

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



**ITEM: 3.35
(ID # 28790)**

MEETING DATE:
Tuesday, October 07, 2025

FROM : RUHS-PUBLIC HEALTH

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH: Approve the Letter of Intent and Authorize Acceptance of the Grant Funding with the California Department of Public Health (CDPH) for the Community Health Assessment/Community Health Improvement Plan (CHA/CHIP) Climate Integration Pilot Project for the Period of Performance from January 1, 2026 through June 30, 2026. All Districts [Total aggregate amount \$30,000; up to \$6,000 in additional compensation – 100% State]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the Letter of Intent with the California Department of Public Health (CDPH) for the Community Health Assessment/Community Health Improvement Plan (CHA/CHIP) Climate Integration Pilot Project for the period of performance of January 1, 2026 through June 30, 2026 and in the amount of \$30,000; and
2. Authorize the Director of Public Health, or designee, based on the availability of fiscal funding and as approved as to form by County Counsel, to: (a) sign all certifications, assurances, or reports to implement the Grant Agreement including, but not limited to, signing the Grant Agreement when it becomes available; (b) sign subsequent amendments to the Grant Agreement, including modifications to the statement of work, that stay within the intent of the Grant Agreement that do not exceed the sum total of twenty percent (20%) of the total aggregate contract amount.

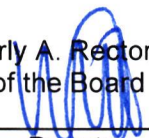
ACTION:A-30, Policy


Kim Saruwatari, Director of Public Health 9/29/2025

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Spiegel, seconded by Supervisor Gutierrez and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Medina, Spiegel, Washington, Perez, and Gutierrez
Nays: None
Absent: None
Date: October 7, 2025
xc: RUHS-PH

Kimberly A. Rector
Clerk of the Board
By: 
Deputy

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
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FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$30,000	\$0	\$30,000	\$0
NET COUNTY COST	\$0	\$0	\$0	\$0
SOURCE OF FUNDS: 100% State			Budget Adjustment: No	
			For Fiscal Year: 25/26	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

Riverside University Health System–Public Health (RUHS–PH) has shown interest in applying for a grant with the California Department of Public Health (CDPH) for participation in the Community Health Assessment/Community Health Improvement Plan (CHA/CHIP) Climate Integration Pilot Project. Through this pilot, RUHS–PH will review and utilize the Climate Integration Spectrum Tool, Companion Guide, and Worksheet to integrate climate impact considerations into CHA/CHIP processes. RUHS–PH will provide structured feedback to CDPH to improve the tools and guidance for statewide use.

Impact on Residents and Businesses

The Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) Climate Integration Pilot Project will help integrate climate-related health risks into Riverside County’s public health assessment and improvement planning processes. This will improve the County’s ability to address environmental health threats, extreme heat, air quality concerns, and other issues that impact residents, especially those in vulnerable and underserved communities. By incorporating climate justice goals into the CHIP, the project ensures that the health impacts of climate change are clearly identified and paired with strategies to address them. Embedding these priorities into the CHIP not only guides action across county departments and community partners, but also strengthens accountability to the public by ensuring that disproportionately impacted communities see their needs addressed in meaningful ways—while building resilience, reducing long-term health risks, and advancing health equity across the county.

Additional Fiscal Information

This is a new funding source and does not require any county matching funds. There is no impact to county general funds. The total amount of the funding is \$30,000.

Contract History and Price Reasonableness

RUHS-PH submitted an interest form to CDPH prior to August 1, 2025. While funding has not yet been awarded, RUHS-PH was selected for the review process. As this is a competitive grant opportunity, no additional vendor quotations were required. At this time, the Board of Supervisors is being asked to authorize the Public Health Director to sign the Grant Agreement should RUHS-PH be selected for funding.

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STATE OF CALIFORNIA

ATTACHMENTS:

- ATTACHMENT A.** Climate Ready Community Health Assessments & Improvement Plan
Draft
- ATTACHMENT B.** Community Health Assessment/Community Health Improvement Plan
Climate Integration Pilot Scope of Work


Douglas Cordonez Jr.




9/30/2025



Climate Ready Community Health Assessments & Improvements Plans

A Guide for Climate Health Integration

June 2025 - Draft for review

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Project Background

Project Support

This guide, Climate Ready Community Health Assessments & Improvements Plans: A Tool For Climate Health Integration (**Climate Ready CHAs & CHIPs**), was supported by funding from the California Department of Public Health (CDPH) under Agreement No. 24-10658 with the CDPH Office of Health Equity. The analyses, interpretations, or conclusions reflected herein are those of the author(s) and do not necessarily reflect the positions or views of the California Department of Public Health.

About the Public Health Alliance of Southern California

The Public Health Alliance of Southern California brings together executive leadership from eleven Local Health Jurisdictions (LHJs) serving 60% of California's population. We pursue transformative solutions that address complex health challenges through bold exploration and deep community connection.

Our coalition catalyzes system-level change by mobilizing the collective power of LHJs to advance more healthy communities for all. Through innovative approaches grounded in proven public health practice, we unlock the potential for healthier, more sustainable, and just communities. Our work demonstrates how local expertise, when combined with visionary thinking, can create lasting transformation that extends far beyond our region.

We are committed to pioneering solutions that honor both the science of public health and the bold innovation our communities deserve.

Acknowledgements

Climate Ready CHAs & CHIPs was developed by the [Public Health Alliance of Southern California](#), in close collaboration with dedicated partners whose invaluable contributions were instrumental in bringing this tool to life. The co-authors below collectively produced the Companion Guide, Climate Integration Spectrum, and associated materials (listed alphabetically).

- Alexander Nikolai
- Coline Bodenreider
- Hannah Seriki
- Heaven Teferra
- Savannah North
- Ujuoñu Nwizu

We are incredibly grateful to the many individuals and organizations who generously contributed their time, insights, and expertise to this report. Participants included representatives from local and state public health, CHA and CHIP consultants, healthcare providers, environmental justice advocates, and community-based organizations. Their diverse perspectives greatly informed our work.

We would also like to thank the following individuals whose contributions were essential in the development of this tool and guide.

- Daniel Lee, Public Health Alliance of Southern California, *design*
- Tracy Delaney, Public Health Alliance of Southern California, *review*
- Public Health Alliance Language Access and Justice Ad-Hoc Committee - *developed the Language Justice Spectrum, which inspired and informed the development of the Climate Integration Spectrum*

All analyses, interpretations, and conclusions in this report are those of the authors and do not necessarily reflect the views or positions of any particular individual or organization.



Overview

Why Public Health Must Lead on Climate Change?

Public health is uniquely positioned to address the health consequences and inequities climate change magnifies. Public health agencies are trusted conveners with deep community relationships, expertise in prevention, and a commitment to health equity. They are essential for connecting planning, transportation, and housing sectors to advance climate solutions that protect vulnerable populations and improve community health.

“We need to frame climate change as a threat multiplier that impacts everything we care about in Public Health.”

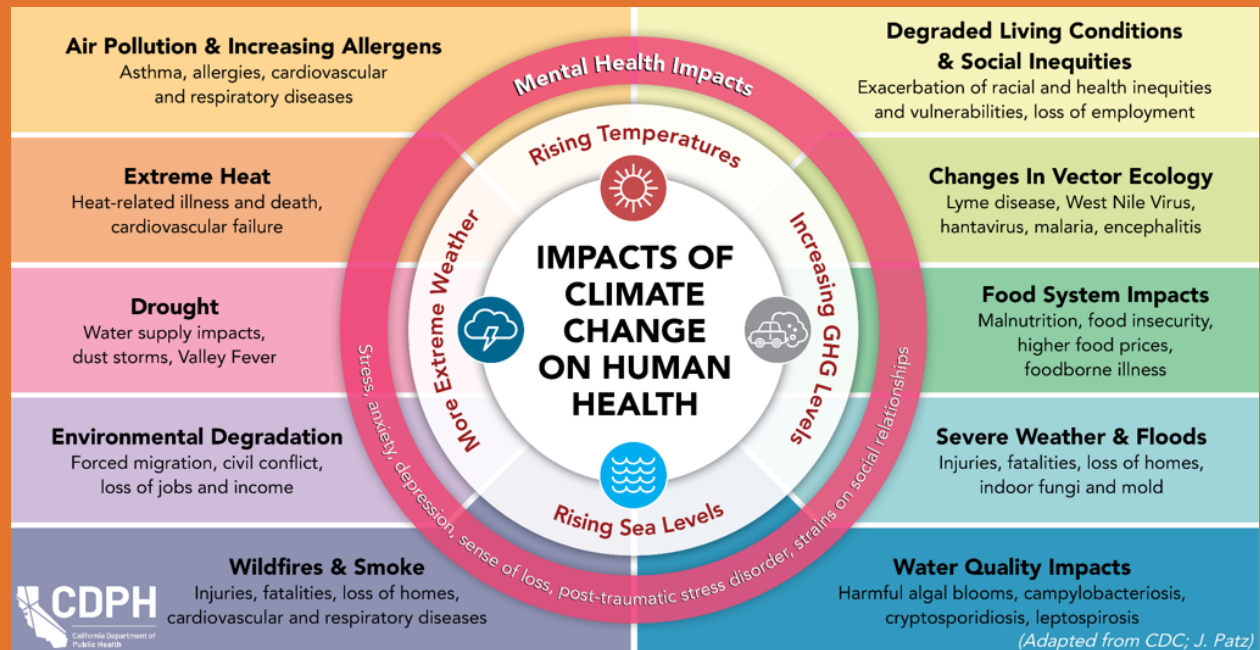
– Key Informant Interviewee

By embedding climate strategies into CHAs and CHIPs, public health has the opportunity to focus on root causes—like pollution, land use, and social determinants—while driving cross-sector partnerships for resilience and justice. With a mandate to protect everyone’s health, especially those most at risk, public health leadership is vital to building healthy, equitable, and climate-resilient communities.

Why does Climate Change belong in CHAs and CHIPs?

The root causes of climate change—primarily the burning of fossil fuels and greenhouse gas emissions—are inflicting widespread harm on communities, especially through the many health risks associated with air pollution. Despite climate change being recognized as the [most significant public health threat of the 21st century](#), most CHAs and CHIPs have not yet meaningfully integrated climate health issues or prioritized upstream solutions that address the intersection of climate and health. The urgency to address both the hazards and their underlying drivers is existential to the mission of public health.

The Profound Impact of Climate Change and Environmental Degradation on Health



- Air Pollution & Wildfire Smoke

- An estimated 350,000 people die prematurely from air pollution each year in the United States.
 - 1 in 5 deaths worldwide can be attributed to fossil fuels
- Reducing air pollution in California could reduce health impacts by:
 - 8,600 deaths per year
 - 2,100 hospitalizations
 - 5,800 emergency room visits

- Wildfires

- In 2025, California experienced at least 2,990 wildfires that burned nearly 93,000 acres statewide
- Los Angeles Wildfires: January 2025
 - Displaced over 200,000 residents and destroyed more than 18,000 structures
 - 16,251 homes were destroyed, leaving thousands without stable shelter.
 - Outpatient respiratory visits surged by 41% in highly affected areas, while virtual cardiovascular visits increased by 35%.

- **Extreme Heat**

- 7 heat extreme heat events in California from 2013 to 2022 led to:
 - 460 deaths
 - 5,000 hospitalizations
 - 344 adverse birth outcomes

- **Equity Impact**

- Black communities are 40% more likely than to live in areas with highest projected increases in temperature related deaths
- Hispanic and Latino workers are 43% more likely to live in areas with the highest projected extreme-temperature driven reductions in labor hours

LHJs often note that climate change is not prioritized in CHAs and CHIPs because it has not been widely recognized by the community as a pressing public health issue. Additionally, existing LHJ assessment processes may not effectively capture community interest or concern about climate change. LHJs have a critical role in bridging this gap by acting as trusted messengers to both community members and decision-makers. They can draw on best practices from public health campaigns—such as the shift in public understanding of tobacco’s health impacts—to raise awareness about the health effects of climate change.

Even with increased climate health education, climate change may not emerge as a top priority for all community members. However, its underlying causes and consequences are already profoundly shaping the social determinants of health, affecting issues like housing, food access, economic security, and access to care.

By applying a climate justice and systems lens to these community priorities, LHJs can elevate upstream, primary prevention strategies that center frontline communities, advance health equity, and generate co-benefits for all residents through integrated climate solutions.

Climate and Health Equity - Language Considerations

We recognize that explicit climate and equity-based framing may be challenging in some LHJ contexts. However, all LHJs have the opportunity to address climate change and health equity, even if they use different language. LHJs may need to tailor their messaging and strategies to fit the unique context of their jurisdiction, using approaches that resonate locally. Engaging communities in conversations about the impacts of pollution, extreme weather events, and changing weather patterns is an important way to raise awareness of climate change and its underlying causes. Discussions related to protecting natural beauty, preserving nature, and supporting conservation and environmental resilience—can be especially meaningful in some communities. Framing these efforts around how environmental changes affect health status and behavior can help make the connection more relevant and grounded in the local context. By highlighting the ways that environmental change impacts everyday life and well-being, LHJs can engage communities in meaningful conversations and actions that support both health and the local environment, without using terms like *climate change* or *health equity*, which can be polarizing.

Why develop a Climate Change CHA & CHIP Integration Tool?

To address the urgent need for the integration of climate health into CHAs & CHIPs, we developed the CHA & CHIP Climate Integration Spectrum¹. This tool supports LHJs in systematically embedding climate health considerations into their CHAs and CHIPs.

By evaluating current practices and identifying opportunities for climate health integration, LHJs can better protect their communities from the current and escalating risks of climate change. Key benefits include:

- Equipping LHJs with a practical tool to assess staff capacity and improve policies, programs, and partnerships related to climate driven health impacts.
- Providing a shared framework for LHJ staff and community members to discuss and prioritize climate health needs, where appropriate, in CHAs and CHIPs
- Promoting multi-sector collective impact approaches with other government agencies and healthcare partners.
- Implementing upstream climate solutions that address the root causes of climate change and health inequities
- Accessing new funding streams through demonstrated climate and health needs in CHAs and CHIPs
- Providing standardized, but flexible guidance that can be adapted for regional contexts and considerations
- Supporting diverse populations and regions by incorporating best practices for supporting front-line communities and improving health equity
- Integrating CHAs and CHIPs into aligned regional plans, such as Climate Action Plans

Why Utilize a Spectrum Approach?



TIP: We encourage you to reference the Climate Integration Spectrum as you explore the guidance below. The Companion Guide has been thoughtfully designed to help you become familiar with the Spectrum and apply it to your work, supporting your journey toward stronger climate health integration.

The Public Health Alliance recognizes and appreciates the widespread diversity in the communities, resources, and contexts of LHJs throughout California. We recognize that each LHJ in California is faced with unique sets of public health challenges, funding constraints, agency capacity, and elected leadership support for integrating climate change into CHAs and CHIPs.

Every LHJ is situated at a unique point along the Spectrum and possesses different capacities for advancing integrative approaches to climate systems work within CHA and CHIP processes. We believe every LHJ can make meaningful progress towards transformative climate justice-oriented approaches, even when truly transformative approaches may be unattainable in the short term. By developing and following a clear roadmap, we can move towards addressing the root causes of climate and health inequities within standard governmental public health practice.

1. The Climate Integration Spectrum is inspired by the Community Engagement to Ownership Spectrum (Gonzalez, 2019) created by the Facilitating Power & Movement Strategy Center

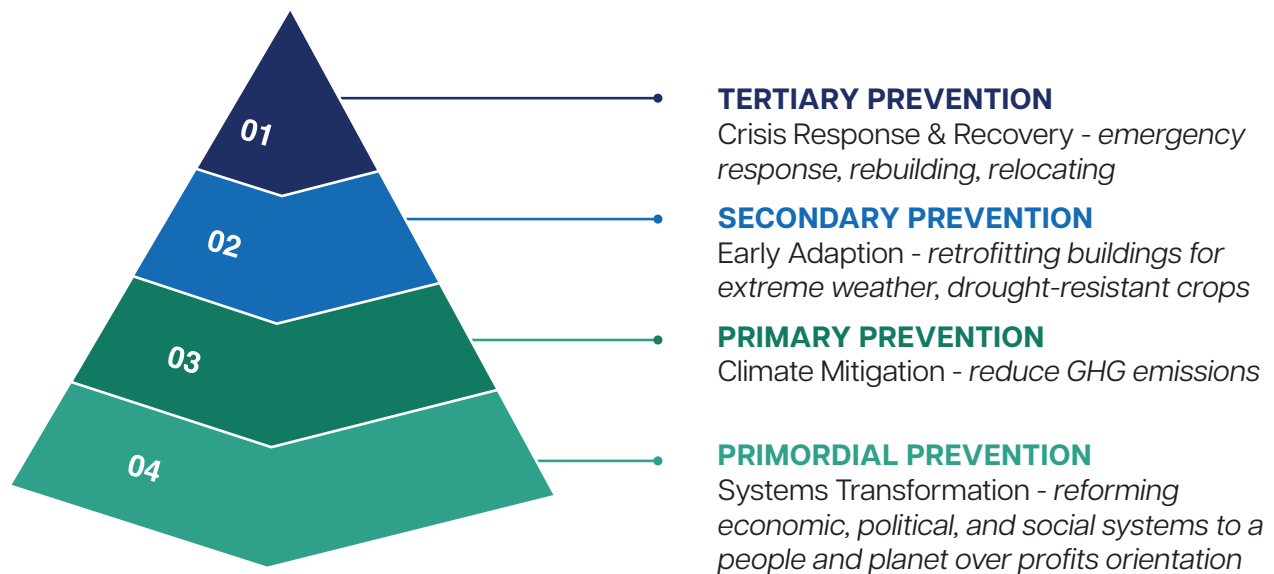
Why move toward a Prevention-focused, Systems-Based Approach?

We acknowledge that integrating climate change into CHAs and CHIPs is challenging due to resource constraints, underfunding, and jurisdictional limits, but it also presents a critical opportunity to transform public health practice. Current CHA/CHIP processes often focus on downstream health outcomes, yet climate change is a powerful threat multiplier across the social determinants of health (SDOH), deeply intertwined with housing, food access, economic security, and other SDOH that shape community well-being.

Recognizing climate change as a threat multiplier across the SDOH means addressing this root cause of health inequities and leveraging public health's expertise in prevention, equity, and community partnership. Climate mitigation—reducing greenhouse gas emissions (GHGe)—parallels the primary prevention strategies upheld by public health.

PUBLIC HEALTH PREVENTION = CLIMATE ACTION

Figure 1: Public Health Primary Prevention & Climate Action Alignment, Public Health Alliance, 2025



Just as primary prevention aims to stop disease before it starts, climate mitigation addresses the root causes of climate-related health threats before they manifest. For example, reducing greenhouse gas emissions through clean energy and active transportation slows the pace of climate change and reduces its impacts, while also improving air quality and preventing health issues like asthma and heart disease. Integrating climate mitigation into public health practice expands our commitment to primary prevention, safeguarding communities from present and future health risks.

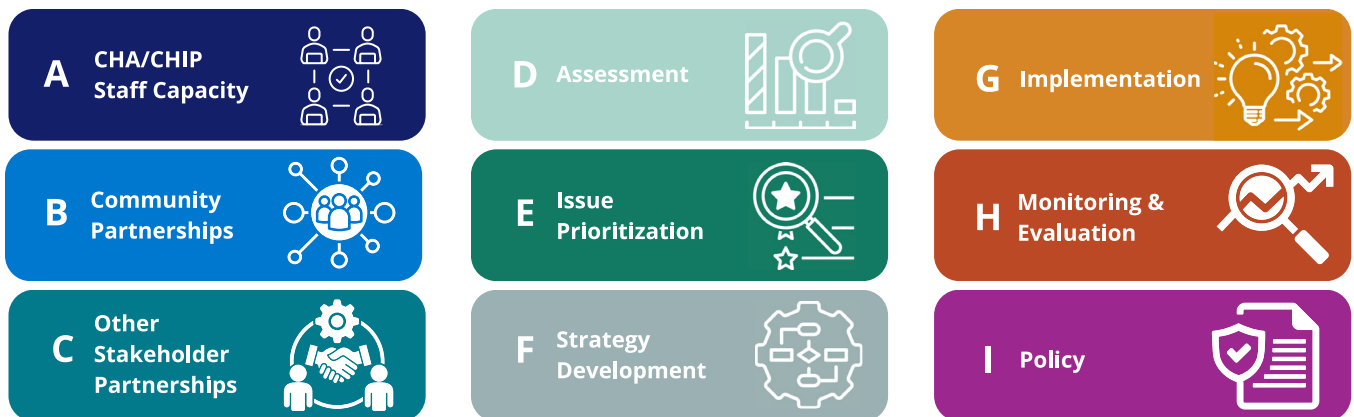


How to Use the Spectrum

For more information on the development of the Climate Integration Spectrum, please visit Appendix B.

Explore It

LHJ staff can start by familiarizing themselves with the tools' content and structure. The Spectrum is divided into nine categories. Each category reflects a specific component of the the lifecycle and development of CHAs & CHIPs. A-D generally fall within CHA processes and E-I generally fall within CHIP processes. Relevant LHJ staff—such as program managers, CHA/CHIP coordinators, or interdisciplinary teams—should assess where your LHJ currently stands in each critical area. It is important to note that the categories are not ordered hierarchically, rather sequentially.





LHJ CHA/CHIP Staff Capacity: Building internal capacity is essential for effective climate health integration. LHJ leadership champions climate and environmental justice as core public health priorities, ensuring teams include staff with climate-health expertise. Ongoing training keeps staff informed and ready to advance equity and resilience.



Community Partnerships: Authentic partnership with community-based organizations and those most affected by climate change is central to health equity. LHJs can work to co-design assessments and solutions that are relevant, culturally appropriate, and sustainable. Investing in community leadership builds trust and fosters shared ownership of climate health initiatives.



Other Strategic Partnerships: Climate health challenges require collaboration across sectors. LHJs advance strong partnerships with housing, transportation, emergency management, and environmental agencies to align goals, share resources, and implement coordinated strategies.



Assessment (Data Collection, Analysis, Synthesis): A robust CHIP is grounded in comprehensive, community-prioritized data on climate exposures and health impacts. LHJs advocate for co-developing assessment tools with partners and interpreting data through an equity and justice lens—honoring both current realities and future projections.



Issue Prioritization: Climate change drivers and impacts should be identified and prioritized in the CHA/CHIP process. LHJs elevate climate resilience and environmental justice as key goals, ensuring resources and interventions target the greatest needs and advance health equity.



Strategy Development: Effective action frameworks include clear, actionable strategies to address root causes like greenhouse gas emissions and loss of natural systems that sequester carbon. LHJs co-create strategies with community and partners, making them time-bound, evidence-based, and impactful.



Implementation: Sustainable implementation requires diverse and blended funding. LHJs utilize climate health related data and community priorities related to climate health impacts to seek new funding opportunities, such as climate resilience grants and public-private partnerships, to support integrated climate health planning. LHJs prioritize community-led projects and align with broader agency and partner efforts.



Monitoring & Evaluation: Ongoing monitoring and evaluation are critical for tracking progress and ensuring accountability. LHJs can co-design evaluation frameworks with partners invested in the CHA and CHIP, incorporating shared climate-health-equity indicators. Community and partner feedback should guide continuous improvement and CHIP updates.



Policy Integration: Climate and environmental justice should be embedded in all relevant policies and plans. LHJs works to champion policy advocacy informed by data and community voices, driving systemic change and securing long-term resources for climate health integration.

This intentional design reflects the tool’s strengths-based approach, recognizing that departments may excel in some areas while having opportunities for growth in others. Many of the categories extend beyond climate integration and apply to CHA/CHIP processes more broadly—for example, decision-making processes are not unique to climate work. The goal is for LHJs to assess both how climate considerations can be integrated into CHA and CHIP processes and how these considerations are reflected in the final outcomes.

Across the nine categories, we identify Best Practices and Critical Areas to Consider that provide LHJs with a framework to reflect on their current program’s strengths and areas for improvement. The Spectrum itself describes what Climate Integration may look like across five basic levels of efficacy, ranging from Climate Dismissal to Transformative Climate Integration.



Most LHJs currently fall near the climate inclusion stage of the Climate Integration Spectrum. However, there is likely to be considerable variation across the nine categories within the Spectrum for each LHJ, with some areas showing more progress than others.

- 1. Climate Dismissal:** LHJ staff do not yet incorporate considerations of climate change within their CHA or CHIP development processes. Climate change is not recognized as a relevant factor for community health assessment or public health planning.
- 2. Climate Awareness:** LHJ staff acknowledge climate change as a public health threat and are aware of its potential impacts. However, they have not yet integrated a systemic understanding of climate change into their CHA and CHIP processes.
- 3. Climate Inclusion:** LHJ staff recognize the direct and indirect health impacts of climate change and have begun to incorporate these considerations into CHA and CHIP development, though integration remains limited or ad hoc rather than comprehensive.
- 4. Climate Prioritization:** Climate health considerations are proactively prioritized throughout CHA and CHIP development. LHJs dedicate resources and funding to climate solutions that advance health equity, ensuring that climate action is a meaningful part of public health planning and implementation.
- 5. Climate Transformation:** LHJs fully embed climate and environmental justice principles across aspects of their work, including CHA and CHIP processes. Climate action is leveraged as a primary prevention strategy to address both climate change and health inequities, centering the voices and needs of frontline communities most affected by environmental and social injustices.

Put it into Practice

After reviewing the critical areas of each of the nine categories within the Climate Integration Spectrum, LHJ staff can move into assessing where their program currently falls along the Dismissal to Transformation continuum. This reflection will help identify strengths and opportunities for further integration across all categories. This assessment can be used to improve or strengthen existing practices and guide investment in areas that will help your LHJ progress to the next level on the Spectrum. In

addition to referencing the next level's descriptions, LHJs should revisit the Best Practices and Critical Areas to Consider columns to ensure a comprehensive approach to assessment, monitoring, planning, and evaluation.

This tool is not intended to be prescriptive or exhaustive, but rather to spark conversation and support assessment of Climate Health Integration within CHA and CHIP processes, ultimately guiding LHJs toward transformative climate justice strategies. Recognizing that funding and capacity constraints are common, reaching the transformation level may feel out of reach for many LHJs in the short or even long term. The Spectrum was intentionally designed with this in mind, acknowledging that transformative change will require significant shifts in public health, including increased funding and support.

The best practices and strategies represent just a starting point—they are not exhaustive, and new examples of promising practices are continually emerging as awareness grows of the urgent need for public health to address climate health impacts. We hope these can be a good starting point for your LHJ as you continue to engage with your communities and partners.



Please note: This is a draft tool that has not yet been piloted or validated. Our intent is for it to be tested, refined, and further iterated based on feedback and experiences in the coming months and years. Your participation and insights will be invaluable in shaping its future development and effectiveness.

Share Your Insight

This work is continuously evolving. Help us continue to improve and develop it by providing feedback, sharing your experiences, or challenges you encounter while using the tool.

LHJs interested in using the Climate Integration Spectrum to assess and advance CHAs and CHIPs are encouraged to contact the Public Health Alliance for support. The Public Health Alliance can provide guidance, resources, and collaborative opportunities to help LHJs effectively apply the tool and advance climate health integration into public health plans and processes.

To share your insights or find out more regarding technical assistance, **reach out to us!**

- **Public Health Alliance:** phasocal@phi.org
- **CDPH's Climate Change and Health Equity Branch:** climatechange@cdph.ca.gov



Advancing Climate Integration in Practice

Current Barriers to Climate Integration

As we developed the Climate Integration Tool, LHJs and subject matter experts on CHAs and CHIPs shared that integrating climate into CHAs and CHIPs is often easier said than done. These barriers are often well founded and account for some of the lack of climate health integration into CHAs and CHIPs. However, we would like to take the urgency of the intensifying climate crisis as an opportunity to reframe problems into opportunities for developing new strategies, approaches, and processes for climate health integration. Barriers indicated included:

- **Failing to Identify Climate as a Driver of Community Priority Issues:** Community representatives noted that climate change is often not identified a top health priority in CHAs, CHIPs, or CHNAs, even when data supports the need. Climate-related issues like asthma, extreme heat, and air quality are more commonly discussed, while climate is often addressed only indirectly. Failing to identify climate change as a factor driving community-identified problems makes it difficult to elevate climate as a formal health planning priority.
- **Opportunity:** While issues like air pollution and unsafe drinking water are often mentioned in CHAs and CHIPs, there is still room to build a stronger understanding of how these problems affect health and connect to climate change. LHJs, community organizations, residents, and partners can work together to learn more about these links and develop strategies that address both health and climate needs. By doing so, they can support healthier, more resilient, and more equitable communities.
- **Using the Spectrum:** Refer to the Community Partnerships and Issue Prioritization sections of the Climate Integration Spectrum for additional goals and benchmarks.
- **Perception of Immediacy:** Climate change is often viewed by the community as a distant or abstract threat, overshadowed by more immediate health concerns like access to care, chronic diseases, or behavioral health. This perception can lead to climate being left out of community health priorities, even when the underlying drivers are present. LHJs often have a tension between internal prioritization by staff and the community-identified priorities.

- **Opportunity:** LHJs can focus on the immediate and local health benefits of climate action—such as cleaner air, cooler neighborhoods, and safer drinking water—while connecting these efforts to urgent community priorities like chronic disease and behavioral health. By emphasizing how climate solutions directly improve well-being and reduce health risks for vulnerable populations in the near-term, LHJs can collaborate with trusted health professionals to communicate these links and help bridge the gap between staff and community priorities.
- **Using the Spectrum:** Refer to the Assessment, Monitoring & Evaluation, Community Partnerships and Issue Prioritization Zoom In sections of the Climate Integration Spectrum for additional goals and benchmarks.
- **Data and Process Barriers:** Many LHJs face gaps in local climate-health data, have insufficient expertise to access and analyze these data, lack standardized indicators, and have limited tools for tracking climate-related health impacts. It can be difficult to obtain data on projected health impacts of climate change at the jurisdictional level, which makes these impacts harder to quantify and prioritize in traditional assessments.
 - **Opportunity:** LHJs can leverage established climate and health equity tools and climate-health indicators—such as the [Vulnerable Communities Platform \(VCP\)](#), [California Climate Health Vulnerability Indicators \(CCHViz\)](#), [Healthy Places Index \(HPI\)](#), [Healthy Places Index Extreme Heat Edition](#), and [CalEnviroScreen \(CES\)](#)—to better quantify, communicate, and prioritize local climate-health risks. CDPH, through the Climate Change and Health Equity Branch and the Regional Public Health Office (RPHO), further supports LHJs by providing access to standardized indicators, epidemiological expertise, shared data resources, and technical assistance. Additionally, community science and local academic institutions offer a lower-resource option to strengthen data collection and increase community engagement in climate and health planning.
 - **Using the Spectrum:** Refer to the Assessment and Monitoring & Evaluation Zoom In sections of the Climate Integration Spectrum for additional goals and benchmarks
- **Resource Constraints:** LHJs are chronically under-resourced. LHJs often lack the necessary funding for CHAs that assess health status from a systemic perspective and lack the funding to address root causes in CHIPs.
 - **Opportunity:** By integrating climate considerations into CHAs and CHIPs, LHJs can position themselves for additional partnerships and funding opportunities—such as federal, state, and philanthropic grants focused on climate resilience, health equity, and environmental justice. This approach not only helps address root causes of health inequities but also strengthens the case for sustainable, long-term investment in community health and well-being.
 - **Using the Spectrum:** Refer to the Strategy Development Zoom In section of the Climate Integration Spectrum for additional goals and benchmarks
- **Siloed Planning:** Traditional public health processes may not address the systemic, root causes of climate vulnerability, nor do they always foster cross-sector collaboration needed for effective climate action. The SDOH approach in public health is more amenable to including upstream, co-benefit-oriented climate planning; however, much of the work often falls under the jurisdiction of other agencies.

- **Opportunity:** Address siloed planning by building cross-sector partnerships, formal collaboration structures, aligned assessments, and shared frameworks. By working with agencies such as housing, transportation, parks and recreation, planning, and sustainability, LHJs can leverage shared resources, strengthen climate action, and improve health equity through collaborative, co-benefit strategies.
- **Using the Spectrum:** Refer to the CHA/CHIP Team, Community Partnerships, and Other Partnerships Zoom In sections of the Climate Integration Spectrum for additional goals and benchmarks.

While LHJs may not be able to reach transformative approaches in the short term, the Climate Integration Spectrum offers practical steps and actionable strategies to help move in the right direction—even with current barriers. We encourage LHJs to identify and implement practical, incremental changes that address immediate needs, while also using the Spectrum as a roadmap to guide long-term, systemic change toward health equity and climate resilience.

Advancing Climate Integration with Limited Resources

Integrating climate health into CHAs and CHIPs is essential to address the growing health impacts of climate change that communities are already facing. Without action, these challenges will continue undermining our ability to build resilient, equitable communities.

We recognize that LHJs are underfunded and face significant capacity barriers, including within the CHA and CHIP processes—many rely on limited staff time and partner support rather than dedicated budgets. Yet, rather than viewing climate health integration as an additional burden, we encourage LHJs to see it as a strategic opportunity to unlock new funding and advocate for stronger support from Boards of Supervisors, elected officials, private funders, and other decision-makers.

Even with limited resources, LHJs can maximize impact by

- Embedding climate considerations into community collaborations and cross-sector partnerships
- Using innovative tools and data to pinpoint vulnerabilities
- Framing climate health integration as a public health foundation helps secure grants for resilience, equity, and justice
- Partnering with agencies like planning and transportation further leverages LHJs' health equity expertise and broadens their influence

Integrating climate health into CHAs and CHIPs strengthens case making for the need for more public health funding. These documents can then be used as formal tools for LHJs to advocate for policies and funding that meet both immediate and long-term community needs.

Integrating Priority Action Areas in California CHAs & CHIPs: Climate Connections

Integrating Climate Into CHAs

Integrating climate considerations into CHA is essential for a comprehensive understanding of the factors shaping community health. CHAs may focus on core determinants such as healthcare access, behavioral health, substance use, food security, housing, transportation, and the built environment. These critical SDOH often represent the most immediate needs identified in CHAs, sometimes overshadowing climate-related concerns.

Yet, climate change is deeply interconnected with these foundational health priorities. By applying a climate equity lens, local health jurisdictions can uncover root causes and develop solutions that simultaneously address climate risks and improve the underlying social determinants of health for their communities.

To support this integration, refer to sections A through D of the Climate Integration Spectrum, which provide a structured approach for evaluating and embedding the climate-health connection within CHA processes.

CHA Climate Template Language

Below is template language that LHJs can adapt to integrate the impacts of climate-driven health impacts within their CHA.



Climate change is a critical public health issue in California, intensifying existing health inequities and creating new risks for communities across the state. In [INSERT JURISDICTION], climate-related hazards—including air pollution, extreme heat, wildfires, and disruptions to food systems—are already impacting the health and well-being of residents, with the greatest burdens falling on communities of color, older adults, children, low-income families, and those with chronic health conditions.



Air Pollution: *Air pollution is a major threat to health in California. In [INSERT JURISDICTION], [INSERT PERCENT/NUMBER] of days each year exceed federal air quality standards for PM2.5 or ozone. This is linked to [INSERT NUMBER] cases of asthma, [INSERT NUMBER] hospitalizations for respiratory or cardiovascular disease, and [INSERT NUMBER] premature deaths annually. Neighborhoods closest to highways, industrial areas, or ports often experience the highest exposure and health burdens.*

- *Data Source Recommendations*
 - [CDC National Environmental Public Health Tracking Network](#)
 - [CalEnviroScreen](#)
 - [Healthy Places Index](#)



Extreme Heat: Extreme heat is becoming more frequent and dangerous. In [INSERT JURISDICTION], the average number of extreme heat days per year is [INSERT NUMBER], with [INSERT NUMBER] [select: heat-related emergency department visits or deaths] reported in the past year. Older adults, young children, outdoor workers, and unhoused residents are especially vulnerable, and certain neighborhoods may experience higher rates of heat-related illness due to limited greenspace or inadequate housing.

- Data Source Recommendations
 - [Tracking California](#)
 - [Cal-Adapt Extreme Heat Tool](#)
 - [Healthy Places Index: Extreme Heat Edition](#)



Wildfires: Wildfires are now a recurring public health emergency in California. In [INSERT JURISDICTION], [INSERT NUMBER] wildfire events in the past year led to [INSERT NUMBER] evacuations and [INSERT NUMBER] days of unhealthy air quality. Wildfire smoke exposure contributed to [INSERT NUMBER] additional respiratory or cardiac health incidents, with children, older adults, and people with existing health conditions facing the highest risks.

- Data Source Recommendations
 - [CalFire](#)
 - [Healthy Places Index](#)
 - [California Wildfire Smoke and Air Pollution Health Burden Mapping Dashboard](#)



Food Access: In [INSERT JURISDICTION], drought, extreme heat, and shifting precipitation patterns have reduced crop yields by [INSERT PERCENT/NUMBER] and contributed to [INSERT NUMBER] households experiencing food insecurity. Farmworkers and rural communities are particularly affected by these changes, facing higher risks of economic hardship and food access challenges.

- Data Source Recommendations
 - [CDFA California Agricultural Statistics Review](#)
 - [CDFA: Economic Impacts of the 2020–22 Drought on California Agriculture](#)
 - [Feeding America: Map the Meal Gap](#)
 - [Healthy Places Index](#)

Integrating Climate Into CHIPs

While no two CHIPs are the same, action areas often center around societal failures related to healthcare access, behavioral health, substance abuse, food security and nutrition, built environment, as well as the need for improved community partnerships. We have received expert feedback that these priorities are essential for advancing health equity and are often viewed as the most urgent areas to address in CHIPs and may be considered more pressing than climate health considerations.

However, addressing climate change is fundamentally tied to these crucial action areas for health equity. LHJs can identify root cause solutions that address climate change and improve the SDOH of the communities they serve.

Refer to sections E through I of the Climate Integration Spectrum to systematically evaluate how to embed the climate-health nexus into both current and future CHIP priorities, ensuring climate considerations are robustly integrated across planning and implementation.

CHIP Priority Area Template Language

Below is template language that LHJs can adapt to integrate the impacts of climate-driven health impacts within their CHIP.

Priority Area: Address the impacts of climate change and the impact of fossil fuel use to improve community health.

[INSERT JURISDICTION] is committed to protecting and advancing the health, equity, and resilience of all residents by addressing the interconnected threats of climate change and fossil fuel extraction and use. We recognize the critical roles of transportation, housing, behavioral health, greenspace, parks, community partnerships, and the built environment in shaping health outcomes and building a sustainable future.

Goal: Prevent and reduce health harms from climate change and fossil fuel activities, while fostering healthy, resilient, and equitable neighborhoods through upstream actions across sectors.



Objective

1

Identify and Address Health Risks from Fossil Fuels

Actions:

- Conduct community health assessments to map exposure to fossil fuel extraction, refining, and use, focusing on air and water quality near residential areas, schools, and parks.
- Monitor health indicators such as asthma rates, cancer incidence, and mental health outcomes in neighborhoods adjacent to fossil fuel sites.
- Partner with local housing authorities and affordable housing providers to support building electrification, weatherization, and home adaptation—such as switching to electric appliances, improving insulation, and upgrading ventilation—in affordable housing near fossil fuel sites. These measures reduce indoor air pollution, lower energy costs, and protect residents' health.

Measures:

- Number of neighborhoods with completed exposure mapping.
- rates of emergency department visits and other care-seeking for respiratory conditions.
- Number of housing units receiving air quality improvements.

Objective

2

Mitigate Exposure and Build Resilience

Actions:

- Install air filtration systems in schools, homes, and community centers near fossil fuel sites.
- Expand greenspace and tree canopy in impacted neighborhoods to improve air quality and provide cooling during heat waves.
- Develop and promote behavioral health resources for residents experiencing stress or trauma related to environmental hazards.
- Establish community cooling centers and clean air shelters in parks and public spaces during extreme weather events.

Measures:

- Number of air filtration systems installed.
- Acres of new greenspace or parkland created in priority areas.
- Track the percent of the population living within a specified distance (e.g., one mile) of a cooling center or clean air shelter to assess community access to these resources.

Objective

3

Promote Clean Energy and Healthy Environments

Actions:

- Advocate for and implement clean energy solutions in public transportation and housing developments.
- Incentivize active transportation (walking, biking, public transit) through safe infrastructure and connectivity to parks and greenspace.
- Support affordable housing projects that meet high energy efficiency and indoor air quality standards.
- Collaborate with city planners to ensure new developments incorporate green building practices and access to greenspace.

Measures:

- Percentage of public transit fleet using clean energy.
- Miles of new pedestrian and bike paths connecting homes, parks, and transit.
- Number of affordable housing units built or retrofitted to healthy building standards.
- Proportion of new developments including public greenspace.

Objective

4

Advance Environmental Justice and Health Equity

Actions:

- Engage frontline and historically marginalized communities in planning and decision-making.
- Prioritize investments in neighborhoods most impacted by fossil fuel activities for housing upgrades, park creation, and transportation improvements.
- Support workforce development programs for clean energy and green infrastructure jobs targeting affected communities.
- Develop culturally and linguistically appropriate outreach and education on climate and health.

Measures:

- Number and diversity of community members engaged in planning processes.
- Funding allocated to priority neighborhoods for housing, parks, and transportation.
- Participation rates in workforce development programs.

Objective

5

Educate and Empower Residents

Actions:

- Provide ongoing education on the health risks of fossil fuel extraction, climate change, and available protective actions.
- Partner with local organizations, schools, and gardening groups to promote community gardens, native plantings, and composting as climate resilience strategies.
- Host community events in parks and public spaces to build awareness and foster partnerships.
- Develop and distribute toolkits for residents on improving indoor air quality, accessing behavioral health resources, and advocating for clean energy.

Measures:

- Number of educational events and participants.
- Distribution and utilization rates of resident toolkits.
- Community satisfaction and empowerment survey results.



Most Common CHIP Priority Areas in California

Healthcare Access

Climate Impact: Climate-driven events such as wildfires, extreme heat, and floods can disrupt healthcare delivery, damage facilities, and limit access, especially for front-line communities

Climate Opportunity: Investing in climate-resilient health infrastructure and emergency preparedness ensures continuity of care and protects both patients and providers during climate emergencies.

Sample CHIP Language:

Background: *Climate-driven events such as wildfires, extreme heat, and floods can disrupt healthcare delivery, damage facilities, and limit access to essential services, especially for front-line communities. These disruptions threaten the continuity of care and can exacerbate health inequities. Investing in climate-resilient health infrastructure and flexible care delivery options, and strengthening emergency preparedness ensures that patients and providers remain protected during climate emergencies, guaranteeing ongoing access to healthcare for all residents.*

Strategy: *To decrease emergency department visits resulting from heat-related illness, INSERT JURISDICTION will partner with local schools, community-based organizations, and faith-based groups to deliver targeted outreach to at-risk residents during extreme heat events. INSERT JURISDICTION will ensure clear communication about available community cooling resources and centers, supporting the health and safety of our most vulnerable community members.*

Outcome measure: *By 2026, reduce the rate of emergency department visits for heat-related illness among at-risk populations in [City/County] by 20% through coordinated outreach and communication of cooling resources during extreme heat events. Monitor the number of residents accessing cooling centers.*

Behavioral Health

Climate Impact: Climate change increases stress, anxiety, depression, and trauma, particularly after disasters like wildfires or prolonged heat waves.

Climate Opportunity: Integrating mental health support into disaster response and climate adaptation, and expanding community-based resilience programs, can address both immediate and long-term behavioral health needs.

Sample CHIP Language:

Background: *Climate change increases stress, anxiety, depression, and trauma, especially after disasters such as wildfires or prolonged heat waves. These behavioral health challenges can persist long after the disaster, affecting community well-being and resilience.*

Strategy: *To address both immediate and long-term behavioral health needs, [INSERT JURISDICTION] will integrate mental health support into disaster response and climate adaptation efforts. This includes expanding community-based resilience programs that provide accessible mental health services, peer support, and trauma-informed care. We will also strengthen partnerships with behavioral health providers, community organizations, and emergency responders to ensure mental health resources are available before, during, and after climate-related events.*

Outcome Measure: *By [INSERT TARGET YEAR], increase the percentage of residents in [INSERT JURISDICTION] who report access to mental health support during and after climate-related disasters by [INSERT PERCENTAGE GOAL], as measured by community surveys and service utilization data.*

In Practice: San Joaquin County: 2023-2025 CHIP

How Parks Address Chronic Disease and Mental Health

- Promote physical activity to contribute to weight management, diabetes prevention/control and prevention of cancers, dementias and many other chronic illnesses
- Aid in anxiety management by providing a space for relaxation, interacting with nature, and physical activity to reduce stress
- Address isolation by facilitating social interaction
- Build community cohesion by providing a space for community gathering and events
- Enhance community safety by creating safe, well lit and clean community spaces that encourage community members to be out in their neighborhoods
- Provide welcoming and inclusive programming that embraces community members of all races, cultures, ages, identities and abilities

Climate Integration Adaption

Objective: Expand and Enhance Parks as Green Infrastructure for Climate and Health

Parks serve as vital green infrastructure, directly reducing urban heat island effects, filtering air pollutants, and managing stormwater—all of which help communities adapt to climate change and build resilience. They also provide essential spaces for physical activity, social connection, and mental health support, addressing chronic disease and community well-being.

Climate and Health Co-Benefits:

- Mitigate extreme heat and urban heat island effects through increased tree canopy and green space.
- Improve air quality by filtering pollutants and absorbing carbon dioxide.
- Support stormwater management and reduce flood risk with permeable surfaces and vegetation.
- Promote physical activity for weight management, diabetes prevention/control, and reduction in risks for cancers, dementias, and other chronic illnesses.
- Enhance mental health by providing spaces for relaxation, nature connection, and stress reduction.
- Reduce social isolation by facilitating community gatherings and social interaction.
- Strengthen community cohesion and safety by creating welcoming, inclusive, and safe spaces for all residents.

Action Steps:

- Invest in park expansion and maintenance to increase green space and tree canopy in underserved neighborhoods.
- Develop inclusive programming that welcomes all residents.
- Partner with local organizations to host community events and promote physical activity in parks.
- Monitor and evaluate the impact of park improvements on local temperatures, air quality, and community health outcomes.

Indicators:

- Increase in park acreage and tree canopy in high-heat, underserved communities.
- Increased self-reported physical activity and social connectedness among park users.
- Rise in community participation in park-based programming and events.

Community Partnerships

Climate Impact: Effective climate response requires coordinated, cross-sector partnerships; fragmented systems can leave gaps in support, especially for those most affected by climate impacts.

Climate Opportunity: Strengthening partnerships between public health, community-based organizations, emergency services, housing, and environmental agencies enables more equitable and effective climate and health interventions.

Background: *Climate change disproportionately impacts communities already facing health and social inequities, and effective response requires strong collaboration between public health and trusted community organizations.*

Strategy: *[INSERT JURISDICTION] will establish a regular, community-led climate-health working group that convenes at least quarterly and includes representatives from trusted community-based organizations serving vulnerable populations. The working group will co-design and implement targeted outreach campaigns to connect residents most at risk—such as those experiencing homelessness, chronic illness, or limited English proficiency—with climate preparedness resources and mental health supports during extreme weather events. The group will also develop and distribute culturally appropriate materials, conduct at least three community workshops or listening sessions per year, and track participation and feedback to inform ongoing improvements.*

Outcome Measure: *By [INSERT TARGET YEAR], increase the number of at-risk residents engaged through these outreach campaigns and workshops by [INSERT PERCENTAGE OR NUMBER], as measured by event attendance records, resource distribution logs, and post-event surveys.*

In Practice: Riverside County: 2016-2021 CHIP

Objective 1A: Increase and maintain safe communities & sustainable active transportation options

- Establishment of school safety programs and relationship building between communities and law enforcement will increase community safety and promote the utilization of parks and open spaces. Utilization of these spaces by the community will encourage engagement as well as physical activity.

Climate Integration Adaptation

Objective: Increase and maintain safe communities and sustainable active transportation options.

Expanding safe, accessible active transportation—such as Safe Routes to School and community-led walk/bike initiatives—reduces greenhouse gas emissions and improves air quality while promoting physical activity and community safety. Engaging residents in planning and decision-making ensures that solutions meet local needs and foster a sense of ownership.

Action Steps:

- Establish school safety programs and foster relationships between communities and law enforcement to increase safety and promote park and open space utilization.
- Partner with residents, schools, and community groups to co-design and implement Safe Routes to School and other active transportation projects.
- Improve infrastructure (sidewalks, crosswalks, bike lanes, lighting) based on community input and neighborhood walk audits.
- Organize community events and educational campaigns to raise awareness and encourage walking, biking, and use of parks and open spaces.
- Support community-led advocacy for safer, more equitable transportation options.

Indicators:

- More students and residents walking or biking.
- Greater use of parks and open spaces for recreation and active transportation.
- Improved community safety and physical activity rates.
- Higher utilization rates of parks and open spaces linked to improved safety measures.

Substance Abuse Treatment Access/Education

Climate Impact: Climate hazards can reduce access to treatment and recovery services. Trauma from climate-driven disasters can lead to increased substance abuse risk.

Climate Opportunity: Ensuring service continuity and integrating climate resilience into addiction recovery programs improves outcomes for individuals with substance use disorders.

Sample CHIP Language:

Background: *Climate hazards such as wildfires, floods, and extreme heat can disrupt access to substance use treatment and recovery services, while trauma from climate-driven disasters may heighten the risk of substance misuse. Ensuring continuity of care and integrating climate resilience into addiction recovery programs is essential to protect and support individuals with substance use disorders.*

Strategy: *[INSERT JURISDICTION] will work with the jurisdiction's Department of Behavioral Services as well as local treatment and recovery organizations to create a climate-resilient service continuity plan that ensures access to care during emergencies. The partnership will offer at least two annual community education sessions on substance abuse prevention and coping with climate-related stress, using materials co-developed with and distributed to vulnerable communities.*

Outcome Measure: *By [INSERT TARGET YEAR], increase the proportion of individuals with substance use disorders who report continued access to treatment and recovery support during climate emergencies by [INSERT PERCENTAGE], as measured by service utilization data and participant feedback surveys. Additionally, track the number of residents engaged in climate-focused substance abuse education sessions and assess changes in community knowledge and preparedness through pre- and post-event surveys.*



Built Environment

Climate Impact: Neighborhood design influences exposure to climate hazards such as the urban heat island effect and wildfire smoke, and determines access to safe, healthy spaces.

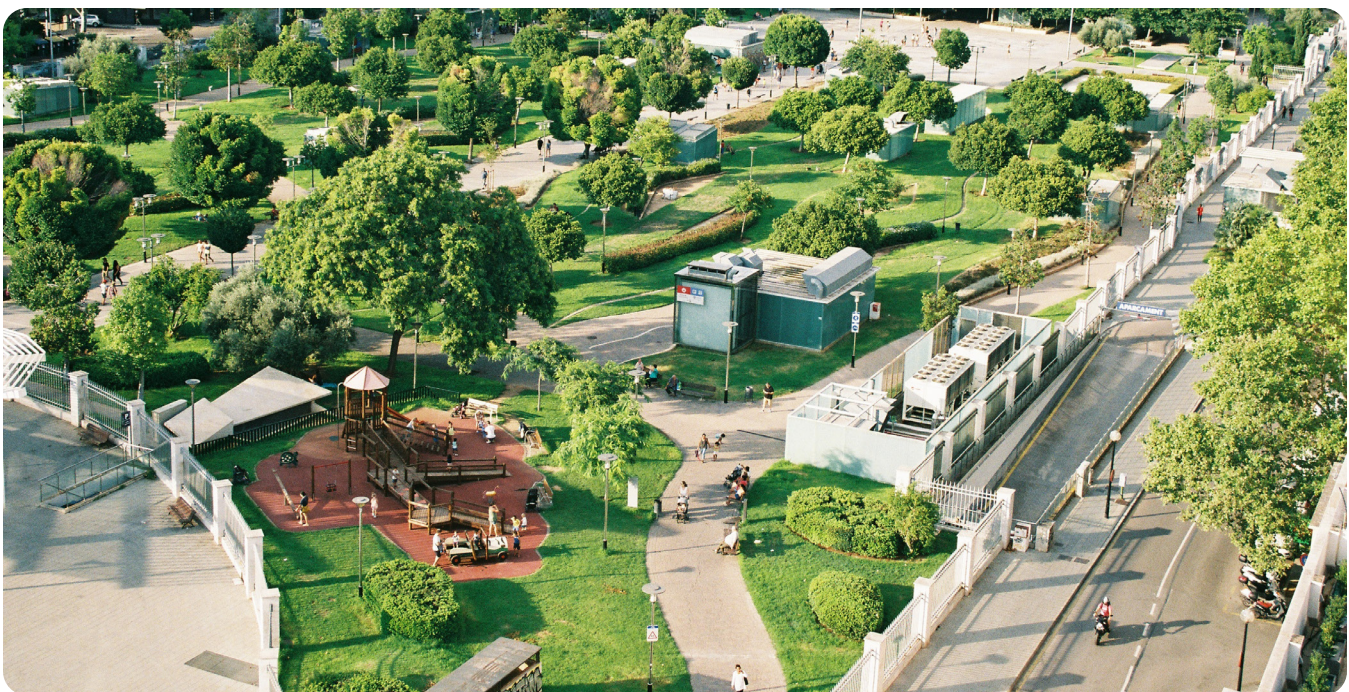
Climate Opportunity: Investing in green infrastructure, shade, and active transportation reduces climate risks and promotes physical activity, social connection, and environmental justice.

Sample CHIP Language:

Background: *Neighborhood design shapes exposure to climate hazards such as urban heat islands and wildfire smoke, and affects access to safe, healthy spaces—especially for vulnerable populations.*

Strategy: *[INSERT JURISDICTION] will collaborate with local planning departments and community organizations to implement targeted green infrastructure projects—such as planting trees, installing cool pavement, and creating shaded parks—in neighborhoods most affected by urban heat and wildfire smoke. We will also develop and promote safe, connected active transportation routes in these areas, prioritizing underserved communities. These efforts will be guided by community input and equity assessments to ensure meaningful engagement, project design, and impact.*

Outcome Measure: *By [INSERT TARGET YEAR], increase tree canopy coverage by [INSERT PERCENTAGE OR NUMBER] in priority neighborhoods, and increase the percentage of residents within a 10-minute walk of a safe, shaded walking or biking route by [INSERT PERCENTAGE], as measured by tree canopy assessments and transportation access mapping.*



In Practice: San Luis Obispo County: 2024-2029 CHIP

Objective 1A: Increase investment in healthy, connected communities through bike and pedestrian improvements, enhanced food access, and free, safe community spaces.

- 1.1** Using a place-based approach, conduct a needs assessment to understand high priority communities and their built environment needs (e.g. complete streets, food access, park access).
- 1.3** Assess environments for physical activity and map opportunities (e.g. parks, sidewalks, bike paths) in priority cities and communities.
- 1.5** Assist cities and local governments adopting or enhancing built environment policies (e.g. Complete or Livable Streets Policies).
- 1.7** Share opportunities for and provide technical assistance to grants for bike and pedestrian infrastructure or programming in high-priority communities, including Safe Routes to School (SRTS).

Climate Integration Adaption

Objective: Increase investment in healthy, climate-resilient, and connected communities through bike and pedestrian improvements, enhanced food access, and free, safe community spaces that address climate health impacts.

- Using a place-based approach, conduct a needs assessment to understand high priority communities and their built environment needs, including climate resilience factors such as complete streets that reduce greenhouse gas emissions while improving equitable food access and park access.
- Assess environments for physical activity and map opportunities (e.g., parks, sidewalks, bike paths) in priority cities and communities, with attention to how these spaces contribute to reducing heat exposure, improving air quality, and promoting active transportation to lower carbon footprints.
- Assist cities and local governments in adopting or enhancing built environment policies (e.g., Complete or Livable Streets Policies) that integrate climate-related health considerations, such as reducing vehicle emissions, increasing green infrastructure, and ensuring equitable access to climate-resilient infrastructure.
- Share opportunities for and provide technical assistance to grants for bike and pedestrian infrastructure or programming in high-priority communities, including Safe Routes to School (SRTS), emphasizing projects that advance climate mitigation and adaptation while improving community health.

Food Security/Healthy Eating

Climate Impact: Climate change disrupts food systems, threatening food availability, affordability, and nutrition, especially for those already facing food insecurity.

Climate Opportunity: Supporting local food systems, community gardens, and climate-resilient agriculture increases access to healthy foods while reducing emissions.

Sample CHIP Language

Background: *Climate change disrupts food systems and supply chains, threatening food availability, affordability, and nutrition—especially for communities already experiencing food insecurity.*

Strategy: *[INSERT JURISDICTION] will partner with local food producers and farmers, community organizations, and urban agriculture initiatives to support climate-resilient food systems. This will include expanding community gardens, supporting local farmers' markets, and increasing access to healthy, locally grown foods in neighborhoods most affected by food insecurity. Priority will be given to underserved communities, with educational programming to promote healthy eating and sustainable food practices that are culturally relevant.*

Outcome Measure: *By [INSERT TARGET YEAR], increase the number of community gardens and local farmers' markets in underserved neighborhoods by [INSERT NUMBER], and increase the percentage of residents in these areas who report improved access to healthy, affordable foods by [INSERT PERCENTAGE], as measured by program records and community food security surveys.*

In Practice: King County, Washington: 2024–2025 Community Health Needs Assessment

Climate Change Impacts on Food Security & Mental Health

- Extreme weather conditions impact peoples' ability to purchase food and impact the available food options. Going out to get food can be hard under extreme weather, and there is concern about the impact of climate change on food prices, quality, and availability. Wildfire smoke makes it especially challenging for those who have asthma and other health conditions to go out to get food.

By embedding climate health considerations into built environment strategies—such as active transportation, green infrastructure, and equitable food access—LHJs can address the root causes of health inequities often prioritized in CHIPs. This approach not only responds to urgent climate challenges but also advances long-term community health by targeting the social, environmental, and systemic drivers that shape well-being.



Conclusion

Communities across California are already experiencing the real and growing public health impacts of climate change. Integrating climate considerations into public health practice is both necessary and achievable, and CHAs and CHIPs offer a powerful pathway to advance this work. The Climate Integration Spectrum and Companion Guide are designed to help LHJs assess their current integration status, support incremental progress across contexts, and inspire an aspirational vision for climate-health action. As a living tool, the Spectrum will continue to evolve through trial, success, and ongoing feedback—so we encourage you to explore it, put it into practice, and share your insights with the Public Health Alliance and LHJs to create a knowledge and implementation network of lessons learned and best practices.

Appendix A: Key Terms & Guiding Principles

Key Terms

Community Health Assessment (CHA): A CHA is a systematic process led by local health jurisdictions (LHJs) to identify and prioritize community health needs, assets, and inequities. CHAs use local data and community input to guide public health strategies and resource allocation.

Community Health Needs Assessment (CHNA)*:** A CHNA is a similar assessment process, federally required every three years for non-profit hospitals, to identify and address the health needs of the populations they serve. Some LHJs collaborate with local hospitals to conduct a joint CHNA, which can fulfill both public health and hospital requirements, improve coordination, and reduce duplication of effort.

California’s Population Needs Assessment (PNA)*:** Under new California Department of Health Care Services (DHCS) guidance, the PNA is now fulfilled through meaningful Medi-Cal Managed Care Plan (MCP) participation in local CHA/CHIP cycles, rather than a separate, siloed assessment. The PNA is a process required for MCPs to assess health disparities, social determinants, and unmet needs among Medi-Cal members. Under California’s new joint PNA process, MCPs must meaningfully participate in local CHA/CHIP cycles, with initiation efforts required beginning on January 1, 2024, and all MCPs and Local Health Jurisdictions expected to align on a standardized three-year cycle starting in 2028, with the first LHJ CHA due December 2028 and CHIP due by June 30, 2029.

***For this brief, “CHA” is used as an umbrella term, as the guidance applies to CHAs, CHNAs, and the upcoming requirements for PNAs.

Community Health Improvement Plan (CHIP): A CHIP is a strategic plan developed after a CHA/CHNA/PNA, outlining long-term goals, measurable objectives, and collaborative strategies to address prioritized health needs in the community.

Climate Drivers: The underlying forces—such as burning fossil fuels, changing land use, and industrial emissions—that shape the climate crisis and drive its impacts on communities.

Climate Hazards: Immediate threats to health and safety resulting from climate change, including extreme heat, wildfires, floods, and severe storms, which put people, infrastructure, and natural systems at risk.

Climate Health Co-Benefits: The additional positive effects on public health that result from actions taken to mitigate climate change. These benefits arise from reducing greenhouse gas emissions and their associated impacts, such as improved air quality, increased physical activity, and healthier diets.

Climate Justice: A commitment to ensuring that climate solutions center equity, prioritizing the needs and voices of those most vulnerable or historically marginalized, so that all communities share fairly in the benefits and burdens of climate action.

Environmental Justice: The principle and movement centered around the right of everyone, regardless of race, income, or background, to have equal protection from environmental harm and meaningful participation in decisions that affect their health and environment.

Climate Action: Any initiative, by individuals, organizations, or governments, to address climate change, from reducing emissions and conserving resources to preparing for future impacts and building healthier communities.

Climate Mitigation: Efforts to slow or prevent further climate change, primarily by reducing greenhouse gas emissions and supporting natural systems that absorb carbon, while protecting public health.

Climate Adaptation: Strategies to adjust our communities, systems, and infrastructure to better handle current and future climate impacts, reducing harm and seizing opportunities for a healthier, more sustainable future.

Climate Resilience: The capacity of communities, systems, and environments to withstand, recover from, and adapt to climate-related challenges, ensuring essential functions and well-being for all.

Just Transition: The fair, equitable, and inclusive approach to transitioning to a low-carbon economy and environmentally sustainable future.

Frontline Communities: Communities and groups of people, such as low-income populations, Indigenous peoples, and communities of color, who face the earliest and most significant impacts of climate and environmental challenges due to existing social and economic inequities.

Frontline Workers: Workers who provide essential services—such as healthcare, emergency response, and agricultural laborers—often facing increased exposure to climate and health hazards in the course of their work.

Fenceline Communities: Communities located nearby industrial or highly polluting facilities, where residents experience heightened exposure to environmental hazards and related health risks.

Key Guiding Principles

- **Environmental Justice & Equity based Approach*:** Local government agencies, including LHJs, have contributed to a legacy of harm that has eroded trust between public health institutions and the communities they serve. Restoring this trust requires intentional efforts to acknowledge past injustices and center equity in all public health initiatives. LHJs bear a critical responsibility to examine and improve their practices, actively listening to community voices to identify opportunities for meaningful change and critically assessing how existing policies may perpetuate harm or inequity. Beyond repairing past harms, LHJs are charged with upholding the fundamental right of every resident to live in a safe, stable, and just community, with equitable access to health and social opportunity. This tool is designed to help bridge that gap, supporting LHJs in building more equitable and responsive public health systems.
** We recognizes that explicit equity-based framing may be challenging in the context of some LHJs contexts., However, all LHJs have the opportunity to address health equity. LHJs may have to frame equity-based solutions in a framing that is appropriate for the contexts of the jurisdiction.*
- **PHAB Accreditation and Common CHA/CHIP Process Frameworks:** The recommendations in the Climate-Ready CHAs & CHIPs Integration Spectrum are aligned with Public Health Accreditation Board (PHAB) standards, including PHAB's Planetary Health Concepts & Connections guidance, ensuring climate change integration supports accreditation and reflects planetary health priorities. PHAB's Version 2022 emphasizes climate change and environmental health as core public health responsibilities, urging health departments to address these issues within their jurisdictions.

Excerpts from the PHAB Planetary Concepts & Connections to Version 2022 and the PHAB Standards & Measures for Reaccreditation Version 2022.

Visit the PHAB materials for additional recommendations related to integrating climate change into PHAB accreditation processes.

PHAB: Planetary Health Concepts & Connections to Version 2022

The Public Health Accreditation Board (PHAB) recognizes the urgent need for action to address climate and other environmental changes that directly affect human health and wellbeing. As health departments grapple with the implications of these changes, they have a unique opportunity to lead in fostering resilient communities through a holistic approach that integrates environmental protection into public health practice.

PHAB Standards & Measures for Reaccreditation Version 2022: Measure 5.2.3 A: Address factors that contribute to specific populations' higher health risks and poorer health outcomes.

Purpose & Significance: Differences in populations' health outcomes are well documented. Factors that contribute to these differences are many and include the lack of opportunities and resources, economic and political policies, structural racism and other forms of discrimination, and other aspects of a community that impact on individuals' and population's resilience. These differences in health outcomes require engagement of the community in strategies that develop community resources, capacity, and strength. The implications of climate change (e.g., increased extreme weather, air pollution) often disproportionately affect populations already at higher risk of poorer health outcomes. Consequently, health departments have a critical role in working with community to address and prevent those adverse effects.

This guidance is also adaptable to established CHA/CHIP frameworks, including [Mobilizing for Action through Planning and Partnerships \(MAPP\) 2.0](#) and the [Association for Community Health Improvement \(ACHI\) Community Health Assessment Toolkit](#), which emphasize systems thinking, cross-sector collaboration, and health equity—essential principles for effective climate integration.

Appendix B: Development of the Spectrum & Landscape Assessment Findings

Development of the Spectrum

To inform recommendations for Climate Ready CHAs & CHIPs, a comprehensive landscape assessment of the publicly available CHAs, Community Health Needs Assessments (CHNAs), and CHIPs from the 61 LHJs in California was conducted. The Public Health Alliance also conducted a series of key informant interviews and a focus group with CHA and CHIP subject matter experts. In addition, we conducted a targeted scan of relevant literature, including national best practices of CHAs & CHIPs, to further inform our analysis and strengthen the recommendations presented. Our intent is a grounded approach that uplifts strategies already being adopted in CHAs and CHIPs as well as more aspirational approaches that integrate public health best practices. These qualitative insights provided valuable context on common needs, best practices, and implementation challenges experienced by LHJs.

Landscape Assessment

To inform recommendations for Climate-Ready CHAs & CHIPs, a comprehensive landscape assessment was conducted of all publicly available Community Health Assessments (CHAs), Community Health Needs Assessments (CHNAs), and Community Health Improvement Plans (CHIPs) from the 61 Local Health Jurisdictions (LHJs) in California. This review aimed to evaluate how climate considerations are currently integrated into community health planning across the state, understand the strengths and weaknesses of current CHAs/CHIPs regarding climate health integration, and compile models, best practices, and frameworks from existing plans to inform the development of CHA and CHIP climate integration guidance.

The findings revealed critical gaps and opportunities for integrating climate change into CHA/CHIP processes.

Key Themes

Lack of an Explicit Climate Health Connection

Most CHAs, CHNAs, and CHIPs do not directly link climate change to health outcomes, resulting in missed opportunities to address climate-driven health risks through community health planning.

- Most CHAs/CHIPs lack a direct connection between climate change and health outcomes.
- Even when climate is acknowledged in CHAs, it is rarely carried forward into actionable CHIP strategies.
- CHIPs often fail to identify climate impacts on community health, despite growing evidence of climate-related risks.

Surface-Level Climate Connection

While some assessments acknowledge climate change or document past climate hazards, few move beyond recognition to actionable strategies or future preparedness.

- Several CHAs identify climate change as a health impact or “force of change” but provide no actionable follow-up in CHIPs.
- Historical climate hazards (e.g., wildfires) are documented but rarely linked to future preparedness.

Climate Hazards

Extreme heat and wildfires are the most frequently cited climate hazards, but other significant risks like sea level rise, vector-borne diseases, and drought are rarely addressed.

- Extreme heat and wildfires dominate CHA discussions but are inconsistently addressed in CHIPs.
- Sea level rise, vector-borne illnesses, and drought are seldom included, even in high-risk regions.

Equity

The depth of equity considerations varies widely, ranging from no mention to robust analyses incorporating climate health equity and environmental justice perspectives.

- Some CHAs/CHIPs include environmental justice frameworks, while others lack equity-focused language altogether.
- Marginalized communities (e.g., outdoor workers, low-income residents) are often cited as disproportionately affected but rarely centered in solutions.

Secondary Climate Connections / Proxies

Many plans address related issues such as pollution, transportation, green space, and food insecurity, which offer indirect pathways for integrating climate and health strategies.

- Air & Water Pollution: Frequently cited as health concerns but not framed as climate mitigation opportunities.
- Active & Public Transportation: Needs are highlighted but rarely connected to emission reduction or climate co-benefits.
- Parks & Green Space: Discussed in relation to health outcomes but not leveraged for climate resilience (e.g., urban heat mitigation).
- Food Insecurity: Rarely linked to local food systems or climate-resilient agriculture.
- Mental Health: Trauma from climate hazards is occasionally noted, but solutions lack systemic focus.

Data Utilization

There is significant variation in how LHJs utilize data related to climate health, with some leveraging advanced tools and others lacking standardized approaches.

- Tools like the California Environmental Screen (CES) and Healthy Places Index (HPI) are used inconsistently.
- Opportunities exist to standardize baseline climate-health data analysis.

Community-Based Organizations (CBOs)

While CBOs are often included as partners in the CHA/CHIP process, the extent and impact of their contributions are seldom clearly articulated.

- CBOs are frequently listed as collaborators, but their specific roles and inputs are rarely detailed.
- Deeper, equity-centered partnerships are needed to ensure community voices shape climate and health strategies.

Appendix C: Key Informant Interview & Focus Group Themes

To complement the landscape review of CHAs and CHIPs, a series of key informant interviews and a focus group were conducted with a diverse range of subject matter experts, LHJ staff, and partner organizations. Participants brought expertise in public health, climate resilience, community engagement, and health equity. The objective was to gather nuanced perspectives on the barriers, opportunities, and promising practices for integrating climate change into CHAs and CHIPs. The insights below reflect common themes and actionable recommendations shared by participants.

Key Themes

Climate-Health Links Are Under-Recognized in CHAs/CHIPs

Participants consistently noted that climate change is rarely named as a top health priority in CHAs, CHIPs, or hospital assessments—even when data supports the need. Related issues like asthma, extreme heat, and air quality are more commonly discussed, while climate is often addressed only indirectly. A lack of explicit data and limited community awareness make it difficult to elevate climate as a formal health planning priority.

Barriers: Data, Funding, Framing, and Buy-In

Limited access to local data, unsustainable funding, and inconsistent partnerships were identified as major obstacles to climate-health integration. Political and cultural reluctance to use the term “climate change” often leads to alternative framings such as “environmental resiliency.” Participants emphasized the need for more education and effective messaging to build understanding and buy-in among both communities and decision-makers.

Disconnect Between Data and Priorities

Even when data demonstrates climate-related health needs, it often fails to translate into prioritized actions or SMART goals within CHAs and CHIPs. Institutional priorities tend to remain clinically oriented, with few examples of climate integration. While climate issues may be raised in interviews, they are not consistently reflected in investments or shared goals.

Flexible, Context-Driven Approaches

Integration strategies must be tailored to local realities; what works in urban settings may not be effective in rural or resource-limited areas. Some jurisdictions begin with a blank slate and broad community input, while others use established frameworks like Health in All Policies. Alignment with existing planning efforts and funding streams is essential for impact.

Broad, Inclusive Community Engagement

Early, deep, and meaningful community involvement is needed, especially for groups historically left out of planning processes. Community members should participate in sense-making, priority-setting, and solution design. Outreach strategies must evolve to reach beyond the usual participants and uplift climate as a community priority.

Asset-Based Framing

Focusing on community strengths, resilience, and what's working well, such as green spaces and walkability, was seen as a way to inspire positive, long-term thinking and avoid a deficit-only perspective. Asset-based framing encourages envisioning both immediate actions and longer-term goals.

Climate as a Cross-Cutting, Systemic Issue

Participants highlighted that climate change intersects with multiple social determinants of health, including housing, transportation, displacement, safety, and equity. However, this connection often fails to translate into CHA/CHIP content. Local risks and concerns differ by geography and population, underscoring the need for systems thinking and root-cause analysis.

Collaboration and Cross-Sector Alignment

Effective integration requires collaboration across LHJs, managed care plans (MCPs), hospitals, community-based organizations (CBOs), and other sectors. While co-leadership with community groups is increasing, it needs further strengthening. Bilateral engagement is critical, with LHJs supporting community groups in connecting climate to priority health issues.

Sustainable Funding and Policy Alignment

Lasting change depends on sustainable funding streams and clear policy frameworks. Confusion persists around allowable funding uses, especially for implementation versus process. State-level requirements and policy changes may be necessary to align hospital and local health priorities.

Communication, Education, and Messaging

Consistent, clear, and relatable messaging, using immediate health concerns as entry points, can build understanding and support. State-level campaigns and messaging can help local jurisdictions open conversations and align efforts. Tools and reports should be accessible and adaptable for various uses, including grant applications.

Integration, Equity, and Action

True progress means integrating climate and health into policy, planning, and decision-making across sectors. Equity must remain central, with a focus on prioritizing those most at risk and elevating community-defined solutions. Ongoing alignment, sharing of success stories, and adaptation to new evidence are essential for sustained momentum and impact.

These findings underscore the importance of context-specific, equity-centered, and collaborative approaches to climate integration in CHAs and CHIPs. Participants highlighted the need for improved data, sustainable funding, and innovative communication strategies to advance climate and health goals statewide.

CHA/CHIP Climate Integration Pilot SOW

Scope of Work:

Brief description:

[Contracting LHJ] will review and utilize the Climate Integration Spectrum Tool, Companion Guide, and Worksheet provided by CDPH for pre-planning, planning and/or implementing, their Community Health Assessment and Community Health Improvement Plan.

[Contracting LHJ] will provide feedback about the utility of the tool and recommendations for improvement to CDPH.

Detailed Activities:

TASK	DESCRIPTION	DELIVERABLES	DEADLINE
Document review and commentary			
1.1 Initial review of Spectrum and Companion Guide	<p>At least one member of CHA/CHIP team reviews Spectrum Tool (“Tool”) and Companion Guide (“Guide”) and</p> <ol style="list-style-type: none"> 1. notes areas where documents are unclear, confusing, or do not accurately reflect CHA/CHIP processes within LHJ, 2. comments on general useability of format and content of documents, and 3. points out the most relevant and useful elements of the Tool and Guide. <p><i>CDPH responsibilities: Provide Climate Integration Spectrum Tool and Companion Guide</i></p>	Annotated Tool and Guide documents	February 28, 2026
Pilot of use			
2.1 Worksheet completion	<p>At least one member of the CHA/CHIP team completes the Worksheet, using the tool and guidance for reference.</p> <p><i>CDPH responsibilities: Provide Worksheet</i></p>	Completed Worksheet	March 2026
2.2 Internal LHJ worksheet review	<p>The full LHJ CHA/CHIP team meets to review Worksheet (using Tool and Guide for reference) and prioritize the top 3-6 most viable near-term local</p>	Meeting notes explaining prioritization process	April 2026

	strategies.	Completed Worksheet with 3-6 top near-term strategies highlighted	
2.3 External partner engagement	CHA/CHIP team engages at least three (3) previous CHA/CHIP community and interagency partners for feedback on identified strategies. CHA/CHIP team solicits feedback on strategies from at least two (2) new community or interagency partners.	Document detailing feedback received from partners on prioritized strategies	May 2026
2.4 LHJ process review	CHA/CHIP team provides explanation of chosen strategies and reasoning, as well as feedback on whether these strategies would have arisen without the Tool, Guide, and Worksheet.	Written 1-2 page summary of internal process and feedback	June 1, 2026
2.5 Identify areas for improvement	CHA/CHIP team reviews Worksheet and makes suggestions for making Worksheet more applicable to LHJ process.	Written recommendations for improvements to and/or guidance needed for Worksheet	June 15, 2026
Communication with CDPH			
3.1 Kick-off meeting	Attend initial hour-long meeting with CDPH to ensure mutual understanding of project goals and details. <i>CDPH responsibilities: Provide availability and participate in initial meeting</i>	Meeting	Within 2 weeks of contract execution
3.2 Progress check-ins	Provide monthly update on progress and respond to any questions or concerns from CDPH.	Emails or meetings	February - May, 2026
3.3 Project summary and recommendations	Provide verbal and written project report-out. <i>CDPH responsibilities: Provide availability and participate in initial meeting</i>	Hour-long meeting and written report (approximately 1-2 pages) with recommendations for developing further guidance	June 30, 2026