

Use Your Voice To Create Change

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Each year, the Society for Public Health Education (SOPHE) provides 21st Century Practitioner Scholarships to eligible health education specialists for their conferences. This year, I applied for one to attend their virtual advocacy summit on climate change. I was excited to attend because of the opportunity to learn more about successful advocacy strategies and better understand how climate change impacts health.

Health Educators and Climate Change

Sharing climate change information with legislators is an ideal opportunity for Certified Health Education Specialists (CHES). It allows them to communicate, promote, and advocate for health, health education/promotion, and the profession and serve as a resource person. ¹ In fact, a 2019 Time magazine article states,

"...there can be no discussion about climate change without a meaningful conversation about public health. As leading health experts have affirmed, the climate crisis is a threat multiplier, particularly for communities suffering from environmental justice". ²

Lessons Learned

This year's virtual advocacy summit brought together more than 160 health education and public health professionals to learn climate change communication strategies and how it disproportionately impacts minorities. Although all of the presentations were engaging and informative, I was especially inspired by Dr. Edward Maibach. Listed below are his key points. ³

Dr. Edward Maibach, Ph.D, MPH, Professor and Director, Center for Climate Change at George Mason University

- Dr. Maibach explained some of his center's research about global warming communication strategies, including **Global Warming's Six America's**. These Six America's include people who are "alarmed", "concerned", "cautious", "disengaged", "doubtful" and "dismissive". Since 2015, the percentage of "alarmed" people about climate change increased from 13% to 26%. And the percentage of dismissive people was reduced from 13% to 7%.
- "Earth's climate is the most fundamental determinant of health," as earth's climate influences all things.

- There are 8 major ways in which climate change directly harms health: Extreme heat and weather; air pollution; ticks, mosquitos, and rodents; contaminated water and food; decreased nutrient content of food; and increased trauma and stress.
- Eighty-two percent think climate change is an environmental issue, whereas only 60% view it as a health issue.
- Public health communication campaigns require "simple, clear messages, often repeated, by a variety of trusted voices." Health educators are those trusted voices. They can "build public will to create political will."
- Dr. Maibach shared resources that we can use when speaking about climate change with legislators and other stakeholders. One such resource is Yale Climate Opinion Maps 2020.



Capitol Hill, Washington, DC
<https://picspree.com/en/photos/capitol-building-in-washington-dc-1003877>

This map allows the user to understand better the specific population's knowledge, attitudes, behaviors, and policy preferences. It's a great tool to use when working with a legislator, as it provides direct evidence as to what constituents want. For example, in Fairfax County, VA, 78% of residents believe that global warming is happening. The map is also searchable by congressional district, metro area, and state.

Dr. Maibach also shared several other evidence-based resources, including **Climate Central/Climate Matters:** <https://www.climatecentral.org/>, which includes ozone/unhealthy air data; **Global Change:** <https://www.globalchange.gov/>; and the **Medical Society Consortium on Climate and Health:** <https://medsocietiesforclimatehealth.org>.

SOPHE's Ask

At the end of the summit, SOPHE staff shared information about two CDC-funded climate programs: Climate and Health and Racial and Ethnic Approaches to Community Health (REACH). They then explained to us what funding amount we should request during our meetings with legislators.

The **Climate and Health program** works with communities around the country to determine how climate change will affect them. Vulnerable populations are identified; adaptation and preparedness strategies are developed and implemented. This 14-year old program should continue to be funded, and so we asked the legislative staff members to support the FY 2021 Appropriation for \$15 million. ⁴

As the CDC's **REACH program** name describes, its focus is to eliminate racial and ethnic health disparities through implementing chronic disease prevention programs. These populations tend to be impacted first, and often, worst by climate change. Our funding request was for FY 2021 Appropriation of \$76.95 million. **4**

Northern Virginia Delegation

I was assigned to the Northern Virginia delegation, which included two other health educators. Together, we planned and divided up who would say which part (eg. introduction, personal connection to climate change, our ask for funding, and conclusion/follow-up steps). We wrote scripts to ensure that we covered everything we needed to say within the 15-20 minute timeframe.

Our delegation met with Senator Tim Kaine's legislative aide, Nigel Stinson, and Representative Jennifer Wexton's legislative aide, Ali Vangrove, on October 21st. My role was to share how the worsening air quality in the metro DC area has impacted me in recent years.

I explained that in 2018, the DC region had 86 days of poor air quality.**5** And, on July 10th of that year, WTOP reported that the ozone level in DC reached Code Red status for the first time since 2012. **6** A Code Red alert is "unhealthy" for all. Orange alerts mean that the air is unhealthy for people with lung or heart issues and therefore, they should limit their time outdoors.**7**

I have asthma, and my asthma exacerbations correlate with this timeline. Each day, I check the air quality maps to ensure that I am prepared to prevent ozone, particulate matter, and humidity from entering my lungs by wearing a mask. Before 2018, my asthma was intermittent, meaning that I didn't need preventive medications to control my lungs' inflammation. Before 2018, I never had an asthma attack.

I truly believe that repeated exposure to high levels of particulate matter and ozone levels worsened my asthma. I hope that with an improved climate, there will be fewer cases of asthma and fewer asthma-related deaths.

Success!

Mr. Stinson and Ms. Vangrove confirmed their boss' support for continued program funding. They also appreciated the evidence-based information we provided. As a result, we offered ourselves as future resources for them, if they have any public health-related questions. We may not immediately know the answers to their questions, however, we promised to connect them to relevant and evidence-based information.

Next Steps

In addition to this article, I will develop an infographic listing all of the presenters' excellent resources and post them on NCA SOPHE's website. I was unaware of the majority of these resources and am excited to promote them. Also, I will briefly summarize my experience during an upcoming NCA-SOPHE advocacy webinar.

Our Voices Matter

If you have never contacted your local, state, or federal legislators, I highly recommend you do so. It may seem intimidating; however, SOPHE staff and their expert presenters provide you with the resources and knowledge to succeed.

Our stories are persuasive. They are powerful. And, they are strengthened by evidence-based research and programs.

I highly recommend attending this summit in the future. The connections you build and the knowledge you gain will be well worth it.



Author, wearing a Vog mask during unhealthy air quality day., August 2018

References:

1. <https://www.nchec.org/responsibilities-and-competencies>
2. <https://time.com/5672636/climate-change-public-health/>
3. <https://sopheadvocacysummit.vc.commpartners.com/products/keynote-ii-climate-change-communication-plenary-panel-iv-no-health-without-planetary-health-engaging-youth>
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