Clean Air: Climate and Health Considerations

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www.neha.org

About NEHA

OUR MISSION

To advance the environmental health professional for the purpose of providing a healthful environment for all.

ABOUT NEHA

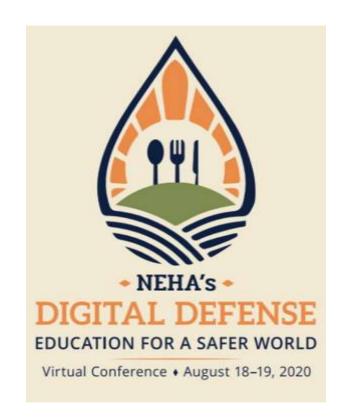
NEHA empowers and educates environmental health professionals, providing them the tools and resources they need to make the greatest contributions possible in creating healthy environments that we all seek.

OUR MEMBERS

The success of NEHA depends on the success of nearly **7,000 members**, who serve as the "boots on the ground" in their communities, possessing the knowledge and experience to address and respond to issues.

OUR COMMITMENT

NEHA provides the highest quality trainings, courses, tools, and resources to empower professionals to become trusted leaders and experts in their profession.





Climate and Health at NEHA

Government Affairs

Helped secure:

- \$1.1 billion for Zika
- \$10 million for CDC's Climate and Health Program
- \$200 million for CDC's hurricane recovery
- Pandemic and All Hazards Preparedness Act (PAHPA)

Local Support



Informing Policy

Emergency Preparedness report

American Climate Metrics Survey paper

Climate Ambassador Training workshops

100% Clean Energy Declaration

Member Engagement





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Policy Statement: Climate Change

Circuite change is affecting environmental health—the quality of air, flood, and water in the communities where use fee, work, and play (Centers for Disease Control and Provention (DCC), 2016), the National Environmental health Association (NEHA) recognises climate change as a world welle environmental health problem that has beath and safety impacts to individuals and communities in the health and protect the public's health and create and variation reaching communities. It is NEHA's responsibility to susport the capacity of environmental health professionals to address the health impacts of climate change with risk assessment, adaptation, and natigation (blanking).

NEHA supports federal, state, and local funding for local and state health departments and environmental and health agencies to provide technical assistance, education, and programs to accomplish the following:

- Conduct risk assessments and establish plains to articipate risks for adaptation and build realizates for future generations. Using the audience augmentation techniques identified by tassesswitz and coourbors (2008) will help professionals improve individual risk perceptions.
- Incorporate green space and other technologies into the ball commisment to help reduce to
 these bland effects since unban oness are usually warmer than adjacent rural areas (Sets,
 Ularenian, & Hatara, 2012; U.S. Global Change Research Program (ISSGEP), 2015). In the site
 term, heat waves pose the greatest threat to the environment and harms health due to the
 impaired air quality and heat-related illnesses in valvenable populations (eitherly, those with
 primate discesses, low leasine, auditour laborem, etc.) (Watts et al., 2015).



NEHA Endorses the US Call to Action



Builds on the 2018 Global Call to Action on Climate and Health.

U.S. CALL TO ACTION
ON CLIMATE, HEALTH, AND EQUITY:
A POLICY ACTION AGENDA

2019



Themes:

Climate change is a health emergency -one of the greatest threats to world health.

We are dedicated to improving the health of our patients, communities, and planet.

Action to reduce climate change can dramatically improve health – but it must be at policy-level scale.

Equity must be central to climate action.



With the right policies and investments, we have the opportunity to realize our vision of healthy people in healthy places on a healthy planet.

https://climatehealthaction.org

Sign for your Organization

Sign Individually

U.S. Call to Action On Climate, Health, and Equity



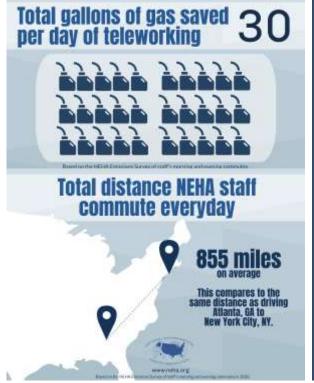
Earth Day 2020

Theme Climate **Action** EARTH DAY 2020

Declaration



Emissions Survey



Twitter Chat



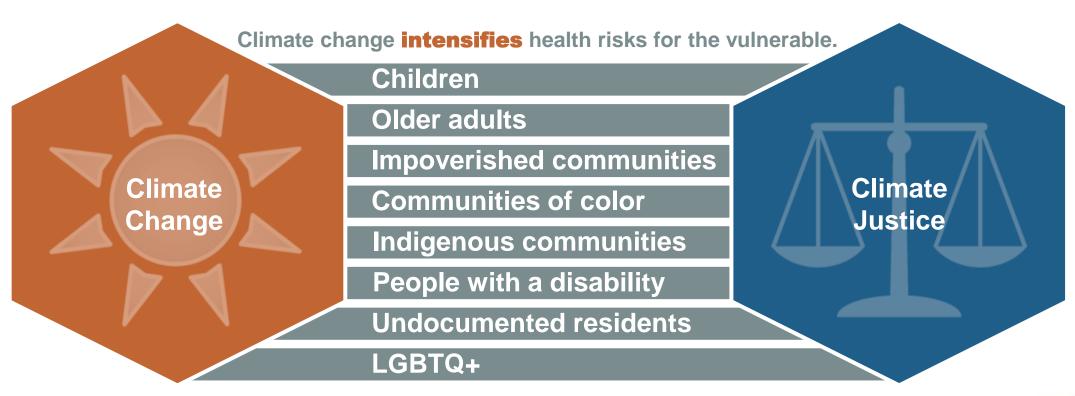
Stefanski, 2020

Climate Change is Inherently Local

"Impacts are experienced **differently** within segments of the population and between **geographic** locations based on **biological**, **social**, and **economic** vulnerabilities as well as the nature of the climate **hazard**." (Patz and Thomson 2018)



Climate Change Multiplies Threats





Vulnerable Populations

People of color are more likely to be exposed to environmental threats than are Caucasians of the same social class. **Race is a powerful predictor of many environmental hazards** including the distribution of air pollution, location of municipal solid waste facilities, location of abandoned toxic waste sites, toxic fish consumption, and lead poisoning in children.

Bullard, 1993



Vulnerable Populations

Most communities located next to, and directly affected by the operations of, corporate, industrial, or service facilities are low-income, communities of color, and other systemically oppressed groups.

Franklin, 2018

The percentage of
African Americans in
fenceline zones is 75%
greater than for the U.S.
as a whole, while the
percentage of Latinos is
60% greater than for
the U.S. as a whole.
Orum et al., 2014



Children are Uniquely Vulnerable

The World Health Organization estimates that 88% of the global burden of climate change falls on children younger than 5 years old.

(Ahdoot and Pacheco 2015)



Children are Uniquely Vulnerable



Have developing organ systems

Breathe in more air and take in more water for their size

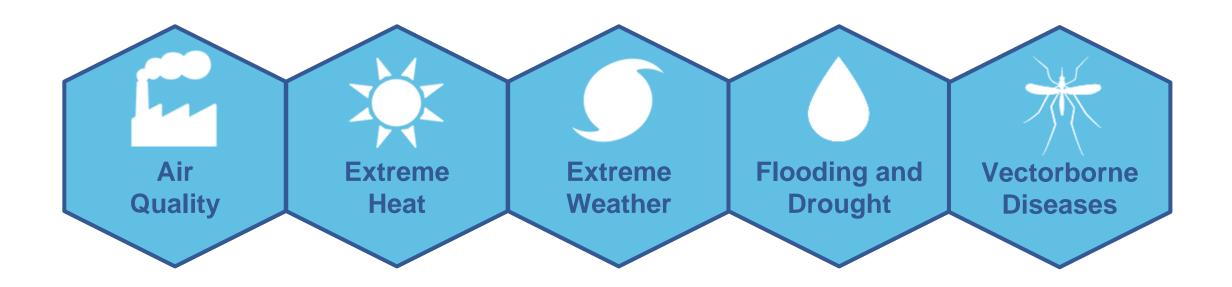
Are dependent on adults to make decisions for them

Have unique behaviors: hand-to-mouth and crawling activities

Closer to ground level pollutants



Climate Threats to Health









Asthma in Alabama

8.6% adults 11.3% children

10.5% African American

7.8% Caucasian 7.0% Hispanic 17.3% African American

8.1% of Caucasian

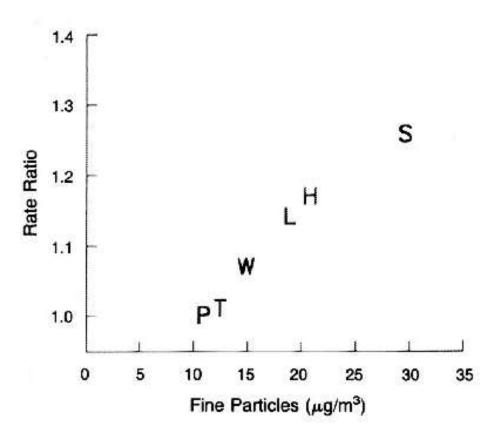
11.9% of Hispanic

Birmingham-Hoover-Talladega metro ranked tied for 14th most polluted city in the nation for yearround particle pollution.

ADPH, 2012 ALA., 2020

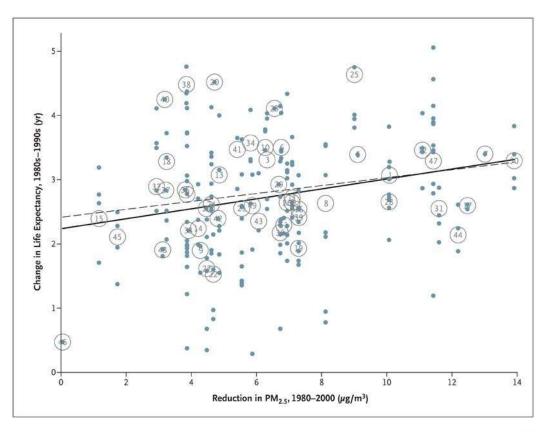


More polluted cities have **higher mortality** rates



Dockery et al. 1993

Higher pollution is associated with **shorter** life expectancy



Pope et al. 2009



Air pollution exposure increases risk of cardiovascular disease mortality from 5-15%.

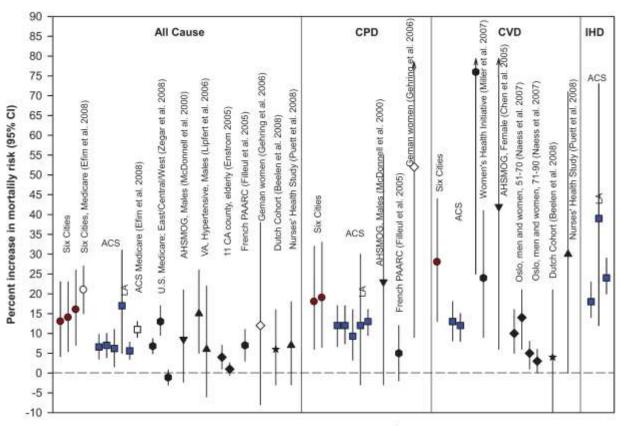
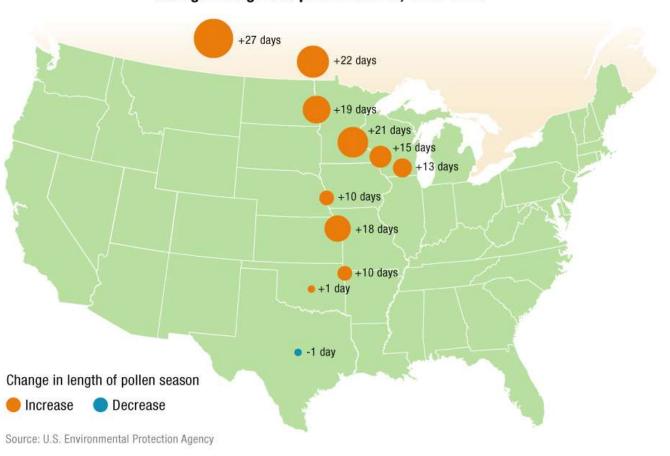


Figure 1. Risk estimates provided by several cohort studies per increment of 10 μg/m³ in PM_{2.5} or PM₁₀. CPD indicates cardiopulmonary disease; IHD, ischemic heart disease.

Brook et al. 2009



Change in ragweed pollen season, 1995-2013



Source: https://www.mprnews.org/story/2015/02/05/climate-change-health





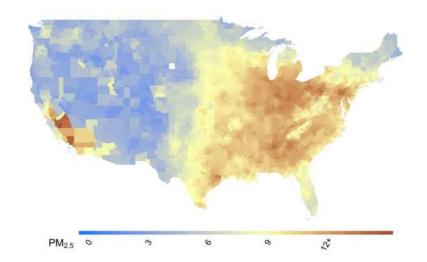
Previous global estimates were:

6.5 million in 2016

4.5 million in 2015



COVID-19 Air Pollution



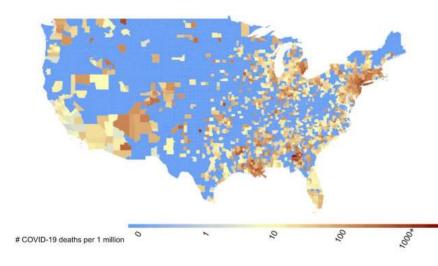
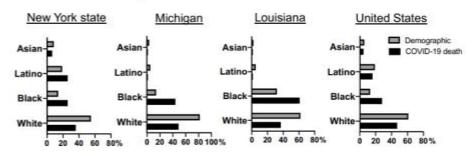


Fig 1: Maps show (a) county-level 17-year long-term average of PM2.5 concentrations (2000–

COVID-19 fatality rates



Contributing socioeconomic, racial & environmental factors:

- Structural racism
- Crowded living conditions, multi-generational homes
- Limited access to health care and healthy foods
- Working in low paying "essential" jobs
- Chronic exposure to air pollution



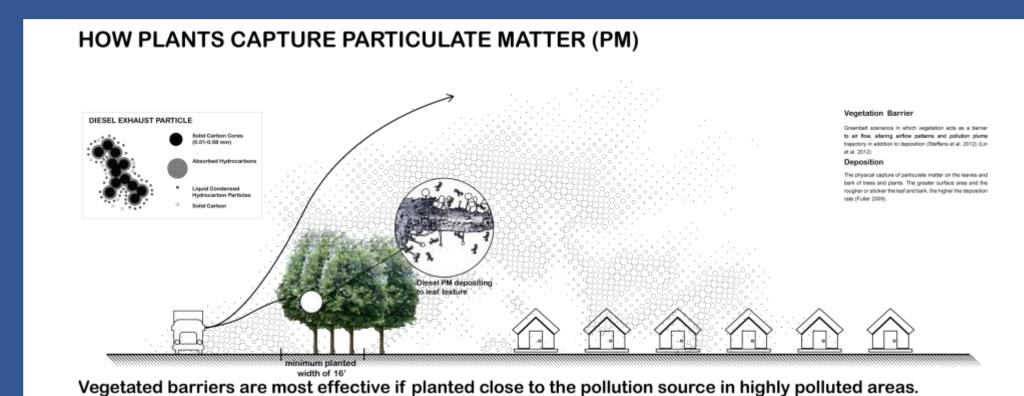
arry average PM_{2.5} (g/m²) levels

COVID-19 risk factors

- Age > 65
 - · Living in nursing home
- · Sex (male)
- · Severe obesity
- Diabetes
- · Serious heart conditions
 - · pulmonary hypertension
- Immunocompromise (cancer...)
- · Chronic kidney disease
- · Chronic liver disease
- · Chronic lung disease
 - COPD
 - · Severe Asthma



Air Quality Adaptation



Air
Quality

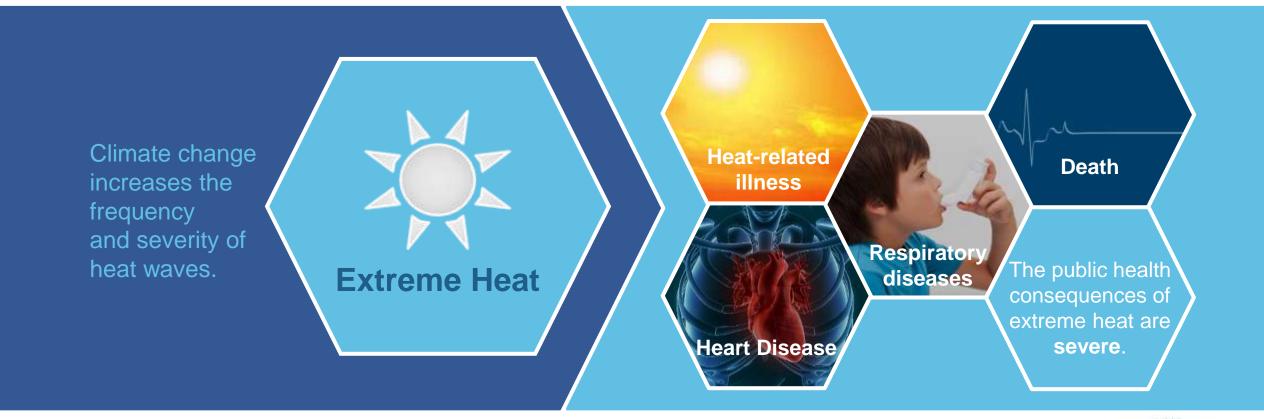
- Test air quality
- Disseminate alerts
- Enforce air quality regulations

Source: https://louisville.edu/greenheart/about



Extreme Heat

Heat is the **top cause** of natural weather-related death in the US. (NOAA 2017)

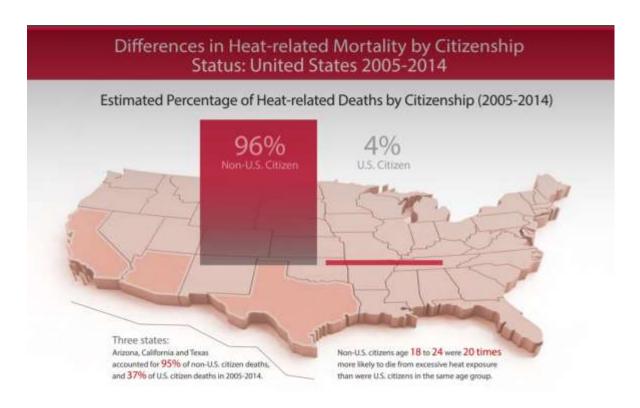




Extreme Heat

TABLE 2. Number and rate of heat-related deaths,* by race/ethnicity and level of urbanization — United States, 2004–2018[†]

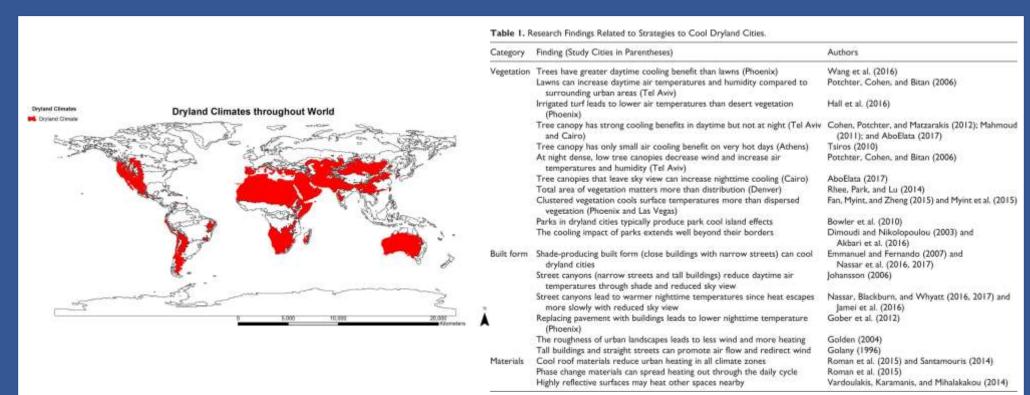
Characteristic	No. of deaths (rate)§
Race/Ethnicity [¶]	
Hispanic	1,349 (0.2)
American Indian/Alaska Native, non-Hispanic	241 (0.6)
Asian/Pacific Islander, non-Hispanic	194 (0.1)
Black, non-Hispanic	1,965 (0.3)
White, non-Hispanic	6,602 (0.2)
Not stated**	176 (N/A)
Level of urbanization††	
Large central metro	4,402 (0.3)
Large fringe metro	1,607 (0.1)
Medium metro	1,764 (0.2)
Small metro	990 (0.2)
Micropolitan	879 (0.2)
Noncore	885 (0.3)
Total	10,527 (0.2)



APHA, 2018 Taylor et al., 2018



Extreme Heat Adaptation





- Educate
- Disseminate alerts
- Assure cooling center access



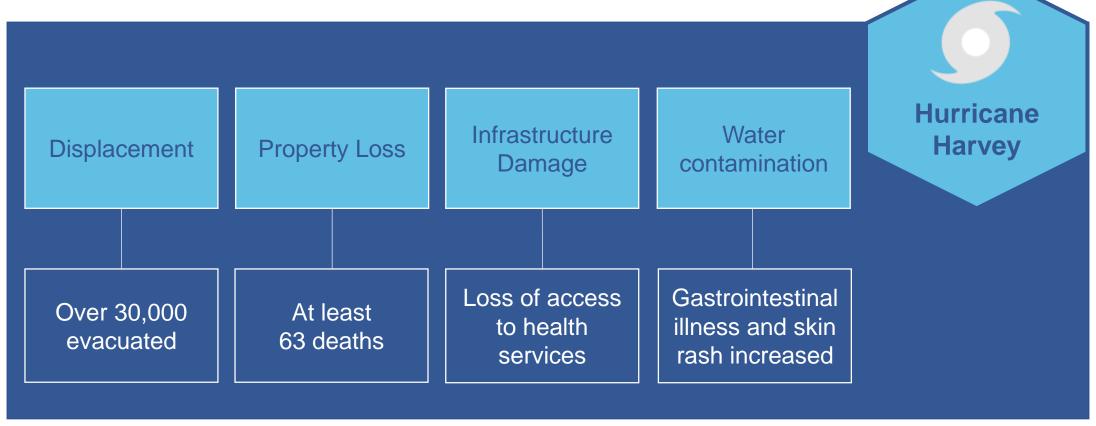
Extreme Weather







Extreme Weather

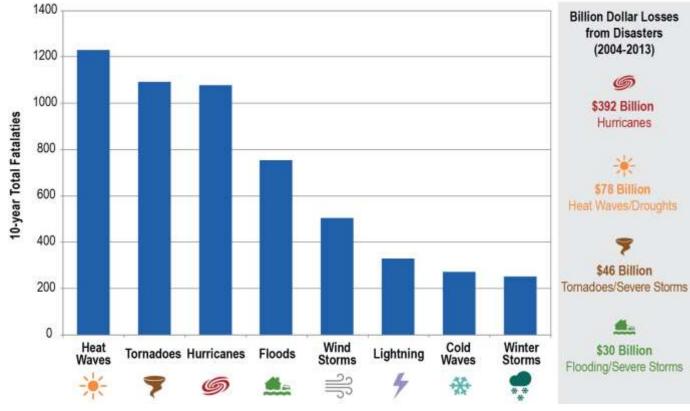




Extreme Weather

Estimated Deaths and Billion Dollar Losses from Extreme Events in the U.S., 2004–2013

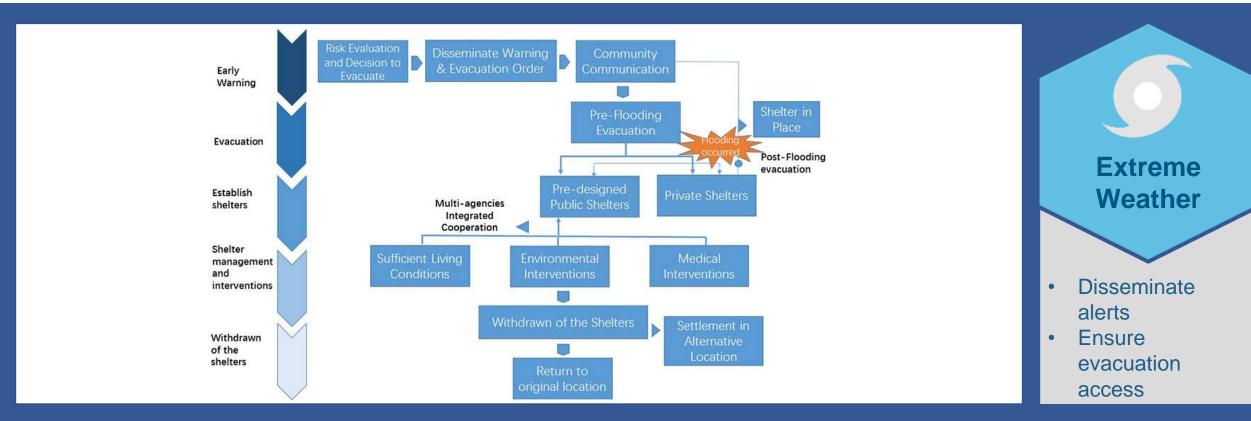
The impacts of extreme weather are costly – in both the health and economic toll.





USGCRP, 2016

Extreme Weather Adaptation





Extreme Precipitation

FLOODING

Water contamination

Community destruction

Gastrointestinal illness

Injury, death

Precipitation extremes harms **physical and mental health**, community infrastructure, and the economy.

DROUGHT

Decreased crop yield

Wildfires

Malnutrition

Asthma, heart disease

Extreme Precipitation



Dust storms are linked with increased respiratory disease.



Reed and Nugent, 2017

Extreme Precipitation









- Assess water and soil quality
- Issue water advisories



Vectorborne Disease

Climate change increases the amount and geographic distribution of diseasecarrying mosquitos and ticks.



Lyme disease
West Nile virus
Zika virus



Vectorborne Disease

New cases of West Nile virus are increasing in the US

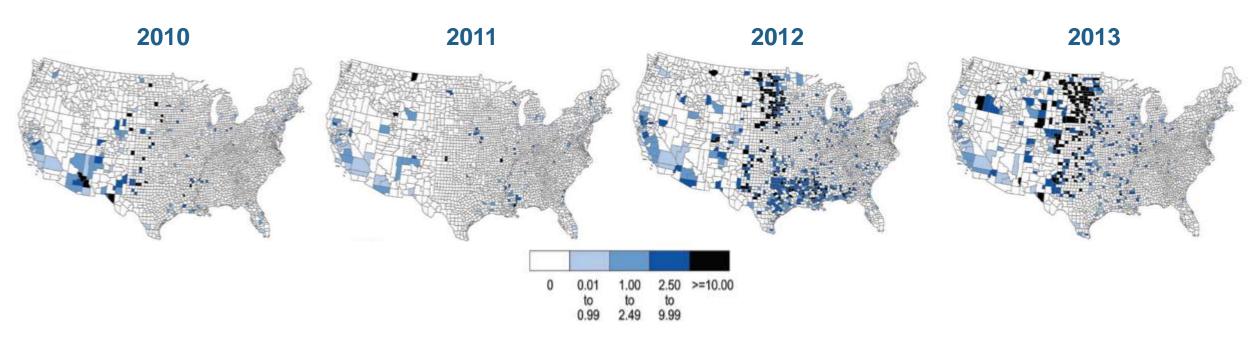
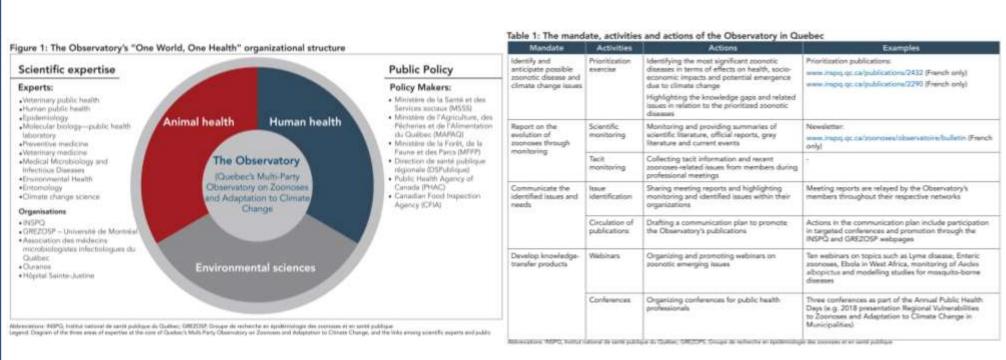


Figure 5: Maps show the incidence of West Nile neuroinvasive disease in the United States for 2010 through 2013. Shown as cases per 100,000 people. (Data source: CDC 2014)⁷³



Vectorborne Disease Adaptation



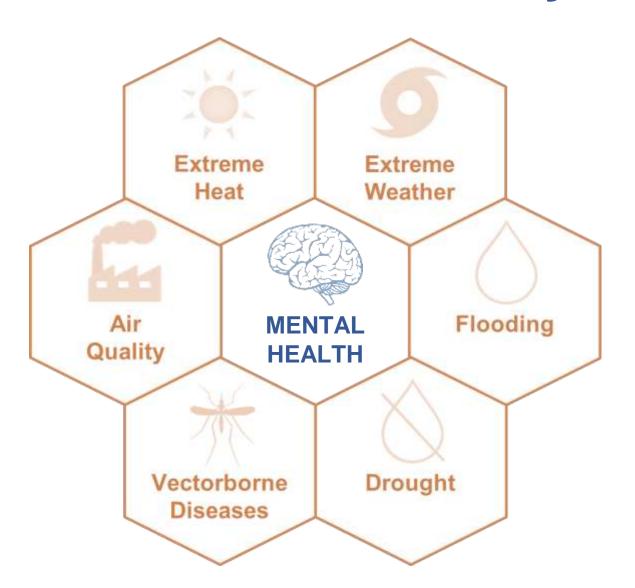


- Educate
- Vector control
- Eradicate vectorprone areas



Germain et al. 2019

It's Not Just Physical Health







Collective Voices in Health

Medical

US Climate and

Association

A Declaration on Climate Change and Health



As leading public health, patient advocacy, nursing and medical organizations, we reiterate our longstanding commitment to addressing climate change as a public health issue. The statement below articulates our consensus on the health impacts of climate change and the need for action to protect the public's health.

- The health impacts of climate change demand immediate action.
- The science is clear, communities across the nation are experiencing the health impacts of climate change, including:
 - Elevated ozone and particulate air pollution, linked to asthma attacks, cardiovascular disease and premature death;
 - Extreme weather patterns, such as heat and severe storms that cause droughts,
 wildfires and flooding that destabilize communities, especially those least equipped to defend themselves; and
 - Increased vector-borne diseases by expanding seasons and geographic ranges for ticks, mosquitoes and other disease-carrying insects to roam.
- The most vulnerable children, seniors, low-income communities, some communities of color, and those with chronic disease – disproportionately bear the health impacts of climate change.
- Bold action is needed to address climate change by cleaning up major sources of carbon pollution and other greenhouse gases, including power plants, cars, trucks and other mobile sources.
- Communities must have the tools and resources to adapt to and mitigate the unique impacts of climate change in their communities.
- We call on President Trump, EPA Administrator Scott Pruitt, and members of Congress to heed the clear scientific evidence and take steps now to reduce pollution that drives climate change and harms health.
- The public health, disease advocacy and medical community are united in our efforts to protect
 the public from the risks of climate change.

Thank you



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