Resolution on Addressing the Health Impacts of Climate Change

Call for using health education and promotion activities to enhance the awareness of the impact of climate change on health, and the importance of health leadership on climate solutions.

Adopted by the SOPHE Board of Trustees
May 13, 2020

Whereas, the World Health Organization calls for urgent action as climate change is the greatest public health threat of the 21st century (World Health Organization [WHO], 2016.).

Whereas, rising anthropogenic greenhouse gas emissions have led to increased temperatures, changes in precipitation, and more extreme weather events. These climate changes impact food and water sources, air quality, and natural environments (United States Global Change Research Program [USGCRP], 2016).

Whereas, according to the Fourth National Climate Assessment, current efforts to combat climate change are not enough to “avoid substantial damages to the economy, environment, and human health” (USGCRP, 2018). Since 2013, the Government Accountability Office has placed climate change on a “high-risk” list due to a higher reliance on federal assistance for natural disasters (U.S. Government Accountability Office [GAO], 2019). From 2005-2014, disaster assistance totaled at least $278 billion, with $183 billion appropriated from 2015-2019 (GAO, 2019).

Whereas, extreme weather events can directly harm human health and impact health indirectly through outcomes such as food insecurities and malnutrition (Ebi et al., 2017; Steven, 2017).

Whereas, human use affects 70 percent of land and humans use one quarter of land’s potential production for food and energy use (The Intergovernmental Panel on Climate Change [IPCC], 2019). Land is a key source “in the exchange of energy, water, and aerosols between the land surface and atmosphere” and is vulnerable to climate change (IPCC, 2019). Sustainable land management can lead to reducing negative impacts on ecosystems and communities (IPCC, 2019).

Whereas, “climate change has affected food security due to warming, changing precipitation patterns, and greater frequency of some extreme events” (IPCC, 2019). Climate change has negatively affected crop yields in some areas and led to lower animal growth rates (IPCC, 2019).

Whereas, climate change impacts the severity of health issues that are affected by weather, such as asthma, allergies, heat mortality, and vector-borne diseases. In addition to threats that continue to unfold (USGCRP, 2016).
Whereas, the increased burning of fossil fuels has led to unhealthy levels of ground ozone layers and other harmful air pollutants, disproportionately impacting vulnerable populations like children. More than 2 million children who suffer from asthma live in areas with high levels of ozone (American Public Health Association [APHA], 2020).

Whereas, the burden of climate-related disease is borne disproportionately by rates of racial and ethnic communities, women, and children under 5 bear the brunt of these extreme weather events health risks and impacts of climate change (APHA 2015; APHA, 2020). In addition, external factors including poverty further exacerbate the discrepancies in health, which are compounded by climate change (Steven, 2017).

Whereas, “federal efforts are underway, but the climate information needs of federal, state, local, and private sector decision makers are being not fully met” (GAO, 2015). A 2015 High-Risk update from the U.S. Government Accountability Office found that decision makers may not be aware that climate change information exists, or they may be unable to use the information available (GAO, 2015).

Whereas, in the United States nongovernmental organizations and federal agencies are working to apply ecosystem concepts to further national environmental objectives (Schaefer et al., 2015). Federal agencies have started to incorporate such concepts into land use planning, water resources management, and preparations to respond to climate change (Schaefer et al., 2015). Policy direction is necessary to institutionalize these approaches in federal agencies (Schaefer et al., 2015).

Whereas, the Centers for Disease Control and Prevention’s (CDC) Building Resilience Against Climate Effects (BRACE) framework provides a strategy for health officials to develop programs to work with communities to implement effective strategies to combat the impacts of climate change on health (CDC, 2019).

Whereas, increasing the use of bike and walking trails will lead to decreasing reliance on fossil fuels, as transportation accounts for one third of CO₂ emissions in the U.S. (Farber, 2012). Shifting away from fossil fuel combustion toward renewable and noncarbon sources to power transportation will lead to reduced carbon emissions and slow the rise in temperatures (Fagliano, 2018).

Whereas, in order to effectively undertake the health impacts of climate change, it is critical for the public health workforce to be competent in evidence-based public health practice (EBPH) (Anderson et al., 2017).

Therefore, be it resolved, the Society for Public Health Education. Inc. (SOPHE) shall:

Internal Actions

1. Educate and encourage SOPHE members to engage in public health education that informs members and other health professionals about evidence-based impacts and policy regarding climate change and health by sponsoring sessions at the SOPHE Annual Meeting,
the SOPHE Annual Health Education Advocacy Summit, and through continuing education opportunities.

2. SOPHE will implement the Building Resilience Against Climate Effects (BRACE) framework as a key to develop strategies and programs to address the health effects of climate change.

3. SOPHE will implement green meeting standards by using public transportation whenever safe and available to reduce carbon emissions, increase proportion of plant-based catering, and give priority to LEED certified buildings for consideration for meeting activities when feasible.

4. SOPHE will reduce its own carbon footprint by exploring ways to implement energy efficiency initiatives, and if feasible, switch to clean energy sources for its own operations.

**External Actions**

1. Increase professional education and awareness at the national level and through SOPHE chapters on the existing programs to address the health impacts of climate change.

2. Advocate for increased funding for federal and state programs that address health disparities due to climate change to support health programs that increase capacity to the health impacts of climate.

3. Advocate for health education research and support for implementing evidence-informed practices in prevention and climate change.

4. SOPHE will collaborate with the Centers for Disease Control and Prevention’s Climate and Health Program as they work with states, cities, territories and tribes to implement plans that use the five step Building Resilience Against Climate Effects (BRACE) framework to identify climate impacts in their community, potential health effects associated with these impacts, and the most at-risk populations.

5. SOPHE will encourage and support the United States participation in the Paris Agreement to combat climate change and act on the need for a sustainable low carbon future.

6. SOPHE will initiate new partnerships with other non-profit organizations whose mission is focused on climate and health, to collaborate on action solutions.
References


Steven, R. J. (2017). Climate change is the greatest public health threat we have: Q&A Dr. Georges Benjamin. Modern Healthcare, 47(16), 32.


