

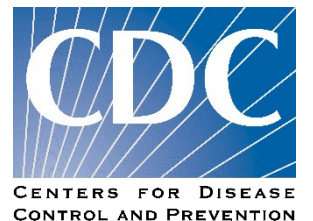
Incorporating Principles of Justice, Equity, Diversity and Inclusion in Climate Adaption Planning

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The Climate Change and Health Playbook: Adaptation Planning for Justice, Equity, Diversity and Inclusion

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PART 1: BRACE and JEDI 101



Motivation for this playbook

Health departments provide programs, resources, partnerships, and services to diverse communities on a range of mental, behavioral, and environmental health needs. State, tribal, territorial, and local health departments are addressing the urgent need to adapt to the health impacts of climate change. CDC's Building Resilience Against Climate Effects (BRACE) framework was created to navigate the health adaptation process. This playbook is a supplement to BRACE to amplify the incorporation of justice, equity, diversity, and inclusion, or JEDI.

Due to systemic challenges, which create biases and racist policies and practices, and a lack of resources, JEDI is often not a leading emphasis in health adaptation planning. Although BRACE requires identification of sensitive populations and encourages public health departments to consider JEDI in their adaptation planning, there is a need for a comprehensive tool to support users in exploring JEDI-related challenges and infusing these principles more intentionally across climate and health adaptation efforts. This playbook focuses on the social determinants of health and health equity as they relate to climate and health adaptation work. Offering information and demystifying JEDI provides an opportunity to transform environmental, socioeconomic, racial and health disparities in the country.

(Learn more about how we define [JEDI in the climate context](#).)

BRACE Framework >

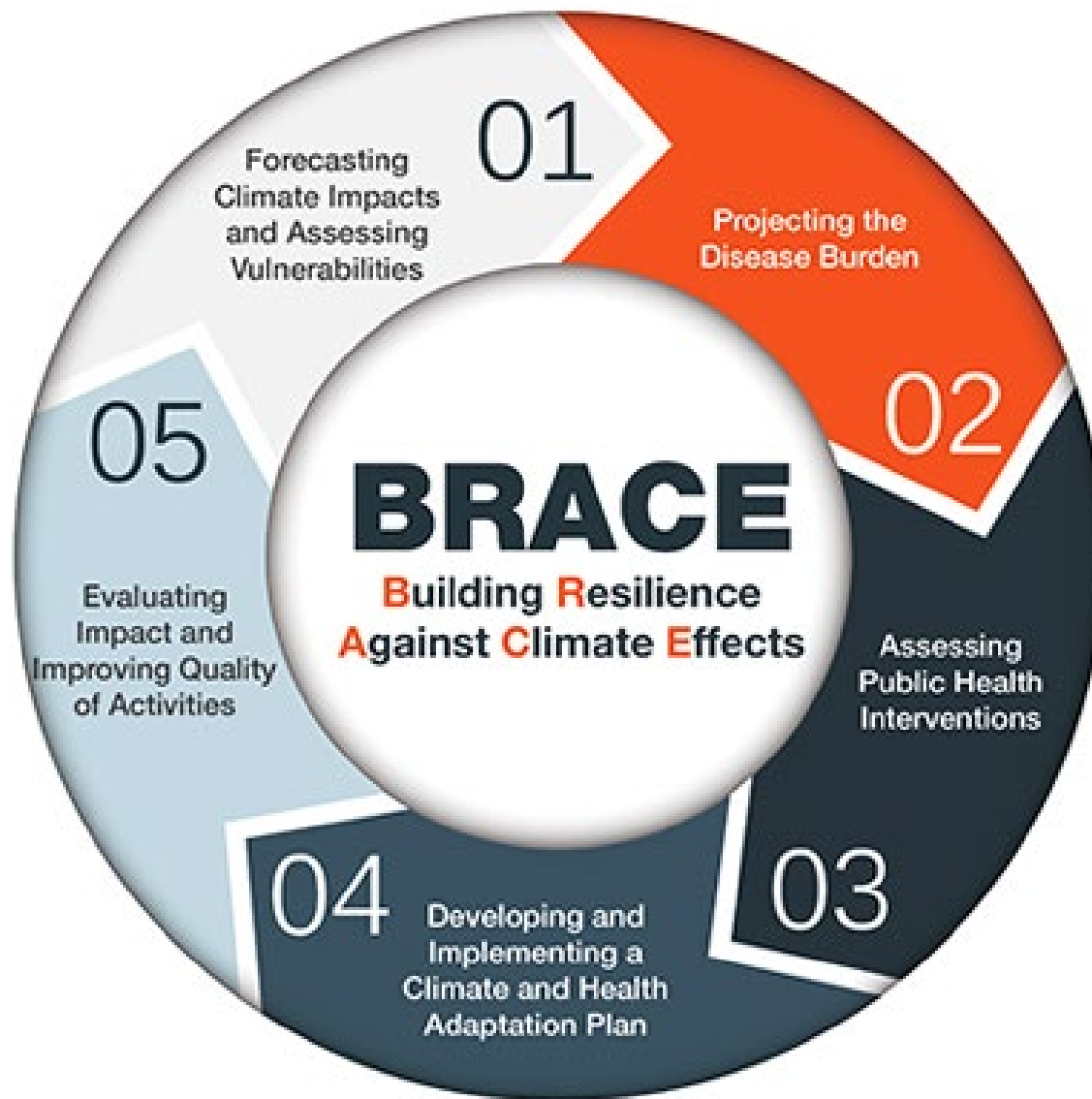
Health Impacts >

Preparing for JEDI >

Defining JEDI >

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Preparing for JEDI and BRACE

Always start by asking yourself:

- Have stakeholders been meaningfully involved?
- Who is in the room?
- Who is trying to get into the room but can't?
- Have everyone's ideas been heard?
- Are you familiar with equity implications of this work at the local level?

[apha.org/climate/JEDI](https://www.apha.org/climate/JEDI)



PART 2: Enhancing BRACE with JEDI



Due to systemic challenges, which create biases and racist policies and practices, and a lack of resources, JEDI is often not a leading emphasis in health adaptation planning. Although BRACE requires identification of sensitive populations and encourages public health departments to consider JEDI in their adaptation planning, there is a need for a comprehensive tool to support users in exploring JEDI-related challenges and infusing these principles more intentionally across climate and health adaptation efforts. This playbook focuses on the social determinants of health and health equity as they relate to climate and health

adaptation work. Offering information and demystifying JEDI provides an opportunity to transform environmental, socioeconomic, racial and health disparities in the country.

We offer suggestions on how your department's progress through each step of the BRACE process can be enhanced with additional, focused attention to JEDI. Because this playbook is a companion document to CDC's BRACE guidance, we encourage practitioners to refer to CDC's compiled [BRACE resources](#) for full instruction.

STEP 1: Forecast



STEP 2: Project



STEP 3: Assess



STEP 4: Develop



STEP 5: Evaluate



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Part 3: JEDI and BRACE in Action



Examples of JEDI in public health and natural resource departments' climate adaptation strategies

This section provides examples of state, local and tribal health departments that are advancing JEDI in their climate adaptation plans.

[CALIFORNIA DEPARTMENT OF PUBLIC HEALTH](#) >

[OREGON HEALTH AUTHORITY ON CLIMATE CHANGE](#) >

[SAN FRANCISCO CLIMATE AND HEALTH PROGRAM](#) >

[LUMMI NATION NATURAL RESOURCES DEPARTMENT](#) >

[KARUK TRIBE DEPARTMENT OF NATURAL RESOURCES](#) >

[SAMISH INDIAN NATION](#) >

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Engaging with Frontline Communities

Key Principles:

- Take the lead from communities
- Be flexible, compensate when possible, consider barriers to participation
- Practice non-extractive relationship-building: don't parachute in
- Plan collaboratively
- Build trust with community groups - this takes time
- Recognize when communicating with frontline communities from a place of privilege: acknowledge your differences
- Keep your priorities straight: de-center yourself



The APHA Center for Climate, Health and Equity is partnering with the Union of Concerned Scientists and the Moving Forward Network to launch

The Science and Community Action Network

An online platform connecting frontline communities to one another and to technical experts nationwide so that resources, experiences, and connections can be shared to strengthen the environmental justice movement.

Go to SciCAN.org to sign up today!

A photograph of two young girls in maroon shirts and khaki pants walking on a playground structure. The girl on the left is looking towards the right, and the girl on the right is looking down. The background shows a park with trees and a fence.

These are your peer reviewers too

Connect with local communities to measure the real impact of your work.

Features



Resource Library

Included with each file or document is a summary and a description of the item's utility. These files will be searchable by tags or keywords that are most pertinent to the SciCAN members.



Membership Map

A visual representation of user locations, profiles and infowindows, so people can connect based on shared geography, interests, skill sets and/or areas of expertise.



Find an Expert

Through connections made on the membership map, members can use the "find an expert" feature to contact the SciCAN administrators who will attempt to locate an expert to respond to the inquiry.



Forum

This section is built to promote dialogue between users and provide a platform to ask questions about research, advocacy, or other user experience and expertise.

About APHA

The American Public Health Association champions the health of all people and all communities. We strengthen the public health profession, promote best practices and share the latest public health research and information. We are the only organization that combines a 150-year perspective, a broad-based member community and the ability to influence policy to improve the public's health. Learn more at www.apha.org.



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The Network
for Public Health Law

Ideas. Experience. Practical answers.

Re-Thinking the Role of Culture During Climate-Related Emergencies By Prioritizing Cultural Safety

Presented at the 2022 Public Health Law Climate Change and Health Equity Summit by April Shaw, PhD, JD,
Senior Staff Attorney, Network for Public Health Law – Northern Region Office, October 13, 2022

Prioritizing **Cultural Safety** During Climate-Related Emergencies



Why Cultural Safety?

Disparate impacts of climate-driven emergencies¹

- **Expected premature deaths**
- **Asthma risk**
- **Labor hours (wages) lost**
- **Loss of land and culture**

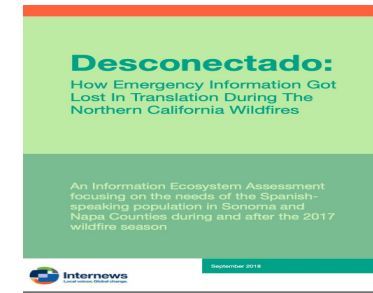


¹EPA. 2021 Climate Change and Social Vulnerability in the United States: A Focus on Six Impacts. U.S. Environmental Protection Agency, EPA 430-R-21-003 (Sept. 2021), <https://www.epa.gov/cira/social-vulnerability-report>.

Why Cultural Safety?

Emergency preparedness and response has historically harmed communities of color

- **Wildfire response and Latino/a communities**
 - *“Desconectado: How Emergency Information Got Lost in Translation During the Northern California Wildfires” (Internews, 2018)*



- **Flooding and displacement of Tribal Nations**

The United States government has known for decades that changes to the environment caused by the effects of climate change, as well as human-made disasters, threaten these coastal Tribal Nations in Alaska and Louisiana. Among these threats include rising sea levels, catastrophic storms, and unchecked extraction of oil and gas. When these threats impact citizens of these Tribal Nations, the government has failed to allocate funds, technical assistance and other resources to support the Tribes' right to self-determination to implement community-led adaptation efforts that effectively protect the lives and livelihoods of Tribal citizens. The government's inaction has gone beyond basic negligence where the government has failed to engage, consult, acknowledge and promote the self-determination of these Tribes as they identify and develop adaptation strategies, including resettlement. By failing to act, the U.S. government has placed these Tribes at existential risk.

What
is

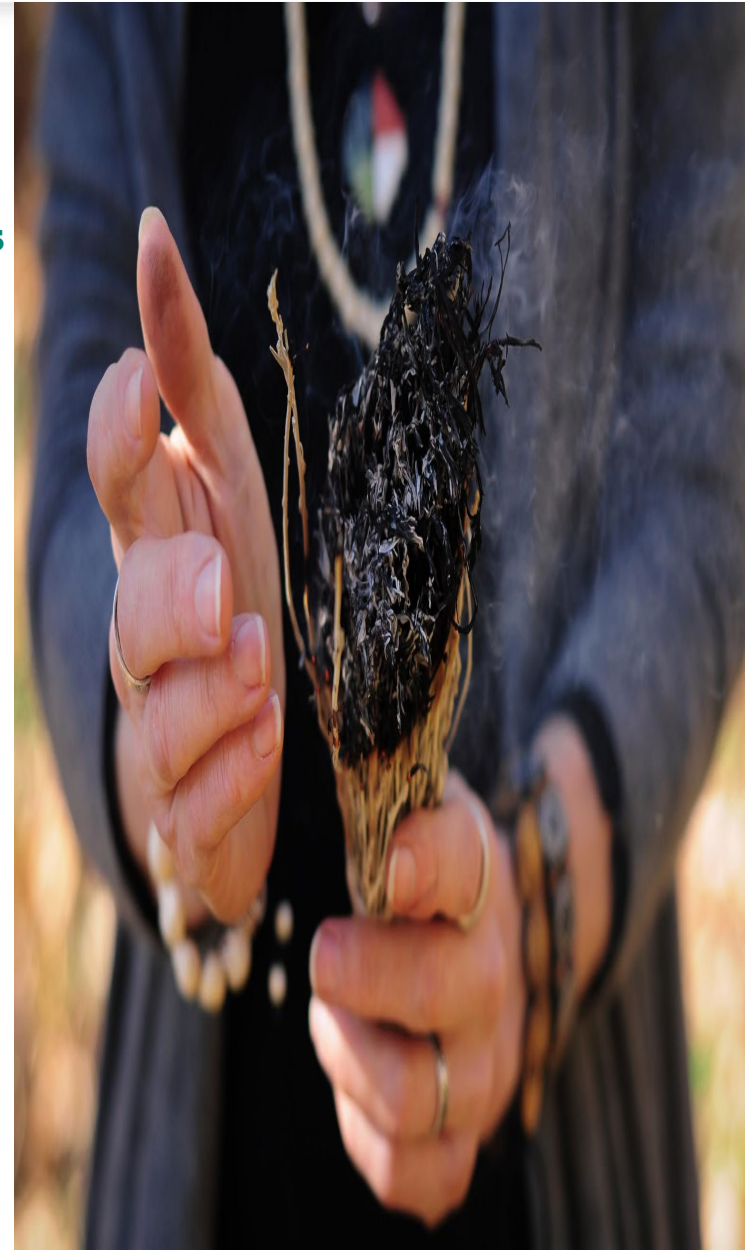


Cultural

Safety?

Health Equity Education - Health Care Providers

Cultural safety “means an examination by health care professionals of themselves and the potential impact of their own culture on clinical interactions and health care service delivery. This requires individual health care professionals and health care organizations to acknowledge and address their own biases, attitudes, assumptions, stereotypes, prejudices, structures, and characteristics that may affect the quality of care provided. In doing so, cultural safety encompasses a critical consciousness where health care professionals and health care organizations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities, and as measured through progress towards achieving health equity. Cultural safety requires health care professionals and their associated health care organizations to influence health care to reduce bias and achieve equity within the workforce and



Cultural Safety in Practice

- Challenge culturally biased assumptions about **what constitutes knowledge**
- Embed cultural **safety in communications** (moving beyond google translate!)
- Turn the **cultural lens inwards** (we are all culturally situated; but not equally situated)
- Identify individual and **institutional bias** (e.g., people in governmental uniforms at safety centers)
- Reform laws or policies that foreseeably **inflict cultural harms** (e.g., loss of Tribal identity and cultural extinction)
- Incorporate **cultural healing** practices to address health impacts of climate-related emergencies (e.g., smudging ceremonies, meditation)
- Adopt reforms that require **ongoing opportunities** for learning and change (reject popular one and done cultural competency practices)
- Create pathways for communities to share their wisdom and weave it in – remember cultural safety is achieved **when the community says so** (communities must have power to shape the planning)



DECLARATION of COMMITMENT

Cultural Safety and Humility in Emergency Management Services for First Nations People in BC

Our Declaration of Commitment is an important symbol of our shared intention to embed cultural safety and cultural humility throughout emergency management in British Columbia, recognizing that how emergency management is conducted can have a lasting impact on First Nations health and wellness. We as leaders believe that cultural safety and humility are essential features and attributes of emergency management coordination, specifically where emergency management and health emergency management intersect across the four pillars of emergency preparedness, mitigation, response and recovery. This reflects a personal commitment to serve as champions of cultural safety and humility and to create a supportive environment to involve other people and organizations to become champions for positive change in emergency management more broadly.

This Declaration of Commitment is based on the following guiding principles of cultural safety and humility:

- Cultural humility builds relationships founded in mutual trust and respect, and enables cultural safety.
- Cultural safety and humility must be understood, embraced and practiced at all levels of the emergency services system including governance, organizational, and within individual practice.
- We have achieved cultural safety when First Nations and Indigenous People tell us we have.

We, Emergency Management British Columbia (EMBC) and the First Nations Health Authority (FNHA), understand that strong leadership and concrete actions at multiple levels are how we will demonstrate our commitment to embed cultural safety and humility as a means to deliver improved coordination and quality of emergency services to First Nations individuals, families, and communities in British Columbia, recognizing that this will also be of benefit to other Indigenous and non-Indigenous populations.

CREATE A CLIMATE FOR CHANGE

- Articulate the pressing need for cultural safety within emergency management services in BC.
- Openly and honestly address concerns and lead by example.
- Support the development of a coalition of influential leaders and role models who are committed to advancing cultural safety and humility.

- Communicate the vision for a culturally safe emergency management system through bringing a cultural humility approach to health emergency management in BC.

ENGAGE, EDUCATE & ENABLE

- Communicate the vision of a culturally safe emergency management system for First Nations in BC and the absolute need for commitment and understanding on behalf of all coordinated agencies.
- Open an honest and convincing dialogue within our circles of influence to show that change is necessary and is identified in the Chief Maureen Chapman and George Abbott report, *Addressing the New Normal: 21st Century Disaster Management in British Columbia*, the need for compassion in emergency management. The report, *From the Ashes: Reimagining Fire Safety and Emergency Management in Indigenous Communities*, acknowledges the need for training for key staff on traditional cultures and practices in order to ensure that high-quality and culturally appropriate services are delivered. This work is supported by BC implementing the United Nations Declaration on the Rights of Indigenous Peoples, Truth and Reconciliation Commission Call to Action 57, the draft 10 principles and the Gender Based Analysis Plus provincial mandate.
- Identify and remove barriers to progress and look for opportunities for synergies and implementation of wise practices into emergency management operations.
- Visibly celebrate accomplishments.

IMPLEMENT & SUSTAIN CHANGE

- Lead and enable successive waves of action until cultural humility and safety are integrated elements across BC's emergency management system.
- Embed cultural safety and humility training within orientation, learning and development.
- Identify systemic levers to "hardwire" cultural safety and humility into policy, practice and quality.
- Develop and implement cultural safety and humility strategies and workplans to track, report, and evaluate progress for continuous learning.
- Support and implement EMBC's Learning for Reconciliation Strategy.

Thank you to **Mosalewa Ani**, Program Coordinator, The Network for Public Health Law, National Office, and Masters of Public Health Candidate at the George Washington University – Milken Institute School of Public Health (2023) for her research assistance.

Any question contact April Shaw at ashaw@networkforphl.org



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