NYC Health Department Climate Health Strategy

Updated March 2026

Introduction

The NYC Health Department plays a key role in NYC's citywide climate action and sustainability strategy, using an evidence-based approach to identify and mitigate climate change's impact on the health of New Yorkers. Health Department research and surveillance provide the foundation for action, with evidence identifying disproportionately impacted populations and neighborhoods where prioritized investment is needed most. We use our health data and expertise to demonstrate the need for *primary prevention,* i.e., tackling the root causes of climate change, in the interest of the public's current and future health. Recognizing that climate change is a risk amplifier, we layer climate health into our work across the Health Department. Since the Climate Health Program launched in 2010, the NYC Health Department has become a national leader in this field.

HealthyNYC identifies the impact of climate change on all major drivers of life expectancy, underscoring climate health as a multisectoral issue that cuts across Health Department divisions and city agencies. To accomplish the Health Department's climate work, we collaborate closely with the Mayor's Office of Climate and Environmental Justice, with sibling agencies like the Departments of Emergency Management, Housing Preservation and Development, Parks and Recreation, Environmental Protection, the NYC Housing Authority, and with the research community and civil society. Through the Climate Resilience Advisory Network, comprised of 10 community organizations convened by the Health Department to advise on climate health, we have embedded a structure to collaborate with community organizations and seek their feedback on our priorities, strategies, and programs. The Health Department Climate Health Task Force, launched in October 2023, is a mechanism to grow collaborations across the agency around climate-related research, policy, health interventions, and communications.

The Health Department has honed an approach across four domains to accomplish our work:

- Conduct surveillance and **applied public health research** on current and future climate-sensitive health impacts
- Develop and advocate for **research-based policies** to build equitable resilience and reduce climate-related health impacts
- Innovate and deliver **public health interventions** to respond to climate change and build local resilience to climate impacts
- Draw connections between climate change action and improved public health and equity through **climate health communications**

This strategy guides the NYC Health Department to meet its strategic priority to *mobilize against the health impacts of climate change.* It lays out the Health Department's priority topic areas, our policy and public health goals, examples of our approach to climate health action by domain, and a high-level map of our short- and longer-term activities by priority and approach domains.

This document was first drafted in March 2024. It is reviewed and updated annually to reflect accomplishments and emerging priorities.

Climate Health Priority Areas and Goals

The Health Department's climate health work focuses on four priority topic areas: heat; coastal storms, intense rainfall and flooding; energy insecurity; and air quality. In all our work, we link research to policy goals and, ultimately, to goals to improve the health of New Yorkers now and in the future.

Priority area	Justification	Policy goal	Health goal
Heat	Heat and flooding are climate change's largest present threats to health in NYC, requiring both emergency and systemic response. Heat waves are, on average, the deadliest type of extreme weather in NYC and the nation. Public health can be impacted before, during, and after flooding events; an increase in extreme precipitation days and sea level rise are expected to contribute to more frequent flooding over wider areas. Shifting precipitation and temperature patterns contribute to increased vector reproduction rates, the amplification of vector-borne pathogens, and elongated seasonality (e.g. West Nile virus in mosquitoes); this can influence the distribution, abundance, and prevalence of pathogens and vectors, increasing the risk of disease in people and animals. Heat and flooding-related injury and death are preventable, especially when a health equity lens is applied to climate solutions.	Universal (100%) access to residential cooling via adoption of summer maximum temperature legislation, with parallel requirements for supportive housing plus funding and programmatic supports to avoid cost shifting to vulnerable residents	Elimination of preventable heat-related morbidity and mortality
Coastal storms, intense rainfall, and flooding		Housing and emergency preparedness policies to protect New Yorkers living in basements, who are at greatest risk of life-threatening flooding, and to support post-disaster recovery	Elimination of preventable flooding-related morbidity and mortality
Energy insecurity and power outages	As the city moves toward clean energy, equitable access to affordable energy is a critical component to a just transition and reductions in climate-related health burden. Reducing energy insecurity is necessary to provide equitable access to residential cooling and heating, particularly as buildings electrify. A resilient power grid is necessary to protect population health during storms and other climate-related extreme weather.	Reduction of household energy cost burden to under 6% for all New Yorkers through utility rate redesign, expanding NY's energy safety net, increasing funding for and access to energy efficiency programs, and expanding participation in the clean energy transition; energy burden is the percentage of household income spent on home energy bills	Elimination of health impacts associated with energy insecurity and power outages
Air quality	Air pollutants most dangerous to health come from many of the same sources that emit greenhouse gases and, in some cases, contribute directly to global warming. Climate actions hold potential for localized health co-benefits in air pollution reduction that can be maximized by strategic implementation in	Reduction in PM2.5, NOx and O3 through implementation of greenhouse gas reduction initiatives, focused on buildings (Local Law 97 and electrification), commercial cooking emissions (charbroiling regulations), and freight/last-	Elimination of inequitable air pollution-attributable health burden across NYC

	communities disproportionately burdened by air quality-related health effects.	mile delivery transportation (indirect source rule)	

Current and Future Climate Health Activities

The NYC Health Department Climate Health Strategy serves as a guide for a wide portfolio of programmatic and policy work across divisions, led by the Climate Health Program in Environmental Health and the Climate Health Task Force of cross-divisional expertise. The Strategy defines high-level short- and longer-term activities ("now," "future," and "both") to prioritize and appropriately resource these efforts, organized by priority area and action domains.

Priority area	Research & Surveillance	Policy	Public health interventions	Communications
Tempera-ture impacts	*Now:* Supporting the City's Urban Forest Plan by assessing potential health benefits of increasing tree canopy coverage *Now:* Vector and vector-borne disease surveillance *Both*: Quantitative and qualitative occupational heat analysis *Both:* Assess mortality impacts of cold weather *Future:* Heat morbidity analyses, including excess morbidity and mental health intersections	*Now:* Maximum temperature policy implementation *Now:* Occupational heat safety guidance or standards *Both:* Use of health care sector funding and data for climate health interventions	*Now:* Be a Buddy climate resiliency programs in community organizations; Climate Resilience Advisory Network *Now:* Heat emergency planning and response in partnership with NYCEM *Now:* Pop-up cooling stations deployed by community organizations to serve outdoor workers *Both:* Trainings & engagement of trusted messengers (e.g., Community Health Workers, maternal-child health home visiting programs) *Both:* Communications & partnerships with community organizations serving priority sub-populations (e.g., people with disabilities, LGBTQ+ populations, pregnant people) *Future:* Expansion of climate resiliency programs; development of neighborhood resiliency hubs	*Now:* Expanded online and print materials on documented climate health impacts, including energy insecurity, occupational heat exposure, and flooding *Now:* Targeted communications to health care providers and community partners on chronic and emergent climate health concerns, including medication/heat interactions *Both:* Expanded communication strategies to reach diverse audiences and prioritize accessibility
Coastal storms, intense rainfall & flooding	*Now:* Flooding and intersecting structural and behavioral risks *Future:* Flooding-related morbidity and mortality surveillance	*Both:* Greenspace and built environment policies that reduce flooding and heat risks *Future:* Climate-resilient housing policies; Policies addressing climate-induced displacement risks, especially for renters		

Energy insecurity	*Now:* Application and communication of findings from "Empowering Community Voices on Energy Insecurity" research project *Future:* Innovative EI surveillance methods	*Both:* HEAP advocacy for summer utility benefits; Support utility rate case and efforts around rate reform; Protect and expand existing extreme weather disconnection policies; Reinstate matching across means-tested benefit programs *Future:* Expand low- and middle- income households' access to weatherization	*Now*: Incorporate climate considerations into drug overdose prevention and outreach programs	
Air quality	*Now:* Perceptions of air quality survey *Now:* Congestion pricing evaluation *Future:* Ground-level ozone patterns following nitrogen oxides (NOx) reductions, health impact trade-offs	*Now:* Implementation of commercial cooking emission regulations; equitable implementation of Local Law 97 *Now:* Sustainable freight and last-mile transportation policy, specifically NYC Indirect Source rule	*Both:* Growing NYC community of practice for local-level air quality monitoring *Now*: Actively contributing to the planning of transportation and land-use policies to embed equitable mitigation of air pollution-related health impacts	*Now:* Communicate the importance of NO_2 on health; through the addition of NO_2 health impact rates to EH Data Portal *Now:* Guidance/ engagement on causes of asthma and air quality's contribution *Both:* Intersection of climate and air quality benefits
Cross-cutting	*Now:* NYC Panel on Climate Change *Future:* Climate health analyses for priority sub-populations (e.g., people with disabilities, LGBTQ+ populations, pregnant people)	*Both:* Lead by example through agency sustainability efforts, including energy efficiency and electrification building retrofits and in new buildings, and Climate Budgeting *Future:* HealthyNYC climate strategy map, which outlines evidence-based strategies, sub-strategies, and activities that can contribute to achieving the 2030 HealthyNYC goals	*Now:* Climate Health Task Force and associated divisional climate health goals *Now:* Divisional (e.g., Office of Preparedness and Response; Mental Hygiene) and topical (e.g., maternal child health) climate health workgroups to broaden collaborations and knowledge *Now:* HealthyNYC x climate health interventions *Both:* Lead NYC Health Care System Climate Resilience Community of Practice; Further embed	*Now:* Provider and hospital system engagement through existing agency channels *Future:* Increase awareness of health care providers and public on relationship between climate change and mental health

			climate into health emergency preparedness, e.g. through Hospital Preparedness Program *Future*: As a mental health intervention, support civic engagement and public advocacy for climate action	

Climate Health Action Domains

I. Surveillance and applied public health research on current and future climate-sensitive health impacts

Awareness of the adverse health consequences of climate change can drive equitable policy and the prioritization of resources and interventions. The Health Department has been laying the groundwork evidence of the health impacts of climate change, while simultaneously asking new questions through innovative methods, data sources and partnerships.

Examples

- Heat: The Health Department developed and routinely updates a Heat Vulnerability Index, which is an online map that uses environmental and social factors to identify and prioritize neighborhoods with the greatest risk of heat-related mortality. The Heat Vulnerability Index and other Health Department analyses of heat-related health impacts provided the foundation for creation of NYC's first comprehensive heat adaptation and mitigation plan "Cool Neighborhoods NYC" and subsequent policies and investments. Our research serves as the justification for the Extreme Heat section of PlaNYC, the City's sustainability plan released in 2023, and the HVI informs NYC's climate resilience investments, for example NYC Parks' tree planting strategy.
- Storms & Flooding: The Health Department conducted mortality reviews of both Superstorm Sandy and remnants from Hurricane Ida to understand individual risk factors for health impacts during flooding events. Particularly during Ida, a primary risk factor was residence in basement apartments – the majority of which are unregulated (illegal). With rainfall flooding a more frequent and dangerous hazard due to climate change, the City is building a more robust flooding-related emergency preparedness and response system, informed by our analyses.
- Energy Insecurity: The Health Department and Columbia University researchers collaborated to conduct the first representative survey of household energy use and health of New York City residents, resulting in a series of peer-reviewed papers. The findings further define energy insecurity as a health issue and deepen the evidence base for policy advocacy by the Health Department and civil society. In 2025, the team issued a policy paper to lay out options to reduce energy insecurity and improve public health in NYC.
- Air Quality: Building off the Air Quality Team's prior work developing a health impact assessment of NYC's Roadmap to 80x50 and maintaining the City's existing neighborhood-level air quality monitoring network, the team has provided policy evaluations to NYC Office of Management and Budget, Mayor's Office of Climate and Environmental Justice , Metropolitan Transit Authority and NYC Department of Transportation, including evaluating the potential health benefits of criteria pollutant emissions reductions in the Climate Budgeting process (New York City Climate Budgeting) and provided the air quality context for the Reimagine the Cross Bronx Expressway transportation project. Vector-borne Diseases: Climate disruptions and land use changes

can create conditions that increase mosquito and tick populations. We have developed and deployed a framework to describe how climate change-associated factors, including temperature and precipitation, may impact the occurrence of diseases (number of cases in space, time, or affected populations). This guides our longstanding surveillance program to monitor mosquito and tick populations and disease prevalence, and to analyze trends in mosquito-borne and tick-borne diseases in both people and animals.

II. Develop and advocate for research-based policies to build equitable resilience to climate health impacts

Climate change impacts health, but frequently, public health and health equity are critically missing from climate change policy development, implementation, and evaluation. The Health Department has dedicated our efforts to inserting public health and equity into all facets of citywide and community-level action for sustainability, climate adaptation, and air quality improvement.

Examples

- Heat: Due to the Health Department's research-driven policy advocacy, NYC made a commitment in PlaNYC to protect New Yorkers against climate impacts in their homes during summer months by developing indoor temperature regulations that mirror those in place for the winter months. In December 2025, City Council passed Int 994 "Cool Homes for All" (now Local Law 23 of 2026) requiring residential landlords to provide cooling systems to tenants by request. Health Department data was used by bill sponsors and advocates to compel taking action.
- Storms & Flooding: The Health Department leveraged its analysis of flooding deaths during Hurricane Ida to gain a place at the table to develop policies related to basement accessory dwelling units (ADUs), advocating for a health- and equity-centered, precautionary approach. Through City of Yes legislation, City Council enabled ADUs under certain conditions, with restrictions informed by our analysis of flood risk maps.
- Energy Insecurity: The Health Department has played a critical role in centering health equity in energy policy, resulting in the City's first energy plan, *Power Up,* naming utility rate restructuring and other policy avenues to address energy insecurity. We contributed to the 2025 Con Edison utility rate case with testimony about how energy insecurity affects New Yorkers, which supported the City's efforts to limit cost increases to customers.
- Air Quality: A critical component of the Health Department's local air quality surveillance -- the largest ongoing urban air monitoring program of any U.S. city – is using our health impact analyses to inform and evaluate climate sustainability action. The New York City Community Air Survey (NYCCAS) was started with our advocacy for transition to cleaner fuel oil; we estimated averted deaths (moral imperative) from the policy and established Health Department expertise and benefit in this work. As a result, our Air Quality Program also brought health equity to the implementation table for congestion pricing, evaluating air quality and related health impacts and securing revenue commitments for asthma mitigation strategies in overburdened communities.

- ## Innovate and deliver public health interventions to respond to climate change and build local resilience to climate impacts

Neighborhood-based programs have the potential to empower communities to be resilient in the face of climate hazards. Through cross-division and interagency collaboration, the Health Department is working to build social infrastructure in partnership with community organizations to reduce the public health impacts of both acute climate crises, as well as the "chronic" emergencies of poverty, racism, and community disenfranchisement that dictate inequitable outcomes in climate health. Layering climate health onto the agency's existing programs and health

interventions, such as its health action centers and its home visiting programs, builds on the Health Department's strong community ties while recognizing climate change's cumulative risks to health.

Examples

- Cross-cutting: The Be A Buddy program, innovated by the Health Department, uses an asset-based approach to support neighborhoods in achieving greater social cohesion and, as a result, community resilience. The program works with partner organizations to activate community response to heat and other weather-related emergencies and supports climate health outreach, education, and awareness-raising. Be a Buddy formally relaunched in February 2025 within the Bureau of Health Equity Capacity Building. From February to September 2025, the program reached 13,567 non-unique community members with climate health outreach, reached 1,457 with climate health education, and conducted 1,942 wellness checks during extreme heat events.

- Cross-cutting: Through a cross-divisional partnership, we developed and delivered a training program for Community Health Workers as "trusted messengers" in Bureaus of Neighborhood Health on heat, flooding, and cold weather health and safety. The trainees then trained community leaders and distributed "cool kits" to outdoor workers and street vendors in Bronx and Queens, in partnership with NYC Emergency Management and local CBOs. Such collaboration with CHWs and community partners informs our future engagement actions to build community knowledge and power to address climate health.

- Cross-cutting: The Health Department formed the Climate Resilience Advisory Network (CRAN) in 2023 to better integrate community feedback into the agency's climate health priorities and programming and to facilitate collaborations across CRAN member organizations. The CRAN offers the opportunity for intersecting assessments from an intentionally crafted group, representing many different and entwined perspectives, and is an essential tool for incorporating local government involvement to increase unified and sustainable climate health efforts. CRAN's 10 member organizations have advised the Health Department on topics including climate health content on the Environment and Health Data Portal, qualitative research on energy insecurity, and occupational health heat safety interventions.
- Heat: The Health Department partnered with the Mayor's Office of Climate and Environmental Justice, NYC Emergency Management, Department of Transportation, and three community organizations to pilot "pop-up cooling stations" to serve outdoor workers and heat-vulnerable community members in Summer 2025. Leveraging the program's success, the team secured funds to expand the program in 2026 to serve all five boroughs.

III. Draw connections between climate change action and improved public health and equity through climate health communications

The Health Department provides credible and usable information to New Yorkers about how climate change affects their health and what they can do to protect themselves and their families. We use many outlets, including social media, webpages, community presentations, printed materials, and the Environment and Data Portal.

Examples

- Cross-cutting: The Health Department uses visual storytelling and compelling data on the Environment and Health Data Portal to convey difficult climate, air quality and health concepts and findings on both an intellectual and emotional level to inspire action. The Climate and Health Hub and the Air Quality Hub feature interactive tools to allow visitors to visualize the magnitude of health impacts citywide and the impacts that hyperlocal societal and environmental change can have on climate and community resiliency. Your Heat Story, a new Portal feature that builds on Columbia University and South Bronx Unite's original initiative,

explores personal stories about how heat affects New Yorkers and invites readers to submit their own stories.

- Cross-cutting: The Health Department issues Health Alert Network advisories to medical providers, as well as messages to mental health providers, when heat advisories are issued. We also integrated a climate lens into provider advisories for spring pollen, wildfire smoke, tick-borne disease, West Nile virus, leptospirosis, and harmful algal blooms.
- Heat: Annually, the Health Department produces a city-mandated New York City Heat Mortality Report, available online in the Climate and Health Hub. The report's statistics, like the number of heat-related deaths annually, and its analysis of the inequitable conditions putting people at risk, are regularly cited by local and national news articles. Through this earned media, we shape the public understanding of heat as a health equity issue and frame solutions using evidence-based recommendations.
- Air Quality: The Health Department and Queens College annually conduct the New York City Community Air Survey to evaluate how pollutants impact air quality in different neighborhoods. The resulting City-mandated report is often cited in news articles. The Data Portal also provides to the public real-time, hourly measurements of PM2.5 levels at 7 monitoring sites citywide. During the June 2023 wildfire smoke event, that site handled unprecedented web traffic.
- The Health Department's cross-divisional Maternal Child Health Climate Change Workgroup created an Extreme Weather Guide for Families, plus accompanying training, for family home visiting teams to share with pregnant and parenting families.