

BLOG POST

HOW COMMUNITIES ARE RETHINKING CLIMATE-HEALTH PREPAREDNESS

Climate-related hazards do not affect everyone equally. Extreme rainfall, flooding and heat can create serious health risks, yet the ability to access timely, relevant and actionable information is not evenly distributed. Immigrant and underserved communities may face additional barriers when public health communication does not reflect their languages, cultural contexts or everyday realities.

CHEF's Community Climate & Health Ambassadors (CCHA) programme was developed to help bridge this gap. Drawing on research into the health impacts of extreme rainfall and flooding, the programme trained local ambassadors to engage vulnerable communities in New York City. Through workshops and direct outreach, ambassadors shared information about potential health risks associated with flooding, including mold exposure, contaminated water and respiratory illness. The approach brought two important elements together: emerging climate-health evidence and the people best positioned to communicate it within their communities. Community engagement became a means of connecting the science of climate-related health risks with the everyday decisions households must make to protect themselves. The work also informed Climate & Health Equity Forum for Research, Leadership & Action (CHEF) Rainproof Calvary First Nigerian Seventh-day Adventist Church Project, a community-based pilot designed to strengthen climate-health preparedness among immigrant and underserved communities in Brooklyn. Through this faith-based initiative, the church became a platform for climate-health education, household emergency planning, youth engagement, preparedness resources and ongoing weather and public health communication through WhatsApp.

The pilot reflects an important shift in thinking that existing community institutions can also help make climate-health information accessible, relevant and actionable.

The Problem

Translating research into timely action proved more complicated than simply making information available. One of CHEF's key implementation challenges was accessing hospital and clinical data quickly enough to inform and target community outreach following flood events. Delays in data sharing, approvals and access to health information meant that real-time or near-term insights were not always available when they were most needed.

This created a difficult operational reality. Although the initiative was grounded in research, some engagement activities had to rely on established public health knowledge rather than contemporaneous, localised clinical data. The experience exposed a wider problem in climate-health preparedness. Environmental hazards and their potential health consequences may demand rapid attention, but the systems that generate, approve and share relevant health data can move at a different pace. The lesson was not that data is unimportant. It was that waiting for complete data can leave communities without timely guidance.

What worked

For CHEF, community feedback, participation in outreach activities, repeat engagement and requests for further information provided encouraging indications that the programme was relevant to residents. The Rainproof Calvary pilot is also undergoing evaluation through a community-engaged quasi-experimental design that includes pre-workshop data, a one-year follow-up survey and a comparison community. Its findings are intended to help assess knowledge retention, preparedness behaviors, self-efficacy and the feasibility of adapting the model to other faith-based settings. The emerging lesson is therefore both practical and evidence-conscious: communities need actionable information now, while stronger data systems are needed to evaluate and improve the response over time.



CHEF Climate-Health Preparedness Model

What Governments Can Take Away

The initiative offers practical lessons for governments seeking to strengthen climate-health preparedness:

Act before perfect data is available. Climate-related health risks often emerge faster than formal health data systems. Governments should use environmental signals such as rainfall forecasts and flooding reports, alongside established public health guidance, to trigger early action.

Work through trusted community networks. Faith institutions, community organizations, and local leaders are trusted sources of information. Partnering with these networks can help governments deliver culturally relevant climate-health information more effectively, particularly in underserved communities.

Connect data to decisions. Governments should develop integrated systems that link environmental and health information to clear decision-making pathways, enabling timely community-level interventions before, during, and after climate-related events.

Case Study: Strengthening Climate-Health Preparedness Through a Faith-Based Community in New York City. Shared as part of the CAPCHA case study collection by Olaitan Femi-Falade, Climate & Health Equity Forum for Research, Leadership & Action (CHEF).

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