



PHAN Policy on Public Health and Climate Change

Summary

Climate change poses major threats to human health throughout the world as well as in Nebraska. Health impacts of climate change in Nebraska are related to increased heat-related morbidity and mortality, expanded ranges and frequency of infectious disease outbreaks, increased exposure to ground-level ozone, crops with lower nutritional value, trauma, violence, mental health issues, and loss of community and social connections.

As the climate changes, certain populations will experience disproportionate negative effects, including pregnant women, children, the elderly, marginalized groups such as racial and ethnic minorities, outdoor workers, those with chronic diseases, and those in economically disadvantaged communities.

At present, there are major political barriers to adopting strategies to mitigate and adapt to climate change. Recognizing the urgency of the issue and importance of the public health role, the American Public Health Association (APHA) of which the Public Health Association of Nebraska (PHAN) is an affiliate, [passed a policy on public health and climate change](#) on which a large portion of this PHAN policy is based. In addition, the Centers for Disease Control and Prevention (CDC) have [developed resources and tools](#) to help support public health engagement. Through this policy PHAN calls for individual and community actions to address the health risks posed by climate change. The public health community has critical roles to play, including advocating for action, especially among policymakers; engaging in prevention and preparedness efforts; conducting surveillance and research on climate change and health; and educating public health professionals and the community at-large.

Problem Statement

Climate change presents, according to the [UCL-Lancet Commission](#): “an unacceptably high and potentially catastrophic risk to human health.” Two reports published by the University of Nebraska document the current and future impacts of climate change on Nebraska ([Understanding and Assessing Climate Change: Implications for Nebraska, 2014](#) and [The Implications of Climate Change for Nebraska: Summary Report of Sector-Based Roundtable Discussions, 2016](#))

PHAN, in concert with other health organizations ([APHA](#), [Canadian Public Health Association](#), [the American Academy of Pediatrics](#), the [U.S. Global Change Research Program](#)) recognizes an urgent need for immediate and substantial action to mitigate climate change.

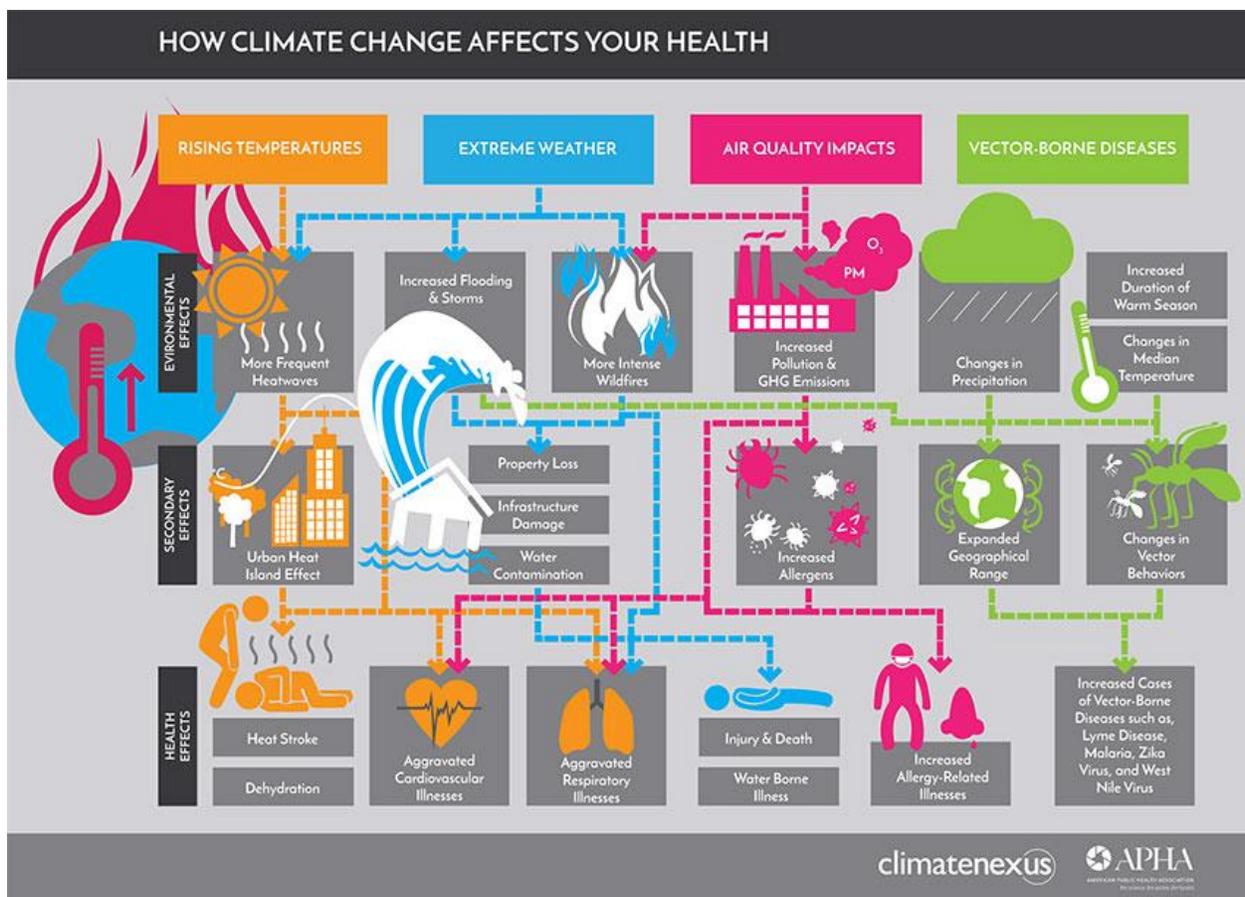
In the [Journal of the American Medical Association](#) (JAMA), Dr. Howard Koh (former United States Assistant Secretary for Health for the U.S. Department of Health and Human Service) stated the following:

“ . . . heat-trapping emissions have resulted in more frequent and prolonged heat waves, poorer air quality, rising seas, and severe storms, floods, and wildfires. Some extreme weather events, previously expected

once in decades, are now being witnessed several times in one decade. These consequences fundamentally affect the air we breathe, the food we eat, the water we drink, and the environments in which we live, as a number of sources have pointed out (such as publications in *The Lancet* (<http://bit.ly/1OTQzem>) and *JAMA* (<http://bit.ly/Zd7NyD>), and *Climate Change and Public Health* (a collection articles on the subject) (<http://bit.ly/1jOBYFG>), and a report from the US National Climate Assessment (NCA) (<http://1.usa.gov/1NMPYYn>).

The United Nations Intergovernmental Panel on Climate Change’s (IPCC) most recent report, (<http://1.usa.gov/1Nc8BI0>), as well as the third US NCA (<http://1.usa.gov/1NMPYYn>) (both from 2014), detail how global warming threatens human health by amplifying existing health threats and creating new ones. Everyone is vulnerable. Some experts contend that these profound harms rival the fundamental public health challenges posed by the lack of sanitation and clean water in the early 20th century (<http://bit.ly/1vqjPyH>).”

The relationships between public health and climate change are summarized in the table below.





These relationships between climate change and public health are far-reaching, complex and insidious. Immediate action is required to minimize or curtail the health impacts of climate change.

Therefore, PHAN recommends the following for policy makers.

Pass policies that:

Reduce Nebraska greenhouse gas (GHG) emissions, including carbon dioxide and methane and support the implementation of the Environmental Protection Agency’s Clean Power Plan as an important step toward emissions reductions.

Enable agriculture, architecture, engineering, and planning to include formal considerations of how politics affect health ([Health in All Policies](#)).

Support reviews of health effects at regular intervals, and provide sufficient resources to gather and interpret relevant information.

Establish renewable energy standards and goals for the production of electricity, for transportation and other types of energy.

Support renewable energy such as wind and solar energy which are resources that Nebraska has in abundance.

Action Steps for Public Health Professionals (adapted from the APHA policy on public health and climate change).

The Public Health Association of Nebraska:

1. Calls upon state, and local health agencies and organizations to develop climate change adaptation and mitigation strategies and policies to prepare for and manage the health risks of climate change, doing so in ways that promote equity and sustainable development. Public health departments and health care systems should incorporate climate vulnerability assessments, planning, tracking, and interventions into public health strategies and health care provision. PHAN also calls upon policymakers and public administrators to actively include community members when developing climate change strategies and policies at the local, regional and state levels and to cooperate with national and international efforts.

2. Calls upon the public health and health care communities to communicate the critical importance of mitigating and adapting to climate change, including advocating for reducing emissions of heat-trapping greenhouse gases (GHG), communicating the impacts of climate change on human health, promoting community resilience and adaptation to changes in climate that cannot be prevented, and promoting strategies to address climate change that maximize benefits and co-benefits to health. PHAN urges state and local lawmakers to set goals for replacing fossil fuels with renewable energy.



3. Calls upon state, and local governments to provide health agencies and organizations with the leadership, and adequate resources to support climate change activities and calls upon leaders within the Department of Health and Human Services (DHHS) to provide leadership in addressing and funding climate change programs.
4. Calls upon all health agencies and organizations to demonstrate leadership by adopting firm commitments to reduce GHG emissions and increase energy efficiency related to their activities and to communicate publicly about the reasons for adopting such practices. (An example might be switching to electric vehicles where possible and providing charging stations at government offices or health departments).
5. Calls upon all training programs for health professionals, including public health, medical, and nursing programs, to include climate change in their curricula. PHAN also urges postsecondary education programs in all relevant earth and health sciences to include instruction on the public health consequences of climate change; K–12 earth and health science instruction to incorporate climate change, the health consequences of climate change, and climate change preparedness; and public education on prevention and preparedness for climate change to address health impacts.
7. Calls upon public health departments and health providers to incorporate climate vulnerability assessments, planning, tracking, and interventions into emerging population health approaches that integrate health care provision with public health strategies. This would be an important application to the “health in all policies” movement.
8. Tasks the public health community with helping to ensure more equitable, community-based approaches to disaster risk reduction and ensuring that these processes address the risks of climate change and that health co-benefits from disaster risk reduction measures are emphasized and realized.

In addition, PHAN calls for policies, actions and follow-up to the Nebraska Implication of Climate Change for Nebraska Roundtables recommendations (adapted).

PHAN calls for:

Establishment of Climate Action Plans in health care and public health facilities.

Stronger links between health care providers and waste, heating, air conditioning, ventilation, construction, transportation, and supply chain managers and professionals in health care and public health facilities.

Strengthened links among climate-aware architects, engineers, and health professionals working on non-health institution projects (such as homes, public buildings, factories, etc.).

Education of health professionals to become more active participants in building Nebraska's climate response.



Better information sharing with the public about existing climate-relevant medical and public health programs, such as the Center for Biosecurity, Biopreparedness and Emerging Infectious Diseases at the UNMC COPH; the UNMC Environmental Health Tracking Network; the UNMC LiveGreen Sustainability Master Plan and the Nebraska Department of Environmental Quality (DEQ).

Policies that are formulated in coordination with surrounding states and regions, which are also making similar Climate Action Plans and policies.

Implementation of Environmental / Health indexing, similar to the [STAR](#) (Sustainable Tools for Assessing and Rating Communities) program, by which estimates of health gains in ratio to environmental costs are made by systematically combining measures of health conditions and environmental impact.

Recognition that the economy and the environment are not diametrically opposed. Each can complement the other.