

PUBLIC HEALTH MODERNIZATION - POP 417

Environmental Health

A foundational investment in environmental justice and equity

Oregon Health Authority goal: eliminate health inequities by 2030

People in Oregon recognize that systemic racism and historical and contemporary injustices have led to health inequities in the state. Environmental threats like wildfire smoke, water insecurity and unhealthy homes disproportionately impact communities of color, tribal communities and low-income communities. Racist housing policies relegated these communities to areas with higher pollution, heat exposure and natural disaster risks. Systemic educational disinvestment and lack of oversight results in overrepresentation and lack of protections in jobs with greater exposure to environmental hazards. **Complex environmental public health problems require a nimble, community-based and equity-centered public health system.** Without this system, Oregon risks its public health resilience, response and recovery, and ongoing and emerging environmental health threats will continue to exacerbate health inequities. A 2016 assessment of Oregon's public health system documented low capacity to identify and address environmental health risks among state and local public health authorities. **A portion of a \$30 million Legislative investment will support local, regional and state efforts to begin working toward environmental justice and equity.**



Investing in environmental public health modernization means:

- Collecting **comprehensive environmental health data** to identify and mitigate risks to health and disproportionate impacts to communities experiencing racism, oppression and systemic under-investment.
- Identifying the **top environmental health risks and the people most exposed to those risks** at the state and community level with a focus on **risks intensified by rapidly accelerating climate change**.
- Developing **local and regional strategies** that support **equitable climate adaptation** to increased fire, smoke, heat, floods, drought, water-borne disease and vector-borne disease. For example, establishing community smoke alert systems and options for vulnerable people to avoid wildfire smoke exposure. More broadly, identify opportunities to maximize health co-benefits in land use, transportation, housing, energy, food and other systems shaped by public policies and investments.
- Investing in communities to co-create **solutions** to climate and other environmental public health issues in **ways that are culturally relevant and linguistically appropriate** and **address the community's priorities**
- Increasing local and regional **environmental hazard preparedness planning, community engagement, and response capacity** including proactive and timely risk communications
- **Partnership across state agencies** to promote environmental health co-benefits of state natural resource, land use, built environment and other environmental policies and programs.

Anticipated outcomes for environmental health component of a \$30M Legislative investment:

- Completed **climate and health assessments** to include environmental and climate data and indicators.
- Local climate resilience and environmental hazard preparedness **plans reflecting evidence-based environmental health risks and strategies.**
- **Demonstrated collaborations** among state, local and tribal health departments and community partners to co-create and prioritize strategies that affect priority populations.
- As resources allow **identify and implement potential cross-sector strategies** that promote health-supportive natural resource, land use and built environment policies and programs.

Without environmental public health modernization, Oregon risks:

- Continued inequities in exposure to environmental health risks, as Oregon’s governmental public health system also struggles to address the ongoing health and social impacts of COVID-19;
- Fragmented and inadequate responses to multiple, simultaneous public health and environmentally related crises such as COVID-19, influenza and wildfires.

Public health modernization is implemented across the state:

- *Local public health authorities*
 - **Ensure environmental epidemiology expertise** to identify and track risk and outcomes
 - **Engage community partners to build communities’ capacity** to identify, prioritize and formulate strategies that address environmental hazards and build long term resilience
 - Engage in local and regional strategies for **‘all hazards’ resiliency planning**
- *Tribal public health authorities*
 - **Partner with communities and medical providers** on disease prevention
 - **Identify tribal best practices for modernizing** tribal public health
 - **Engage in ‘all hazards’ resiliency planning**
- *Community-Based Organizations*
 - **Co-create community climate equity** and resilience plans
 - Develop **culturally and linguistically responsive** community engagement and education strategies that reduce stigma
 - Work with public health to **identify and connect with hard to reach populations**
- *Oregon Health Authority*
 - **Provide leadership and statewide infrastructure** that are community-based and equity-centered
 - With partners, **develop and implement a framework for using data** to identify leading environmental risks to human health and corresponding plans to mitigate risks
 - Provide **technical expertise** including toxicology and environmental health assessments
 - **Engage with state agency partners** to maximize health co-benefits of natural resource, built environment, land use and other policies, plans and programs to advance climate resilience and reduce environmental health risks.

People in Oregon deserve a public health system that identifies, plans for and prevents environmental threats. Oregon has the opportunity to ensure all people and communities thrive with optimal physical, mental and social well-being and have access to quality, affordable health care.

Governor’s Recommended Investment	2021-2023
Local Public Health Authorities	\$15,438,000
Tribal Public Health Authorities	\$2,178,000
Community-Based Organizations	\$6,537,000
Oregon Health Authority	\$5,847,000
Total	\$30,000,000