

Connecticut DPH Pilot Grants for Local Heat and Air Quality Preparedness & Response Planning

2024 Round 2: Request for Applications from Local Health Departments/Districts

Key Dates

Application opening date: October 25, 2024

Application closing date: December 9, 2024 at 5:00 p.m. (deadline to submit applications)

Expected date for notification of finalist status and scheduling of interview: December 13, 2024

Expected dates for interviews with finalists: January 7-17, 2025

Expected date for announcement of pilot grants: January 31, 2025

Expected pilot grant period: July 1, 2025 – June 30, 2026

Overview

The Connecticut Department of Public Health (DPH)'s Office of Climate and Health (OCH) and the Yale Center on Climate Change and Health (YCCCCH) seek applications from Local Health Departments/Districts (LHDs) for pilot grants to develop a local heat and air quality response plan with a health equity lens. The pilot grants are funded through a Climate-Ready States & Cities Initiative grant awarded by the Centers for Disease Control and Prevention to DPH to implement the Building Resilience Against Climate Effects (BRACE) framework in Connecticut. Each pilot grant will be in the amount of \$24,500 to be expended within a one-year period tentatively slated for July 1, 2025 – June 30, 2026. There are two pilot grants available in this second round of¹ Request for Applications. LHDs will be selected for pilot grants based a variety of criteria, including but not limited to, their ability to serve populations with greater vulnerability to the health impacts of extreme heat and air pollution.

Eligibility

Eligibility for the pilot grants is limited to LHDs in Connecticut, defined as municipal or district health departments organized under Connecticut General Statutes §§ 19a-200 *et seq.* or 19a-240 *et seq.*

Background

According to the Fifth National Climate Assessment published in 2023, it is an established fact that climate change is harming human health, and climate-related hazards will continue to grow, increasing morbidity and mortality across all regions of the U.S.² In Connecticut, a 2020 report by YCCCCH analyzed 19 indicators related to climate change and health, noting concerning trends in

¹ DPH made two awards in spring 2024 in the first round of this pilot grant program. Additional grant rounds are not currently anticipated.

² Hayden MH, Schramm PJ, Beard CB, Bell JE, Bernstein AS, Bieniek-Tobasco A, et al. Human health. In: Crimmins AR, Avery CW, Easterling DR, Kunkel KE, Stewart BC, editors. Fifth National Climate Assessment. Washington, DC: U.S. Global Change Research Program; 2023. <https://doi.org/10.7930/NCA5.2023.CH15>

the domains of temperature, extreme events, infectious diseases, and air quality.³ The report concludes that, “to protect human health, Connecticut must expand its work to prepare for and adapt to the climate change impacts that are already occurring and will worsen in the future.” Accordingly, one of the report’s recommendations is to build the capacity of health professionals and decision makers in other sectors to address climate and health. In 2021, the Governor’s Council on Climate Change (GC3) developed a set of adaptation strategies to prepare for the impacts of climate change on public health, among other areas.⁴ From the GC3’s set of public health adaptation recommendations, the Connecticut Department of Public Health’s Office of Climate and Health has identified **the development of guidance for local heat and air quality response plans (including alerts and communication strategies), and support for local implementation through trainings and capacity building**, as likely to improve health outcomes and health equity.

The rationale for the current focus on heat and air quality response planning with a health equity lens is several-fold. First: the health risks are increasing. According to the Connecticut Governor’s Council on Climate Change, annual average temperatures in Connecticut have already increased over 3°F since 1895 and could increase 5°F by 2050 compared to the 1970-1999 baseline, leading to longer, more frequent, and more intense heatwaves.⁵ Furthermore, high ambient temperatures are associated with higher concentrations of air pollutants such as ground-level ozone, and with longer and more intense allergy seasons. Additionally, episodes of smoke transported from climate-change-induced wildfires in the western U.S. and Canada in recent years highlight the increasing risk of fine particulate matter (PM2.5) pollution. Each of these health risks is amplified for vulnerable populations, such as people with asthma or other respiratory conditions, or people without access to air conditioning.

Second: our region is under-prepared. Based on stakeholder engagement interviews conducted by YCCCH with LHDs, few municipalities or LHDs have undergone heat and air quality preparedness and response planning processes, and few have formal heat and air quality response plan documents. In many municipalities in Connecticut, extreme heat preparedness entails opening cooling centers and, for both extreme heat and poor air quality, sending out notices or posting to social media, with little additional planning, implementation, or evaluation activities. Moreover, cross-sectoral work to address long-term climate resilience has occurred in only a limited number of communities, largely on the coast and focused on coastal climate impacts (storms, flooding, sea level rise, etc.). There is a need to increase knowledge about the health harms of extreme heat and poor air quality in Connecticut, particularly as climate change worsens, and to enable cross-sectoral planning and implementation on short- and long-term localized strategies to address the health risks.

³ Bozzi L and Dubrow R. Climate Change and Health in Connecticut: 2020 Report. New Haven, CT: Yale Center on Climate Change and Health; 2018. <https://ysph.yale.edu/yale-center-on-climate-change-and-health/policy-and-public-health-practice/connecticut/>

⁴ French R, Allen A, Shub A. Taking Action on Climate Change and Building a More Resilient Connecticut for All. Hartford, CT: Governor’s Council on Climate Change; 2021. https://portal.ct.gov/-/media/DEEP/climatechange/GC3/GC3_Phase1_Report_Jan2021.pdf

⁵ *Ibid.*

Pilot Grant Scope

The selected LHDs will use pilot grant funds to develop a local heat and air quality preparedness and response plan (LHAQP) with a health equity lens.

The LHAQP should contain both short- and long-term responses, including identification of a lead agency, criteria for activating and deactivating the plan, roles and activities of agencies and organizations involved with the plan, recommended changes to infrastructure and environment, communications plan, identification of vulnerable groups, and evaluation.

In the process of developing their LHAQPs, the LHDs will be expected to:

- Work closely with staff at DPH and the Yale Center on Climate Change and Health (YCCCCH), who will provide relevant materials, training, and technical assistance based on national best practices.
- Collaborate with DPH/YCCCCH to conduct a workshop with local stakeholders (including emergency managers, social service agencies and community organizations, local elected officials, and neighborhood representatives), with the goal of improving local capacity to develop the LHAQP and to compile key information that will form the basis of the plan.
- Participate in quarterly meetings of the OCH's Climate and Health Equity Coalition and relevant subcommittees.
- Give presentations on pilot grant work during the annual Connecticut Climate and Health Symposium in 2026.
- Provide data, learnings, and feedback to inform YCCCCH's evaluation of the pilot grant program and DPH/YCCCCH's continued development of materials, training, and technical assistance to support other LHDs in creating and implementing LHAQPs.

Pilot grant funds may be used to support the following activities:

- Local partner participation, including personnel costs;
- Coordination of local activities; and
- Piloting of short- and long-term responses that are identified in the LHAQP.

Funds may not be used to support:

- Travel expenses;
- Meetings, conventions, and/or other non-grant related events;
- Administrative, marketing, accounting, and office supplies and tasks not related to the project; and
- The cost of staff compensation to support the unallowable activities.

Expected Outcomes

Intermediate outcomes

- In participating municipalities, increased heat and air pollution resilience through social, community, institutional, or policy system(s) (e.g., via development of written plan, process of multi-stakeholder collaboration).

- Among community members targeted by the LHAQP, increased heat and air pollution resilience through increased knowledge, positive behavior changes, and access to resources.
- Reduced adverse health outcomes due to heat and air pollution among community members targeted by the LHAQP.
- Increased community knowledge of adaptation strategies that reduce adverse health effects of heat and air pollution.

Long-term outcomes

- Widespread adoption, replication, and expansion of health-protective LHAQPs by climate resilience-focused public health practitioners.
- Reduced negative health outcomes in regions and among populations vulnerable to the adverse effects of extreme heat and air pollution.

Instructions for Submitting Applications

Complete applications should consist of the following components, to be submitted as one PDF file by the deadline via email to jen.wang@yale.edu. You should expect to receive a confirmation of receipt.

1. COVER PAGE (1 page), to consist of the following:
 - a. Name of the Local Health Department/District (LHD);
 - b. Name, email, and phone number for the LHD's primary contact person;
 - c. Name, email, and phone number for the LHD's secondary contact person; and
 - d. The geography, population size, and demographic profile of the LHD's service area
2. CLIMATE AND HEALTH IMPACTS AND VULNERABILITY (please limit to 250 words): Narrative of expected impacts from climate change on public health in the LHD's service area, including information on populations vulnerable to extreme heat and air pollution (ozone, PM2.5, and allergens)
3. PROPOSED ACTIVITIES AND EXPECTED OUTCOMES (please limit to 500 words): Narrative of activities and expected outcomes to be supported by the grant, at a minimum meeting the details outlined in the "Pilot Grant Scope" section of this RFA.
4. LHD CAPACITY (please limit to 500 words): Narrative of the LHD's capacity and commitment to develop and implement a heat and air quality response plan, including:
 - a. Related prior or current work;
 - b. Staff knowledge and skills, interest, and commitment;
 - c. Summary of support from municipality(ies) (e.g., chief executive officer, and/or relevant department heads) and non-municipal project partners (e.g., community-based organizations); and
 - d. Expected capacity to continue implementation of the plan after the pilot grant is fully expended.
5. BUDGET (1 page): Budget and budget justification for pilot grant amount not to exceed \$24,500, in the following categories.
 - a. Personnel
 - b. Consultants
 - c. Meetings and events

- d. Communication
 - e. Equipment and supplies
 - f. Other (describe)
6. ATTACHMENTS:
- a. *Required*: Resume or CV of LHD’s primary and secondary contact persons, and any other key personnel.
 - b. *Encouraged*: Brief letters of support from the individuals or entities summarized in 3(c).

Selection Criteria and Process

Applications will be reviewed by DPH staff, with technical support from its partner, the Yale Center on Climate Change and Health. Finalists will be invited to a 30-minute Zoom interview with DPH and YCCCH staff.

Selection of pilot grantees will be made by DPH in its sole discretion based on the following (non-exclusive) criteria:

- Demonstrated capacity and commitment to develop and implement a heat and air quality response plan;
- Strength of proposed activities and planned project partnerships;
- Vulnerability of residents to the health effects of extreme heat and air pollution⁶; and
- Complementarity of geographies/populations of the pilot grantees.

Timeline

Application process:

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Tentative grant timeline and milestones:

- Contracting process with DPH: February – June 2025
- Pilot grant period: July 1, 2025 – June 30, 2026
- Kickoff meeting with DPH and YCCCH: July 2025
- Mid-term check-in meeting with DPH and YCCCH: January 2026
- Presentation at annual CT Climate and Health Symposium: Date TBD in 2026

⁶ To be assessed using one or more indices or screening tools such as the following: Climate Change Vulnerability Index (Connecticut Institute for Resilience & Climate Adaptation [CIRCA]), Connecticut Environmental Justice Screening Tool (CIRCA), Climate and Economic Justice Screening Tool (White House Council on Environmental Quality), Heat Vulnerability Index (Yale Center on Climate Change and Health), and EJScreen (US EPA).

- Participation in meetings of the Climate and Health Equity Coalition: quarterly during grant period, and encouraged after grant period
- Final reports due: August 31, 2026

Contact

For questions or further information, please contact Jennifer Wang at the Yale Center on Climate Change and Health at jen.wang@yale.edu.