



## Climate Change and Health Strategic Plan August 2016

### Theory of Change

Climate change is the greatest threat to public health today. Additionally, it will disproportionately affect vulnerable communities—from the immediate health impacts of extreme weather events, including heat events, to their subsequent impacts on infectious disease, water, air and food quality and security, and much more.

While the majority of Americans believe climate change is happening—with nearly half of Americans rating it as a major threat—they also consistently rank the issue as a low priority for taking action.<sup>1</sup> This deprioritization reverberates through our nation’s policies, behaviors and social norms.

Those working in the climate change space seek to increase the public’s sense of urgency for addressing climate change, while also broadening and diversifying the movement that is working to address it. Many also aim to depoliticize the issue, which has become politically polarizing to the point of stalling progress.

The American Public Health Association (APHA) is the nation’s leading public health voice, with access to affiliates and members nationwide. It has had an early commitment to climate as a health issue and is poised to augment efforts to address climate change in important ways:

- Develop a health framework that will better connect pro-climate actions with priority existing values, helping to deepen political and social support while spurring commitments and actions to address climate change.
- Leverage the authentic relationships the public health field enjoys with broad and diverse constituencies but that the environmental community has yet to fully engage.
- Apply APHA’s public health and health equity lenses to help shape climate policy, engagement and action to better address the needs of vulnerable populations.

The following pages outline APHA’s strategic plan for addressing climate change, including its long-term vision for this work, goals (for the intermediate time frame) and

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<sup>1</sup> Source: <http://www.pewresearch.org/fact-tank/2014/09/23/most-americans-believe-in-climate-change-but-give-it-low-priority/>

prioritized strategies (for immediate action pending available resources). This plan is designed to guide APHA's efforts spanning its personnel, affiliates and membership components. For acknowledgment of those engaged in developing this plan, please see Appendix 1.

## Vision

Climate change is a national priority with broad political and social support. Our nation will address it in ways that improve public health and health equity, creating the healthiest nation in one generation.

## Goals and Objectives

The following goals articulate major changes APHA seeks to achieve to advance its vision:

- **Awareness:** Everyone in the United States, beginning with the public health field, recognizes the urgency of practices, policies and individual choices that improve health outcomes and help address climate change, and they take action to advance and adopt those actions.
- **Enabling environment:** Our culture, motivation and enabling environment make "climate healthy" and health equity choices easy choices.
- **Policy:** Environmental justice and health equity are central to policies designed to address climate change adaptation and mitigation.
- **Science:** Multidisciplinary science and its interpretation clarify the health impacts of both climate change and solutions/policies and guide decision-making.
- **Leadership:** APHA is recognized as the leading voice around the connection between climate change and health.

Preliminary objectives to measure progress toward achieving those goals are articulated in the following table.

## Preliminary Objectives

The table below articulates preliminary objectives for this work and which goals they will measure progress toward. The timing on these objectives may need to be adjusted once funding for this work is secured.

Goals:	Awareness	Enabling environment	Policy	Science	Leadership
<b>2016</b>					
By the end of 2016, APHA routinely integrates climate change into internal communication platforms (e.g., agendas for affiliate and leadership meetings, executive director reports, a clear focus on climate in plenary discussions that APHA hosts).					X
<b>2017</b>					
By 2017, APHA has conducted research clarifying public values and perceptions related to health and climate change and/or pro-climate actions and policies.	X				X
By the end of the first quarter of 2017, APHA crafts a powerful, culturally relevant, sector-relevant message framework that connects climate change to people’s deeply held values around health, making the issue tangible and local.	X	X			X
By 2017, APHA completes a baseline analysis of media coverage about climate change (including the extent to which the media references health impacts and/or uses APHA as a source), including a baseline of coverage about prioritized actions/behaviors and policies.	X	X	X		

	Awareness	Enabling environment	Policy	Science	Leadership
By 2017, public polling sets a baseline for the public's understanding about the connection between health and climate change and/or pro-climate actions.	X				X
By 2017 and ongoing thereafter, APHA routinely issues statements about the health emergencies associated with extreme weather and other climate-related events.	X				X
By 2017, all APHA sections will have integrated climate change into their strategic plans.					X
By 2017, APHA establishes best practices and policies for climate-healthy cities and selects exemplar cities based on those criteria.		X	X		X
By 2017, APHA completes a meta-analysis of literature on the health impacts of climate change and solutions/policies (including health, relevant environmental, climate and social sciences) and identifies priority areas for future research.				X	
<b>2018</b>					
By 2018, a powerful meta-message is adopted by public health leaders, existing partner organizations and climate action organizations, among others.	X	X			X
By 2018, APHA distills key findings from existing literature and packages that information in ways that are accessible for professionals and nonprofessionals.				X	X
By 2018, APHA identifies priority climate and health actions/behaviors and conducts baseline measurements.		X			X

	Awareness	Enabling environment	Policy	Science	Leadership
By 2018, 70% or more of APHA affiliates and partners report using APHA's distilled climate research to inform decision-making.				X	
By 2018 and ongoing thereafter, APHA research is cited in testimony about priority policies; key decision-makers and legislative champions report using APHA science to make the case for pro-climate policies.			X	X	
By 2018 and ongoing thereafter, media about climate change and/or pro-climate actions/policies routinely cite science conducted or distilled by APHA.	X			X	
By 2018, APHA is routinely invited by leaders in the climate space as a co-convener of summits and conferences.					X
By 2018, cultural mavens/celebrities/community leaders, trusted messengers (as identified through previous research) and early adopters exemplify prioritized behaviors/actions once those options are available in their community, thereby reinforcing cultural norms for those behaviors/actions.		X			
By 2018 and ongoing biannually thereafter, media coverage increasingly adopts the public health frame for climate change and increases in quantity and improves in tonality (if needed) the prioritized behaviors/actions and policies (e.g., coverage of cultural mavens adopting behaviors).		X	X		
By 2018, a baseline is conducted for access to choices that enable people to adopt prioritized behaviors/actions (to be determined once those behaviors/actions are selected).		X			

	Awareness	Enabling environment	Policy	Science	Leadership
By 2018 and increasingly thereafter, health advocates are active champions for prioritized policies.			X		
<b>2019</b>					
By 2019 and ongoing biannually thereafter, climate change discourse in the media spanning the political spectrum more routinely references health impacts over the 2017 baseline.	X	X			X
<b>2020</b>					
By 2020 and ongoing biannually thereafter, public polling shows an increase over the 2017 baseline (across demographics, including political orientation) of 1) the public's understanding about the connection between health and climate change and/or pro-climate actions and 2) people seeing pro-climate policies as being healthy choices (e.g., seeing policies for active transportation as being good for their health).		X	X		
By 2020 and ongoing biannually thereafter, there is an increase in priority climate and health actions/behaviors above the 2018 baseline (e.g., people use the active transportation choices available to them).		X			
By 2020, more people (across demographics, including political orientation) report making voting decisions based on pro-climate policies (e.g., active transportation, clean energy).			X		

	Awareness	Enabling environment	Policy	Science	Leadership
By 2020 and ongoing biannually thereafter, more people (across demographics, including political orientation) report adopting prioritized behaviors/actions (e.g., using active transportation).		X			
<b>2022</b>					
By 2022, all leading climate change policies include public health and health equity outcomes.			X		
By 2022, public polling indicates that priority pro-climate policies are national priorities.		X	X		
<b>2025</b>					
By 2025, public polling indicates that at least xx% (to be determined once the baseline is conducted) of people in the United States understand the connection between health and climate change and/or pro-climate policies and actions.	X	X	X		
By 2025, metrics (to be defined pending selection of prioritized behaviors/actions) improve over the 2018 baseline for access to choices that enable people to adopt prioritized behaviors/actions; for example, if buying healthy food is prioritized, then sample metrics may be the percentage of people living within walking distance of a farmers market or grocery store with organic food or the percentage of Americans on food stamps who live in systems where food stamps can be used at farmers markets.		X			
By 2025, prioritized federal policies are passed that include public health and health equity outcomes.			X		

	Awareness	Enabling environment	Policy	Science	Leadership
By 2025, 20 of the 30 largest U.S. cities have adopted best practices and policies prioritized by APHA through the Climate-Healthy Cities Program (metrics are pending prioritized best practices and policies); for example, if active transportation is prioritized, then sample metrics may be an increase in the number of miles of pedestrian-separated bike paths, an increase in the number of people using the bike path, and the active transport commute being equivalent to or cheaper in cost and time than a single-occupancy auto trip for people living below the median income.		X	X		
<b>2030</b>					
By 2030 and increasing thereafter, health outcomes improve in communities where prioritized policies have been enacted; the media connects these health outcomes with prioritized policies; people see the connection between those health outcomes and the pro-climate policies that were enacted.			X		



## Stakeholders

APHA staff and partners mapped prospective stakeholders for this work according to those that 1) have a high (versus low) potential impact in advancing this work and 2) have current levels of commitment to or interest in addressing climate change. For the resulting stakeholder map, see Appendix 2.

As different stakeholders will have different levels of priority, roles and engagement levels in relation to different strategies, they are categorized below according to strategy. Each strategy section is followed by a priority stakeholder chart.

## Strategies, Programs and Tactics

The strategies that follow are designed to accomplish APHA’s goals (see page 2). APHA is concurrently developing a Climate-Healthy Cities Program, which is integrated across all strategies as an organizing principle to engage on-the-ground colleagues, members and professionals in the public health, health care and wellness fields as advocates in climate change discourse and decision-making. This initiative will help jumpstart key tactics in all four strategies and will marshal needed trusted messengers and introduce climate messaging to new and diverse audiences. Ultimately, this work will spur priority actions in areas where there is the greatest potential to address climate change and its health impacts. See details under each strategy for how climate-healthy cities is integrated into it.

<p><b>Strategy 1: Shift the narrative</b> around climate change to speak to people’s values regarding their health and that of their families and loved ones</p>
<p><b>Actions/Tactics</b></p>
<p>a. Use existing research and data—and, if needed, conduct augmentative research—to understand people’s deeply held values at the nexus of health and climate change (and/or climate-healthy actions) and to identify trusted messengers.</p>
<p>b. Craft a culturally relevant and sector-relevant message framework (including testing and refinement) that connects climate change to people’s deeply held values around health, making the issue tangible and local.</p>
<p>c. Develop a message guide and dissemination tools for initial users (e.g., a briefing about why the messaging works).</p>
<p>d. Develop messaging tools and resources (e.g., “10 things affiliates can do to tackle climate change”).</p>
<p>e. Promote ownership for this work among the public health community, including APHA leaders, personnel affiliates and member components.</p>
<p>f. Build the next generation of climate champions, including through engagement of early-career environmental health professionals and schools of public health.</p>
<p>g. Drive adoption by high-value grassroots stakeholders and influencers, including through presentations at key conferences, thought leadership, briefings for key influencers, as well as by driving earned media and social media placements.</p>
<p>h. Engage non-health entities (e.g., environmental, energy, education, social justice and others) to infuse their messaging with a public health lens and provide input on the efficacy of messaging and programming recommendations in mobilizing action.</p>
<p>i. Integrate with <i>climate-healthy cities</i>: conduct messaging research; develop, test, and refine messaging and tools; serve as an immediate and powerful organizing principle for engaging partners and stakeholders to adopt the message frame and shift the narrative, such as through earned media, social media and partner media placements; and track early progress and adapt approaches accordingly</p>

## Stakeholders for Strategy 1

<b>Partners</b> to help shape the message and dissemination strategy	<b>Influencers</b> to maximize and disseminate messaging and tools	<b>Ultimate audience</b> to take action
<ul style="list-style-type: none"> <li>• APHA leaders, personnel, affiliates and membership components</li> <li>• Select partners, including public health and non-health entities (e.g., climate change organizations)</li> </ul>	<ul style="list-style-type: none"> <li>• Trusted messengers (as identified through research)</li> <li>• APHA leaders, personnel, affiliates and membership components</li> <li>• Broader public health field, including public health leaders</li> <li>• Entertainment industry</li> <li>• Faith community</li> <li>• Legislative champions</li> <li>• Local champions engaged in climate change (health and non-health)</li> <li>• Media</li> <li>• Non-health entities (e.g., environmental, energy, education, economic justice and other organizations)</li> <li>• Opinion leaders</li> <li>• Philanthropy field</li> <li>• Schools of public health</li> <li>• Scientists, researchers and academia</li> <li>• Youth organizations</li> </ul>	<ul style="list-style-type: none"> <li>• Everyone in the U.S., including children and educators (pending further audience prioritization)</li> <li>• Policymakers and decision-makers, including legislative champions</li> </ul>

Strategy 2: **Serve as a science and policy resource** to inform sound policies and decision-making and to evaluate the health equity impacts of those policies

Actions/Tactics

- a. Conduct a meta-analysis of the literature of health impacts of climate change and solutions/policies (including health, relevant environmental, climate and social sciences) and identify priority areas for future research.
- b. Interpret, translate and package existing research and data in ways that are accessible for professionals and nonprofessionals, including recommendations about how to translate findings into action (e.g., model policy language, briefing papers, talking points, infographics).
- c. Serve as a catalyst for expanding science to fill research gaps—for example, by commissioning research, publishing a supplemental journal about climate and health, influencing other national associations to host relevant conference themes, influencing research funders, and submitting recommendations to the Centers for Disease Control and Prevention for their calls for research.
- d. Harness and integrate cultural knowledge and citizen science into meta-analyses, such as through collaboration with tribal communities.
- e. Take advantage of science to develop the criteria for prioritizing both policies (see Strategy 3) and actions/behaviors (see Strategy 4).
- f. Integrate with *climate-healthy cities*: use science resources to develop the criteria for prioritizing policies and actions/behaviors and generate health science data sets.

## Stakeholders for Strategy 2

<b>Partners</b> to help shape the science agenda and to conduct and interpret science	<b>Influencers</b> to use the science to inform advocacy and policy	<b>Ultimate audience</b> to take action
<ul style="list-style-type: none"> <li>• Select leaders in the public health and climate arenas (including relevant APHA leaders, personnel, affiliates and membership components)</li> <li>• Scientists, researchers and academia</li> <li>• Partners who are shaping the policy agenda (see stakeholders for Strategy 3)</li> </ul>	<ul style="list-style-type: none"> <li>• APHA leaders, personnel, affiliates and membership components</li> <li>• Broader public health field</li> <li>• Early-career environmental health professionals</li> <li>• Industries committed to addressing climate change</li> <li>• Media</li> <li>• National associations of elected officials</li> <li>• Non-health entities (e.g., environmental, energy, education, economic justice and other organizations)</li> <li>• Opinion leaders</li> <li>• Schools of public health</li> <li>• Urban planners</li> </ul>	<ul style="list-style-type: none"> <li>• Policymakers and decision-makers, including legislative champions</li> <li>• Policy Advocates</li> </ul>

**Strategy 3: Influence and advance climate policies** that would have the greatest impact on environmental justice and health equity outcomes

**Actions/Tactics**

- a. Prioritize climate change policies (at the federal, state, regional and city levels) that would address public health impacts of climate change and issues of health equity, including documenting and disseminating best practices for policy interventions among cities and rural communities.
- b. Establish what changes are needed in prioritized policies to improve those policies by increasing how they support environmental justice and health equity.
- c. Determine whether any additional health equity policies are needed in addition to existing climate change policies.
- d. Establish an advocacy strategy for each priority policy, including influencer mapping, coalition needs, and APHA's role and level of effort
- e. Engage key advocates, influencers and coalitions that are currently working on or have unrealized alignment with these issues to advocate for priority policies.
- f. Activate current partners (grasstops and grassroots) to advance policies and deliver health-related messages to their constituencies.
- g. Build relationships with—and ultimately engage—grasstops and grassroots organizations that are not current APHA partners.
- h. Inform APHA's policy agenda and identify the level of priority and advocacy resources needed (e.g., staff time, section engagement).
- i. Align awareness-building efforts (see Strategy 1c) to advance prioritized policies.
- j. Focus and use science and research (see Strategy 2) to advance prioritized policies.
- k. Integrate with *climate-healthy cities*: document and disseminate best practices for city-level policy interventions (e.g., transit-oriented development); drive priority policy changes at the local level; and marshal local advocates and influencers across the country to advance national policy priorities.

## Stakeholders for Strategy 3

<b>Partners</b> to help shape policy priorities and advocacy strategies	<b>Influencers</b> to champion policy priorities and incorporate public health and health equity outcomes into current policies	<b>Ultimate audience</b> to take action
<ul style="list-style-type: none"> <li>• APHA leaders, personnel, affiliates and membership components</li> <li>• Select leaders in the public health and climate communities</li> <li>• Partners who are shaping the science agenda and conducting/interpreting science (see stakeholders for Strategy 2)</li> <li>• Partners who are active climate action policy leaders (environmental NGOs, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• APHA leaders, personnel, affiliates and membership components</li> <li>• Broader public health field</li> <li>• Early-career environmental health professionals</li> <li>• Industries committed to addressing climate change</li> <li>• Media</li> <li>• National associations of elected officials</li> <li>• Non-health entities (e.g., environmental, energy, education, economic justice and other organizations)</li> <li>• Organizations serving vulnerable populations</li> <li>• Opinion leaders</li> <li>• Policy advocates among non-health entities (e.g., environmental, energy)</li> <li>• Schools of public health</li> <li>• Urban planners</li> </ul>	<ul style="list-style-type: none"> <li>• Policymakers and decision-makers, including, executive branch, planners, regulators and legislative champions</li> </ul>

Strategy 4: **Galvanize action** (among grasstops and grassroots) to advance practices and behaviors that have the potential to make the greatest impact on public health and health equity

Actions/Tactics

- a. Identify priority climate-healthy actions and map stakeholders to the actions.
- b. Identify potential barriers to those actions and what is needed (e.g., changes to policy, practices, cultural norms) to promote those actions.
- c. Engage early adopters, influencers and cultural exemplars (e.g., trusted messengers, nurses, entertainers) to model and encourage behaviors, thereby reinforcing cultural expectations.
- d. Identify and engage coalitions that are currently working on or have unrealized alignment with these issues to advance practices and behaviors and to deliver health-related messages to their constituencies.
- e. Activate APHA personnel, affiliates, membership components and current partners (grasstops and grassroots) to advance practices and behaviors and to deliver health-related messages to their constituencies.
- f. Build relationships with—and ultimately engage—grasstops and grassroots organizations that are not current APHA partners.
- g. Align awareness-building efforts (see Strategy 1c) to advance prioritized practices and behaviors.
- h. Focus and use science and research (see Strategy 2) to advance prioritized practices and behaviors.
- i. Integrate with *climate-healthy cities*: use priority actions (see Strategy 4a) and best practices (see Strategy 3a) to develop criteria for selecting climate-healthy cities; apply those criteria to identify climate-healthy cities; and use the announcement of selected cities to spur earned and social media that drives the dissemination of key messages and the adoption of best practices among and beyond selected cities; engage local partners, stakeholders and coalitions.



## Stakeholders for Strategy 4

<b>Partners</b> to help identify priority behaviors/actions and approaches for promoting them	<b>Influencers</b> to help promote priority behaviors/actions	<b>Ultimate audience</b> to take action
<ul style="list-style-type: none"> <li>• APHA leaders, personnel, affiliates and membership components</li> <li>• Select partners, including public health and non-health entities (e.g., climate change organizations)</li> <li>• Partners who are shaping the science agenda and conducting/interpreting science (see stakeholders for Strategy 2)</li> <li>• Partners who are shaping the policy agenda (see stakeholders for Strategy 3)</li> </ul>	<ul style="list-style-type: none"> <li>• Trusted messengers (as identified through research)</li> <li>• APHA leaders, personnel, affiliates and membership components</li> <li>• Broader public health field</li> <li>• Early-career environmental health professionals</li> <li>• Industries committed to addressing climate change</li> <li>• Media</li> <li>• National associations of elected officials</li> <li>• Non-health entities (e.g., environmental, energy, education, economic justice and other organizations)</li> <li>• Organizations serving vulnerable populations</li> <li>• Opinion leaders</li> <li>• Policy advocates among non-health entities (e.g., environmental, energy)</li> <li>• Schools of public health</li> <li>• Youth organizations</li> <li>• Urban planners</li> </ul>	<ul style="list-style-type: none"> <li>• Everyone in the U.S., including children and educators (pending further audience prioritization)</li> <li>• Policymakers and decision-makers, including legislative champions, transportation planners, urban planners and the block grant community</li> </ul>

**Strategy 5: Strengthen APHA’s organizational infrastructure and culture to advance its climate strategies**

**Actions/Tactics**

- a. Ensure APHA is use climate-healthy best practices:
  - i. Conduct a carbon footprint audit and improvement strategy.
  - ii. Implement best practices to minimize the organization’s carbon footprint (e.g., at its offices, through its trainings and conferences), including recommendations to “green” its 2017 annual conference.
  - iii. Consider high-impact nonoperational priorities (e.g., retirement plan options, fossil fuels divestment).
- b. Engage the philanthropic and environmental communities to secure the resources necessary to implement APHA’s climate change strategy.
- c. Clearly and consistently send out the message that APHA sees climate change as the most urgent public health priority and communicate what components of APHA can do to be part of the solution.
  - i. Staff and volunteers: trainings and brown bags, webinars, orientation materials, all staff meetings
  - ii. Leaders: briefings, unit director meetings, executive team meetings, executive board meetings, joint policy committee meetings, executive director reports
  - iii. Affiliates: affiliate presidents’ orientation, trainings, webinars, programs and conference plenaries, fact sheets and reports
  - iv. Members: trainings, webinars, programs, conference plenaries and annual meeting ribbons, fact sheets, reports, member communications and action alerts, working with members on APHA-led projects, requests to sections for proposals that connect climate with their work, requests that policy statements include connections to climate change where appropriate
  - v. High-influence champions: individual briefings, transition memo for the new administration, sign-on letters, action alerts, fact sheets, reports
- d. Increase public health professionals’ understanding and priority around climate change as a pressing health issue, such as through trade media and APHA and partner communications and programming
- e. Integrate with *climate-healthy cities*: create a tangible and clear opportunity to engage personnel, affiliates and membership components, while educating them about the connections between climate change and public health

## Stakeholders for Strategy 5

<b>Partners</b> to help shape strategy	<b>Influencers</b> to promote desired outcomes	<b>Ultimate audience</b> to take action
<ul style="list-style-type: none"> <li>• APHA leaders, personnel (including conferences, information technology and operations), affiliates and membership components</li> </ul>	<ul style="list-style-type: none"> <li>• APHA leaders, personnel (including conferences, information technology and operations), affiliates and membership components</li> </ul>	<ul style="list-style-type: none"> <li>• APHA leaders, personnel (including conferences, information technology and operations), affiliates and membership components, including APHA members</li> <li>• APHA Operations Department</li> <li>• Broader public health field</li> <li>• Early-career environmental health professionals</li> <li>• Philanthropy field</li> <li>• Schools of public health</li> <li>• Well-funded climate action advocates (as funders for this work)</li> </ul>

## Appendix 1: Acknowledgments

The core team that led the development of this plan consisted of the following:

- Terri Wright, Policy Center, APHA
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APHA is grateful to the following individuals for generously contributing ideas and input to inform this plan.

### *APHA Staff*

- Fran Atkinson, Components
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- James Carbo, Executive Office
- Jason Coates, Policy Center
- Mighty Fine, Continuing Education
- David Fouse, Communications
- Glenn Griffin, Marketing
- Violet Hohman, Information Technology
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- Kacee Deener, U.S. Environmental Protection Agency
- Kathy Dolan, Association of State and Territorial Health Officials
- Dave Dyjack, National Environmental Health Association
- Sara Hoverter, Georgetown University
- Leyla McCurdy, APHA Children's Environmental Health Topic Committee
- Jeni Miller, Build Healthy Places Network
- Bob Perkowitz, ecoAmerica
- Chris Rea, U.S. Environmental Protection Agency
- Linda Rudolph, U.S. Climate and Health Alliance
- Judy Shanley, National Center for Mobility Management
- Steve Terry, United South and Eastern Tribes

## Appendix 2: Stakeholder Map

APHA personnel and stakeholders (see Appendix 1) identified the following prospective partners for this work and mapped them according to 1) those that may have a “high potential impact” on advancing APHA’s vision versus those with a “low potential impact” and 2) those with a “high interest and commitment” to addressing climate change versus those with “limited interest and commitment.” Organizations that have a high potential impact and a high interest and commitment represent stakeholders to consider for early engagement in advancing APHA strategies.

