

## **Advancing a Climate Change and Health Agenda for New Jersey: *Opportunities for Action***

*NJ Climate Change Alliance Public Health Workgroup*

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This white paper summarizes the workplan of the New Jersey Climate Change Alliance’s Public Health Working Group. The paper provides a history of the working group’s efforts to date, including its Climate and Health Profile for New Jersey, outcomes of several convenings, examination of the intersection of climate and health equity, application of health impact assessment, and lessons from leading states that can be applicable to New Jersey within an emerging Climate and Health Framework for New Jersey.

### **Background: The New Jersey Climate Change Alliance**

The *New Jersey Climate Change Alliance* is a network of diverse organizations that share the goal of advancing science-informed climate change strategies at the state and local levels in New Jersey, both with regard to adapting to changing climate conditions and addressing the emissions that cause climate change. Alliance participants include representatives of public, private and non-governmental New Jersey organizations from sectors including transportation, emergency managements, business, energy, engineering, farming, insurance, environment, public health and health systems, community planning, Environmental Justice, natural resource management, and others. The work of the Alliance serves to integrate science with evidence and diverse points of view through the voices of Alliance participants for the purpose of informing short and long-term climate change strategies and outlining policy options for New Jersey.

Alliance participants accept three underlying principles that include a commitment to:

1. Non-partisan, science and evidence-based climate strategies.
2. Climate change strategies that promote economic growth, equity, improved health outcomes, natural solutions, and sustainable communities; and
3. Thoughtful, respectful and meaningful dialogue among participants as demonstrated by the Alliance’s organizational communication practices.

Since 2016, the Alliance has hosted a *Public Health Workgroup*. The Workgroup has led several key initiatives that, together, position New Jersey to now take a bold step forward on advancing practices, programs and policies that are designed to address public health impacts, challenges and opportunities associated with climate change in New Jersey.

### **Work to date: Setting the Stage for Action**

- **Establishing A Climate and Health Profile for New Jersey**

The Alliance Climate Change and Public Health Workgroup led development of a [Climate and Health Profile Report \(CHPR\) for New Jersey](#) using technical guidance from the U.S. Centers for Disease Control and Prevention’s (CDC) [Climate Ready States and Cities program](#). The CHPR meets the first step of CDC’s [Building Resilience Against Climate Effects \(BRACE\)](#) framework: *Assess Climate Impacts and Assessing Vulnerabilities*. The New Jersey CHPR pointed to the anticipated public health impacts from changing climate conditions and it offered a set of “next steps” for action in New Jersey, observing: “In general,

the Workgroup concludes that the most effective and efficient approach to protect the public health of New Jerseyans from changing climate conditions is to build consideration of changing climate conditions and the anticipated impact and consequences of those conditions into existing public health programs and systems, rather than creating a new overlay of initiatives on top of existing public health programs and services.” More specifically, the CHPR outlined a *five-part framework of options* for action in New Jersey:

1. **Act** - The workgroup found that there is sufficient evidence of the significant impact that climate change will have on the health of New Jerseyans and that action is needed now to minimize public health risks from climate change. The workgroup called for efforts to “identify specific communities and populations most vulnerable to changing climate conditions and work in consultation with those populations and communities to design interventions that prioritize their needs.”
2. **Plan** - The workgroup pointed to options that would integrate climate science and projections into existing public health planning efforts such as the State Health Implementation Plan, Community Health Needs Assessments prepared by nonprofit health systems, and community health planning undertaken by counties and municipalities. Additionally, the workgroup pointed to opportunities where state agencies can consider public health impacts of climate change as part of state and local planning and decision-making such as infrastructure investment, land use planning, regulatory standards and community development.
3. **Assess** - While the Workgroup concluded that sufficient evidence pointed to the need for immediate action to address public health impacts of climate change, it also pointed to the need to more specifically assess disease burden resulting from changing climate conditions as recommended in the BRACE framework and to communicate results to state and local public health practitioners to inform action. The Workgroup also pointed to the need for efforts to identify existing public health programs that can be modified to serve as delivery mechanisms for interventions to address health outcomes of changing climate conditions.
4. **Support** – The Workgroup pointed to a need for development of data, tools, training and other resources to assist local public health practitioners in developing and implementing interventions to address climate-health related outcomes. Similarly, the Workgroup indicated a need for strategies to support health systems’ efforts to integrate consideration of public health impacts from climate change as part of their own operations and investments as well as in planning for population health.
5. **Build Capacity** – Even before COVID-19 exposed how under-resourced local public health programs are in New Jersey, the Workgroup was cognizant of the need for an expansion of the capacity of the state’s public health practitioners to undertake interventions to address climate-related public health impacts through training, development of best practices, and information sharing. The Workgroup also pointed to a need to educate lawmakers and other decision-makers about the impacts of changing climate conditions on public health in New Jersey and about the resources needed by public health practitioners to address those impacts.

The Workgroup as well as the CHPR was informed by extensive stakeholder engagement conducted first by the Alliance and continued by the Workgroup.<sup>1</sup> A [2016 workshop](#) hosted by the Workgroup was specifically designed to provide public health practitioners with an opportunity to offer insights on preliminary CHPR recommendations in an interactive setting. The workshop included presentations by the CDC's Climate Ready States and Cities Program as well as overviews of progress made in two other states participating in the CDC program.

- **Delving Deeper into Climate Change and Health Equity**

To highlight the intersection of climate change and health inequities the Workgroup, in partnership with the New Jersey Society for Public Health Education, hosted a [day-long workshop in 2019](#) to build a cross-sector collaborative effort designed to advance strategies to address this intersection.<sup>2</sup> The workshop brought together leaders in public health, health systems, social and Environmental Justice, transportation, and environmental protection, from throughout New Jersey. Participants called for a reframing of the climate change conversation in New Jersey to one that is “grounded in an understanding that all New Jerseyans benefit when health equity is a cornerstone of decisive state and local action on climate change, both reducing emissions that cause global warming and adapting to changing climate conditions.” For example, workshop participants concluded that state and local climate action can be designed to deliver specific health equity benefits, including: affordable, resilient and efficient housing; more affordable, low carbon transportation options; more access to nature even in our densest urban communities; cleaner air; creation of livable wage jobs in emerging climate-friendly sectors; among others.

Workshop participants echoed the five-part framework of options set forth in the CHPR and pointed to three elements to inform implementation of the framework:

- ✓ **Make equity a priority and address root causes** – Participants in the workshop discussed that, to prioritize the needs of the populations most affected by climate change, “it is necessary for state and local policies to acknowledge that certain populations and communities are, indeed, disproportionately affected both by changing climate conditions as well as by the sources of global warming emissions and that a priority of policy should be to address the distinct needs of those populations and communities.” Workshop participants also discussed the concept that “addressing the exacerbating effect of climate change goes beyond addressing climate impacts on vulnerable populations and must involve addressing the root causes of health inequities.”
- ✓ **Engage communities** - Workshop participants called for new models of civic engagement that are community-led and designed to deliver climate mitigation (emissions reduction) and resilience (adaptation to changing climate conditions) benefits while also improving health outcomes for populations that have historically had inequitable access to systems and conditions that support health and well-being.
- ✓ **Advance integrated solutions** – Workshop participants discussed how improving public health outcomes, especially for populations most affected by sources of climate emissions and impacts

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<sup>1</sup> See New Jersey Climate Adaptation Alliance (NJCAA). 2014. *Stakeholder Engagement Report Public Health. Climate Change Preparedness in New Jersey*. Edited by George T. DiFerdinando, Jr., Sarah Watson and Marjorie B. Kaplan. New Brunswick, New Jersey: Rutgers University.

<sup>2</sup> See New Jersey Climate Change Alliance. 2019. *Building Capacity to Address Impacts of Climate Change on Health Inequities in New Jersey*. Available at <https://njadapt.rutgers.edu/our-work/njcca-reports>

from climate change is not a “one sector” solution. They pointed to the need for “cross sector strategies that aim to intersect health with climate-related planning and policies in sectors such as transportation, housing, energy, as well as in design of planning for resilience and adaptation. Participants discussed use of tools such as *Health Impact Assessment* and *equity impact assessment* as strategies that can support consideration of cross-sector health outcomes as part of state and local climate planning and decision-making.



*A Framework for Action: Intersecting health with climate change action in New Jersey*

As a follow up to the 2019 convening, the Alliance, in consultation with local public health practitioners, the Johns Hopkins University Bloomberg School of Public Health and The Health Impact Project, prepared a rapid [Health Impact Assessment](#) on a draft of the state New Jersey Energy Master Plan (EMP) with a focus on health equity. The report offers a “health lens” through which to view some of the potential impacts of implementing elements of the EMP. This analysis focuses on health equity, or the concept of equitable access to conditions and resources that allows one to live the healthiest life possible. It pays strong attention to impacts on populations and communities that may already suffer disproportionate health, social, environmental, and economic inequities, which may be exacerbated by a proposed decision. Thus, this evaluation is in effect a public health prevention model intended to help to prevent potentially unanticipated negative outcomes and costs, and to provide guidance on policy decisions that will improve health and reduce disparities.

### **A Climate and Health Framework for Action in New Jersey**

As a whole, the work of the Alliance to date outlines a framework that can guide next steps to advance public health and climate planning, policy and programs in New Jersey, at the state and local levels.

In 2020 the Alliance Workgroup examined ongoing efforts in three states that have mature programs intersecting climate change with public health: California, Massachusetts and Minnesota. The Workgroup found that all three states were undertaking tangible planning, policies, and programs that are consistent with the Workgroup’s proposed Framework for Action. Examples of efforts underway in other state programs are outlined below:

## Act

- All three states, California, Massachusetts and Minnesota, participate in the U.S. Centers for Disease Control and Prevention's [Environmental Public Health Tracking Program](#) as well as in the CDC's [Climate Ready States and Cities Program](#). Involvement in these two federal programs have provided the three states with resources, data, tools and access to best practices and networks with other states to inform development of policies, programs, and strategies in their own states.
  - The National Environmental Public Health Tracking Network brings together health data and environment data from national, state, and city sources and provides tools and information to make the data easier to understand. The Tracking Network has data and information on environmental conditions and hazards, health effects and population health. Twenty-six states and one city participate in the program. Participating jurisdictions contribute to a core set of national indicators and may use their grant funds to build user-friendly data portals with information that goes beyond the national core set of indicators. One of the content areas on the national Network portal is climate change; several states have incorporated additional indicators beyond the national network's climate change indicators on their state portals.
  - The Climate Ready States and Cities Program provides grants to 16 states and two cities through which participants use CDC's five-step Building Resilience Against Climate Effects (BRACE) framework to identify climate impacts in their jurisdictions, potential health outcomes, at-risk populations and communities and strategies to address public health impacts from climate change via public health functions and service.

As evidenced by examples outlined below, participation in these two federal programs provide the core tools used in the three states to take action with regard to climate change and public health.

## Plan

- Safeguarding California is the state's climate adaptation strategy. It's [2018 Update](#) includes a chapter dedicated to public health as well = climate justice with an emphasis on social, justice, racial, health, and economic inequities linked to climate change. The State's [Climate Change and Health Equity Program](#) is charged with promoting efforts that advance health equity through climate policies, including the following priorities:
  - Inclusive, economic prosperity
  - Safe, stable, living wage, green jobs
  - Reduced emissions through land use changes
  - Reduced vehicle miles traveled
  - Reduced energy intensity in local food systems
  - Urban and community greening
  - Reducing building energy use
- As part of its participation in the CDC Climate Ready States and Cities Program, California created a [Community Climate Change Inventory](#) which is a template that local health agencies can use to assess gaps in local and regional climate planning. The Inventory provides local public health departments with options for actions they can lead to address climate planning gaps related to climate adaptation, mitigation, and resilience efforts.

- The California Department of Public Health created a [Climate Change and Health Equity Program](#) (within the Office of Health Equity) that is charged with working across agencies to incorporate health and equity in California climate change planning, and embed climate change and equity in public health planning. The program developed [guidance](#) for local health departments on opportunities for them to engage in local climate efforts that are supported by the state California Climate Investment (CCI) program. It also developed a [list of immediate actions](#) that health agencies can undertake as part of local climate change efforts to undertake public health interventions.
- Minnesota’s state Department of Health has been and continues to be an active participant in the state’s [Interagency Climate Adaptation Team](#). The agency adopted a Climate and Health Strategic Plan with a [2019 update](#). The Plan outlines 60 actions that the state will take to address the health impacts of climate change in Minnesota. The Minnesota Department of Health also developed [guidance](#) to support efforts to incorporate health and climate change considerations into the state’s Environmental Assessment Worksheet.<sup>3</sup> As part of this effort, the agency examined how Health Impact Assessment and other tools are used to inform environmental review processes in other states and an assessment of strategies to enhance consideration of health and climate change as part of the state’s EAW process. The agency offered specific recommendations for changes to its EAW process and pointed to the value of HIA and other tools to use the EAW process to factor health and climate change considerations into state decision-making. The State is now beginning to implement its guidance.
- Minnesota’s Climate and Health program developed an [Extreme Heat Toolkit](#) that is designed to support local health agency efforts. It also provides [guidance](#) on integration of health, including health impacts from climate change, into local comprehensive (master) plans to foster Health in All Policies approaches at the local level. The state has also developed [county level profiles](#) using climate data that are designed to help local hazard planners and decision-makers better understand regional climate trends. Each regional profile includes a description of climate change trends along with a summary of climate and population projection data for the region.
- In California, the Santa Clara County Public Health Department has adopted a [strategic approach](#) for integrating efforts to address climate change and health as part of the county’s overall planning efforts. Examples include:
  - Creating a health element as part of the county’s comprehensive plan with specific language that focuses on climate change impacts from a Health in All Policies perspective, meaning that the county’s comprehensive plan points to health impacts of climate change;
  - Fostering collaboration between chronic disease and injury prevention staff and the county’s climate action team to prioritize actions to reduce greenhouse gas emissions that improve health;
  - Identifying data needed to track health outcomes of county climate change actions; and
  - Integration of strategies to address climate change as part of local public health planning.

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<sup>3</sup> The MN Environmental Assessment Worksheet is a screening tool to determine whether a full environmental impact statement is needed under the Minnesota Environmental Policy Act of 1973.

- Massachusetts integrated its statewide [Hazard Mitigation Plan](#) with its statewide Climate Adaptation Plan in 2018. The Plan serves as the overarching guide for climate actions in all state agencies, including the state Department of Health and is intended to promote cross-agency hazards planning at the local level.

#### Assess

- The Minnesota Department of Health has an [active Health Impact Assessment effort](#) that is generally focused on considering health impacts as part of planning for the built environment. The Minnesota DOH created a [data user guide for HIA](#) which includes step-by-step instructions on how to use data from the Minnesota Environmental Public Health Tracking (EPHT) program for scoping, assessment, and monitoring and evaluation. Some of these data were used to inform a [Rapid Health Impact Assessment](#) prepared by the Minnesota Region Nine Development Commission to assess potential health impacts of the Central Minnesota Climate Change Vulnerability Assessment & Adaptation Plan. As noted in this combined assessment, “by conducting the HIA during the Climate Change Adaptation Plan’s development, greater efficiencies were created in terms of addressing strategy-specific health-related issues that could be avoided at the start, rather than discovering them after the strategies had already been implemented.” Tailoring local HIAs with local Climate planning provides a focus on local vulnerabilities; for example, in this instance, one particular concern noted was the health impacts and challenges of climate change on the elderly and an aging population.
- As part of Massachusetts’s adoption of the CDC BRACE framework, Massachusetts has been [promoting the use of the Health Impact Assessments \(HIA\)](#) to implement climate action strategies at municipal and regional levels. Information about and examples of HIA in Massachusetts are available at: [https://matracking.ehs.state.ma.us/planning\\_and\\_tools/hia/index.html](https://matracking.ehs.state.ma.us/planning_and_tools/hia/index.html). The Massachusetts Department of Public Health, the Pioneer Valley Planning Commission, and the municipalities of Springfield and Williamsburg collaborated to conduct a [Health Impact Assessment of regional climate action plan strategies in Western Massachusetts](#). The HIA evaluated implementation of energy efficiency measures and cooling centers; it identified groups most vulnerable to heat-related events and specific strategies for outreach and assistance to these populations (e.g. advertising and placement of cooling centers).
- Similar to MA and MN, California has conducted many Health Impact Assessments to inform a variety of planning and policy efforts. The California Department of Public Health, in collaboration with the California Public Health Institute, conducted a [Health Impact Assessment](#) to inform development of the state’s carbon ‘cap and trade’ regulations under Assembly Bill 32 (AB32). The HIA made several recommendations, including measures to mitigate adverse impacts of employment transitions due to labor market shifts, measures to address impacts on low income households due to potential rising energy expenditures, and support for surveillance of health risks to monitor impacts of implementation of Assembly Bill 32 and cap-and-trade. The HIA also recommended that a significant portion of the revenues generated from cap-and-trade be allocated to improve the health of vulnerable and disadvantaged communities.

### *Support*

- California developed a toolkit to support local climate planning efforts, [Climate Action for Health: Integrating Public Health into Climate Action Planning](#) and has organized trainings for local health agencies for use of the toolkit. It has also developed county-level Climate Change [County Health Profile Reports](#) that are designed to help counties prepare health impacts related to climate change through adaptation planning. Additionally, the state Climate Change and Health Equity program developed [climate change and health vulnerability indicators](#) as part of its involvement in the CDC Climate Ready States and Cities Program.
- California's [Climate Investments](#) (CCI) program implements statutory provisions that require that a dedicated portion of the state's revenue from climate change programs benefit the most "environmentally and economically burdened" residents of the state. A minimum of 25% of proceeds must be invested in communities identified as "disadvantaged" with an additional 5% spent in low-income communities and an additional 5% invested in low-income communities close to disadvantaged communities. One program that is funded through the CCI is the [Transformative Climate Communities Program](#) in which community-based coalitions are empowered to make decisions about funding priorities to support development and infrastructure projects that are designed to achieve environmental, health, and economic benefits in their own communities; i.e., California's most disadvantaged communities.

### *Build capacity*

- The Massachusetts Department of Health conducted an [assessment](#) of local public health agencies to better understand the capacity of local health departments in Massachusetts to respond to the public health impacts associated with climate change, and to develop plans for reducing these health impacts. The results contributed to efforts on the part of the state to conduct trainings for local health agencies, develop educational tools that can be used by local public health agencies, and to generate local data on the intersection of public health and climate change for use by local health agencies to plan programs and interventions.
- The Massachusetts Department of Health has created several data tools that are specifically designed to provide support to local health agencies in planning climate change interventions. One tool is its [Climate Change Vulnerability Mapping](#) tool that overlays data about socially vulnerable populations with climate data. The state Department of Health also enhanced the web-based "community profiles" tool that it developed as part of its involvement in the National Environmental Public Health Tracking Network to become "climate enhanced" through integration of climate change data. Both tools were developed through extensive consultation with local public health agencies. The State Department of Health is now working with its Executive Office of Energy and Environmental Affairs to integrate use of the climate enhanced community profiles into the state's [Municipal Vulnerability Preparedness](#) (MVP) program that provides grants and guidance to agencies to undertake local climate resilience planning.
- The Minnesota Department of Health collaborated with The Center for Health Equity to provide [a training for Minnesota Community Health Workers](#) to "increase awareness about Minnesota's changing climate, the health impacts of climate change, who is at greatest risk for health problems due to climate change, and strategies for communities to adapt to climate change." The program was supported by a grant from the Eliminating Health Disparities Initiative (EHDI) of the Minnesota Department of Health's Office of Minority and



Multicultural Health, through an appropriation from the Minnesota State Legislature. Additionally, it offers a series of [online trainings](#) on various topics related to the intersection of climate change and health, including with regard to agriculture, air and water quality, vector borne diseases, and mental health.

- Minnesota expanded the availability of data related to climate change to their health data portal. [Minnesota’s Environmental Public Health Tracking Program evaluated](#) and added data on pollen, heat index, Lyme disease, and West Nile Virus to the [Minnesota Public Health Data Access Portal](#), which makes data on health and the environment publicly available and easy to access online”. They also provide [guidance on how to use this data](#) to conduct a Health Impact Assessment using the Data Access Portal. Additionally, the state hosts an [interactive website](#) that provides guidance on local heat vulnerability.
- With support from the California Public Health Institute, the San Diego/Tijuana region Environmental Health Coalition (EHC), which works to address environmental justice issues in the region, partnered with community health centers to train 30 physicians and 40 health educators on the connections between climate change and health. The community health centers also added questions related to climate change on their intake forms, such as “Do you have AC, and 2) Do you live near a “cool island”? The project is one of several locally-focused efforts supported by the PHI’s [Center for Climate Change and Health](#).

## Opportunities for Action in New Jersey

The NJ Climate Change Alliance’s efforts related to climate change and public health and health inequities have involved: analysis of climate change impacts to health in New Jersey; identification of populations most vulnerable to climate change; engagement of public health practitioners to understand the challenges they face in addressing public health impacts from climate change and opportunities to build capacity within and collaborative partnerships with the public health community to advance public health and health equity through climate change solutions; and examination of potential policies, programs, and strategies that may be transferrable to New Jersey. These efforts position New Jersey to move forward with a comprehensive effort to advance public health through climate change solutions at the state and local levels.

The Alliance’s *Framework for Action* outlined above provides an important structure to guide efforts in New Jersey to advance health equity as part of climate change actions as well as to integrate considerations of climate change impacts on health as part of state and local public health efforts.

Several immediate opportunities exist in New Jersey to systematically advance the Alliance’s Framework for action: Act, Plan, Assess, Support and Build Capacity:

- *Healthy New Jersey 2030 (HNJ2030)* – [HNJ2030](#) is the state’s overarching initiative that focuses on identifying and addressing New Jersey residents’ priority health needs through two processes: the State Health Assessment and the State Health Improvement Plan. HNJ2030 establishes a framework for addressing underlying factors of health inequities with measurable objectives to improve health and well-being of New Jerseyans. HNJ consists of specific, measurable, achievable, realistic, time-bound ([SMART](#)) objectives organized into topic areas designed to serve as the framework for addressing the underlying, contributing factors of health

inequities and to improve health and well-being of all people. The HNJ2030 planning process has identified three overarching issues to inform its development of objectives: Equity, Policy, and Individual and Community Resilience. Integration of specific climate resilience strategies and policies that will result in beneficial health outcomes as part of the HNJ2030 effort presents an important opportunity to advance public health. Additionally, incorporation of metrics regarding desired health outcomes (e.g. reduced exposures to extreme weather events, improvement of air quality leading to reduced respiratory burdens) in HNJ2030 can provide an important opportunity to educate decision-makers and the public about the connection between health and climate change.

- *CDC Climate Ready States and Cities* - The CDC Climate Ready States and Cities program has announced availability of new states to participate in the program with spring 2021 application deadline: <https://www.grants.gov/web/grants/search-grants.html?keywords=CDC-RFA-EH21-2101>. New Jersey has a lot to gain by participating in the CDC program in furtherance of the Alliance's Framework for Action. Additionally, if New Jersey is able to successfully participate in the Climate Ready States and Cities program, it could be an opportunity to expand the availability of climate related data via the [state's participation](#) in the Environmental Public Health Tracking program to develop and deliver data at the intersection of health, equity, and climate change to public health practitioners. The New Jersey Climate Change Resource Center intends to collaborate with the state Department of Health to pursue an application for New Jersey to join the CDC program to increase capacity in the state to advance climate change strategies that benefit public health.
- *Long-term climate change planning* - Pursuant to the New Jersey Global Warming Response Act and New Jersey Executive Order 89, New Jersey is currently undertaking long-term planning both with regard to efforts to achieve the statewide 2050 limit on greenhouse gases as well as to establish a long-term plan for climate change preparedness and resilience. In June, the state Department of Environmental Protection issued a [statewide science report on climate change](#) and in October 2020, it issued its [Global Warming Response Act 2050 report](#). Additionally, Executive Order 89 directs the Department of Environmental Protection to issue a statewide climate resilience plan which is expected in the first quarter of 2021. In January 2020, the New Jersey Board of Public Utilities issued the state [Energy Master Plan](#) that outlines strategies for the state to achieve the goal of 100% clean energy by 2050. The rapid Health Impact Assessment previously developed by the Alliance points to several aspects of the EMP as offering important contributions to advancing health equity. Therefore, the Alliance is well positioned to help contribute further to several climate and health and public health initiatives that will feed into the long term planning for climate mitigation and resilience in New Jersey. Incorporating specific provisions in these statewide planning efforts with regard to health outcomes of state climate change policies, with a dedicated focus on advancing health equity, can identify potentially disproportionate impacts that state and local climate change policy may inadvertently have on socially vulnerable populations, such as whether land use restrictions may negatively affect low income populations and communities of color. Incorporating health and health equity into these types of statewide climate change and clean energy plans can also identify specific policies that ensure that populations whose health is disproportionately affected by climate change receive the benefits of state climate action.

- *Rulemaking associated with implementation of New Jersey's Environmental Justice Law* – The New Jersey Department of Environmental Protection is currently undergoing a rulemaking process to implement the state's new Environmental Justice Law that was adopted in September 2020. The law offers many opportunities for consideration of ways in which climate change exacerbates conditions that cause health inequities in New Jersey including provisions regarding assessment of sources of cumulative health stressors and identification of strategies that mitigate stressors. As evidenced by the Alliance's 2019 convening on climate change and health equity, the same populations that are burdened by health inequities are also disproportionately affected by climate change impacts. Ensuring that health impacts of climate change are considered as part of the disproportionate environmental burdens faced by Environmental Justice communities as part of implementation of the state's new law is needed to ensure that state Environmental Justice policies address the exacerbating effect that climate change has on health inequities. Additionally, considering the added burdens faced by Environmental Justice communities to adapt and respond to climate change as part of implementation of the state's new law can begin to lay the groundwork for equitable multi-sector state and local climate policies and strategies that may include land use, housing, transportation mobility, workforce development and other strategies.

To advance this systematic approach, the Alliance's Public Health Workgroup will serve as an open forum for Alliance participants and others to share ideas for climate change solutions that advance public health and health equity with a focus on the following five efforts:

1. *Statewide planning* – The Alliance will focus on offering constructive input to various state agencies regarding ways in which statewide health and climate efforts can effectively incorporate climate change and public health. This effort will include providing input to the state Department of Health on recommendations for ways to incorporate specific objectives, outcomes and outputs regarding public health and climate change for integration into the objectives of Healthy New Jersey 2030. It will also involve offering input to the state Department of Environmental Protection on ways to incorporate health and health equity into statewide climate mitigation and resilience planning as well as incorporation of climate change into implementation of the new state Environmental Justice law.
2. *Increasing access to data to inform public health and climate change planning* – The Alliance will provide input to the [New Jersey Climate Change Resource Center](#) as it develops a public health municipal snapshot on the data visualization and mapping tools, NJADAPT that will enhance availability of data needed to support community-based climate mitigation and resilience planning. This effort will also include collaborating with organizations representing local public health practitioners to develop training programs to efforts of local public health agencies to undertake interventions to address health impacts of climate change;
3. *Climate Ready States and Cities* – The Alliance will provide input to the New Jersey Climate Change Resource Center and the state Department of Health on development of a successful application for New Jersey's participation in the CDC Climate Ready States and Cities program;
4. *Health Impact Assessment* – The Alliance will conduct rapid health impact assessments on at least two state and/or local climate related decisions to demonstrate replicable strategies for use of impact assessment tools to identify health outcomes of climate change policies and decisions; and

5. *Sustainable Jersey* – The Alliance will collaborate with and support efforts of Sustainable Jersey to offer input to its development of a Gold “Culture of Health” Action that integrates consideration of climate change impacts on health.

When local public health capacity is less constrained due to efforts to address COVID-19, the Alliance will extend invitations to health systems in the state to collaborate on pilot efforts to incorporate climate resilience and mitigation planning in their operations and consideration of climate change health impacts as part of community health needs assessments. The Alliance will also initiate collaborative pilot efforts with communities to integrate public health into local climate resilience and climate mitigation efforts.