

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