**Chicago Community Climate and Health Resilience Workshop**

Topic Area(s)

Public health, health equity or prevention;Food, catering and nutrition;Travel and transport;Community/public engagement;Education and workforce;Disaster risk reduction and management;Green/blue space and biodiversity;Leadership and governance;managing water quality, access and conservation of water in community;

Please specify your project approach

Both adaptation and mitigation

Key message / aim

**Healthcare systems play a critical role in protecting the health of communities before, during, and after climate-related events. They can support communities in their efforts to build climate resilience and help them bounce back from climate-related disruptions in a proactive and steadfast manner. The mission of the Chicago Community Climate and Health Resilience Workshop was to bring community and healthcare voices together to learn from each other, share best practices and resources and bring back innovative ideas to their respective agencies and organizations.**

What was the problem?

The World Health Organization and more than 200 medical journals, including the New England Journal of Medicine and the Lancet, have called climate change the greatest threat to public health. Increased frequency and severity of extreme weather events, worsening air quality, sea-level rise, food and water insecurity, and geographic expansion of disease-causing vectors, contribute to an expanding risk of human health conditions. The US Department of Health and Human Services (HHS) had recently launched two new offices focused on climate change and environmental justice and were seeking local input to better understand how to accelerate the work. In September 2022, the University of Illinois Chicago (UIC) School of Public Health convened a roundtable of local leaders to discuss climate change and health equity in the Chicago region with Admiral Rachel Levine, the United States Assistant Secretary for Health.

What was the solution?

After this roundtable discussion, a team evolved to continue the momentum in the form of a one-day workshop. The organizers sought to build climate resiliency for Chicagoland communities and healthcare systems. The planning team represented various disciplines, institutions and levels of government including the University of Illinois Chicago School of Public Health (UIC SPH); Advocate Health; the Chicago Department of Public Health; Cook County Public Health; Monica Nakielski, ESG (Environmental, Social and Governance) & Sustainability Advisor; Office of the Assistant Secretary for Health at the U.S. Department of Health and Human Services, Region 5; RUSH Medical Center; RUSH University; and Health Care Without Harm. Throughout the year-long planning process, twelve team members met virtually once a month to organize and develop structure, content and a list of invitees. UIC SPH donated a venue to hold the workshop and Advocate Health provided breakfast and lunch.

What were the challenges?

There were challenges around logistics and community participation. Representatives from community-based organizations had difficulty finding time to attend a day-long event. Participants from many under-resourced communities face competing challenges such as job security, and lack of childcare and transportation. Efforts were made to individually reach out to community members by organizers with an established relationship or connection. Logistically, time limitations prohibited further breadth of topics and depth of discussion during the workshop. The workshop planners hope to make longer workshops an option in the future. Coordinating schedules was also difficult given team members came from many different organizations and time zones. There was flexibility in who was able to attend a given meeting and detailed minutes were distributed to all planners.

What helped the intervention implementation/success?

The workshop was created by a group of individuals representing various organizations and agencies. Yet, regardless of whether the member's organization was local, national, public or private their leadership supported the initiative. The planning team was cohesive and highly motivated to improve Chicago community climate and health resilience. Each planning team member brought a wealth of experience in health equity and sustainability and many community connections. These connections allowed the team to bring in panelists and facilitators with a high level of expertise and a broad and diverse list of invitees. Finally, there is a strong interest in climate resiliency among public health leaders and vulnerable communities throughout the Chicago region.

What were the results/Impact?

Patient outcomes:

Patient outcomes was not the focus of the workshop.

Population outcomes:

The workshop started with a Plenary Panel, a conversation between Dr. Marie Cabiya, Medical Director of the Obstetrics and Gynecology Resident Clinic at Advocate Illinois Masonic Medical Center; Dr. Wayne Giles, Dean of the UIC SPH; Dr. LaMar Hasbrouck, CCDPH Chief Operating; and Dr. Angelique Richard, Senior Vice President for Hospital Operations and Chief Nursing Office for Rush University Medical Center. Plenary panel members discussed the challenges and opportunities related to the work of climate resiliency and adaptation while striving for equity. Three of the eight themes that arose addressed population health and health equity.

The panel discussed how everyone is impacted by climate change, but the same populations that are often disproportionately impacted by other threats are also more vulnerable to climate change. Resiliency is a continuum, and efforts need to be made to move communities along the spectrum toward greater resiliency.

They also discussed the need to develop policies to protect the most vulnerable, encourage those with privilege to work with those less resilient, and support institutions to implement the healthcare climate pledge.

Finally, they emphasized the importance of including education about climate change at all levels of education – primary, medical, and residency curricula, continuing medical education, community members, and patients.

Environmental impact:

The second portion of the workshop included breakout rooms on eight topics related to climate change and resiliency solutions through an equity lens. The topics were air quality, extreme weather events, vector-borne disease, clinical care interactions, food systems, water management, transportation, and infrastructure. Each breakout room included a discussion facilitator and a note-taker.

These conversations were at both the community and healthcare system levels. Three of the eight groups discussed strategies with environmental impacts, emphasizing communities most impacted by climate change.

The air quality group mentioned nature-based solutions as a way to address air quality and climate change adaptation and mitigation; the food systems group described healthcare institutions partnering with local agriculture and emphasizing seasonal, regenerative, and plant-forward meals; and the infrastructure group emphasized the need for healthcare systems to support and advocate for community infrastructure improvements that also provide health benefits such as policies requiring public and private developers to include trees and greenspaces in all building or renovation projects.

Social impact:

The second panel highlighted community members and featured a discussion between Anisa Jivani, System Director for Strategic Equity Initiatives at Rush University System for Health; Raed Mansour, Director of Environmental Innovation at the Chicago Department of Public Health; Dr. Sheetal Khedkar Rao, Co-Founder and Chief Health and Engagement Officer of Nordson Green Earth Foundation and internal medicine physician at University of Illinois at Chicago; and Nedra Sims Fears, Executive Director of the Greater Chatham Initiative of Chicago. Winslow Dresser of Health Care Without Harm, served as the panel moderator. The panel highlighted the importance of centering the lived experiences of community members and focusing research on solution-based outcomes that can immediately benefit the populations living there. Panelists offered opportunities to improve climate resiliency including health in all policies, needing top administrators and attorneys to better understand community, working with community organizations and churches, listening to, and seeing what is needed, local community heat alerts, reduce silos, urban farming, and spend less time in the clinic and more in the community. They highlighted a few examples currently occurring in the community such as The Argonne National Laboratory’s Community Research on Climate and Urban Science (CROCUS), the Nordson Green Earth Foundation, and Chicago’s Tree Ambassador Program. They also identified challenges including many of the most vulnerable communities are adjacent to highways resulting in worse air quality and social isolation and some owners of rental properties do not see the economic benefit of installing air conditioning. Finally, the transportation breakout group suggested that health care systems should consider ways that inequity can impact potential transportation-related climate solutions like using electric vehicles (EVs) or telehealth appointments.

Financial impacts:

The mission of the workshop was to bring community and healthcare voices together to learn from each other, share best practices and resources and bring back innovative ideas to their respective agencies and organizations. The goals of the workshop were to build awareness around ongoing climate resilience and decarbonization activities around Chicagoland, assist healthcare systems in creating concrete deliverables around climate resiliency, explore collaborations, and provide educational opportunities. The financial cost was putting on a workshop. The true financial impact will occur when participants take what they learn and implement them within their healthcare system and in collaboration with community partners.

What were the learning points?

The workshop was a useful exercise from which several lessons and key themes emerged around healthcare and community resilience. These included the importance of centering community perspective and involvement in planning, action, and evaluation of programs. Panel members and attendees highlighted the complexity and interconnectedness of existing health inequities with individual health risks of climate change and climate threats at a systems level. The importance of sensitive and transparent communication came up often in panels and breakout groups, and using pre-existing tools for identification, education, and communication was emphasized.

Participants were asked to complete a post-event survey to determine if the workshop met its stated goals and to assess participants’ satisfaction. Only 17 of the 70 attendees returned completed surveys, which was a limitation of the project. Most of those surveyed felt the workshop exceeded expectations in providing educational and relationship-building opportunities.

The key elements of success were a committed and connected planning team, support from employers as well as government leaders, and inclusion of community. The workshops fostered high-yield discussions and additional topics could be added as time permitted. For increased success it would be worth considering incentives to increase involvement of community members and the amount of surveys returned.

Next steps

Documenting workshop proceedings: Share experience and lessons learned with other healthcare systems and community-based organizations interested in building climate change resilience. Not all suggestions will be in the purview or responsibility of the Chicago Workshop planning committee. This demonstrates that the workshop functioned as a catalyst within participating organizations to initiate climate-focused efforts. Workshop proceedings will serve as resources for those interested in pursuing similar initiatives and function as a roadmap to inform policy and practice. Proceedings have been adapted for a presentation at Health Care Without Harm’s upcoming CleanMed Conference with further plans to create an Op-Ed or article.

Center Community Voices: Despite concerted efforts to include more community voices, this workshop had a larger representation from healthcare systems than it did from surrounding communities. A future event where community voices are centered allowing for multiple opportunities for healthcare leadership to listen may require effective engagement of community-based organizations by compensating for efforts and wisdom.

Best Practices for Anchor Institutions: Improve upon and refine existing best practices for building climate resiliency and health equity for hospitals and healthcare systems allowing them to serve as anchor institutions in their surrounding communities. With the support of healthcare system leadership, there is an opportunity to incorporate climate change associated health impacts into community needs assessments as well.

Coordinate efforts of federal, state, and local authorities.

Building community resilience is a multi-pronged effort that requires dismantling of silos and multi-directional communication.

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Has this case study or story been made public in any form before?No

Perera F, Nadeau K. Climate Change, Fossil-Fuel Pollution, and Children's Health. N Engl J Med. 2022;386(24):2303-14

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https://toolkit.climate.gov/topics/built-environment/community-resilience